Bridging the Youth Health Gap: A Case Study of Laskar Pencerah

Fairuziana¹, Olivia Herlinda² and ST Khumaidah³

¹Faculty of Psychology, Universitas Indonesia, Depok, Indonesia
²Center for Indonesia Strategic Development Initiatives, Jakarta, Indonesia
³Faculty of Public Health, Universitas Indonesia, Depok, Indonesia

Keywords: Youth Health, Community Empowerment

Abstract: Laskar Pencerah (LP) was initially developed as a youth after school program to address some health inequality issues such as child marriage, unwanted pregnancy, and lack of access to health service in Tosari Bromo sub-district in East Java, Indonesia. After more than four years of implementation, LP has developed and integrated its activity into the formal primary health care program. This paper aims to elaborate on the LP's process to grow as a youth organization and develop as a movement to drive social change in the community. This is a qualitative study using case study method. The main research question studies the contribution of LP for the youth community mental health and the factors that help LP to sustain. The data was collected through observation and six in-depth interviews. The observation was done during the program implementation in 2012-2015. The interviews were conducted in 2018 with 6 key informants who represent different stakeholders from the internal and external of LP. The result shows that LP is perceived positively and give various impacts to the teenage age group student's self-development, which is associated with the prevention of risky behavior and mental health problem. The drivers that keep LP to sustain are the member's internal and external motivation to make a social change in their community. Cultural factors such as guyub and gotong royong are also rooted and unite them as Tenggernese community. The findings contribute in understanding the process to develop and sustain community health intervention for adolescent in rural areas

1 INTRODUCTION

As the epidemiological transition worldwide shifts from communicable diseases to non-communicable diseases, the rise of global epidemiology of mental disorders is something that cannot be overlook either. It is estimated by IHME (Institute for Health Metrics and Evaluation) that over 1.1 billion people worldwide had a mental or substance use disorders in 2016. Not to mention, 20% of teenagers at school suffer from mental disorders such as anxiety and depression every year (WHO, 2017a). By 2020, WHO predicted that mental health problem would become one of the largest global burden. Further, WHO reported that 10-20% children and adolescents worldwide experience mental disorders.

In Indonesia, mental disorders among adolescents are significant. There are over 65 million young people aged between 10 and 24 years old, which accounted for 28% of the population. The prevalence of emotional disturbance of students at age 15 years old and above is about 6% (Riset Kesehatan Dasar, 2013).

Adolescence is a vital period of transition between childhood and adulthood between a certain periods of age. In some culture, the transition is a fluid concept. For instance, a person being married or employed marks a social responsibility to be seen as an adult (Patel et al, 2007). Given the significant changes in physical, emotional, and psychological during the transition changes, half of mental illnesses start by the age of 14 and three-quarters by mid 20s. If not treated well, it may influence the adolescent's development, educational attainment and potential to live fulfilling and productive lives. Poor mental health might contribute to the higher tendency of substance abuse, alcohol and tobacco use, adolescent pregnancy, school drop-out and delinquent behaviors (WHO, 2017b). Vice versa, young people's involvement in risky behaviors also makes them vulnerable to experience mental health problems.

Various sources reported indications of risky behaviors among adolescents group in Indonesia.

Fairuziana, ., Herlinda, O. and Khumaidah, S.

Bridging the Youth Health Gap: A Case Study of Laskar Pencerah

DOI: 10.5220/0008591605250534

Copyright © 2020 by SCITEPRESS - Science and Technology Publications, Lda. All rights reserved

In Proceedings of the 3rd International Conference on Psychology in Health, Educational, Social, and Organizational Settings (ICP-HESOS 2018) - Improving Mental Health and Harmony in Global Community, pages 525-534 ISBN: 978-989-758-435-0

One in five adolescence between 13 and 15 years old smoke, which is the highest rate in the region (GYTS, 2014). The Global School Health Survey 2015 in Indonesia indicated that approximately 5% of adolescent students aged 12-19 years old had ever had sexual intercourse. Of those, 83% had sexual intercourse for the first time before the age of 14 years and only 34% indicated that they had used a condom during their last sexual intercourse. This also reflects through the rate of teen pregnancy in Indonesia, as reported by Indonesian Health Ministry who shows that the percentage of teenage who gave birth in young age (15-19 years old) is 1.97%, and younger ages (<15 years) is 0.02% (Riskesdas, 2013). That has absolutely give consequences, that adolescent girls who give birth have a much higher risk of dying from maternal causes, and babies born to adolescents face a significantly higher risk of death compared to those born to older women (WHO, 2018a; WHO, 2018b).

In the long run, the proportion of young people who constitute significantly out of the total population, estimated to be a demographic dividend and will have an imperative role as the main driver of economic growth and social change in Indonesia. These young people are envisioned to be the group of well-educated, socially mobile and digitally interconnected group. Hence, a targeted and effective intervention should be planned and implemented carefully to achieve national or even global development goals.

However, it is not uncommon to find young people with difficulties to develop their potentials with good education facilities and proper guidance to envision for their future. Geographical barriers and underdeveloped areas in some rural places in Indonesia has become real challenges for the adolescents to receive the equal opportunity. Study shows that adolescents living in rural areas are more vulnerable to mental health problems compared to those in urban areas (Maharani & Turnip, 2018). Service and information access for young people in rural areas deserves a specific intervention, so that they would have the same chance to move forward Indonesia's development.

1.1 Tosari Bromo

One of a rural area in Indonesia that will be discussed in this paper is Tosari Bromo. Tosari subdistrict is a home to Tenggernese ethnic with a population of 18.526 people (Statistics Indonesia, 2014), composed of 5860 households, in which 28.8% of them are considered living in poverty. It is located in Pasuruan district, East Java province, 30 minutes driving from the infamous Mount Bromo. The administration of sub-district is divided into 8 Kandangan, Mororejo, villages: Baledono, Ngadiwono, Podokoyo, Sedaeng, Tosari dan Wonokitri. Most of the people find a living by farming, or driving the tourists, or owning a guest house. The nearest city is 2 hours driving by car or riding a motorcycle. The majority of Tosari's population is Hindunese, followed by Muslims and Christians. Tosari consists of significant proportion of young people aged between 10 to 19 years old, which is 13.7 % of total population (Statistics Indonesia, 2013). However, not everyone can reach a high education level due to geographical and financial barriers. Last census in 2013 shows that of all population, there are 56% population who only finished their primary education and not continue further.

The authors had lived with this community for three years in sequences and conducted a case study to report significant findings from the youth health community based organization called Laskar Pencerah. Since its invention in 2012 until current, the movement has become a driver for social change, both for the young people and larger Tosari sub district through young people as the main drivers.

1.2 Laskar Pencerah (LP)

Laskar Pencerah (LP) is a youth organization formed with the aim of being young peer educator in Tosari sub district to improve adolescent knowledge about health, lifeskills and leadership, as well as role model for other adolescents to perform positive behaviour.

In the year of 2012, Pencerah Nusantara First Batch initiated Laskar Pencerah. In 2012, LP has 29 members who are junior and senior high school students. LP has 14 members as the daily administrators. As an organization, LP has an organizational plan including vision and mission, organizational structure, and work plan organization. The vision is unifying the youth to explore their talent in health, education, leadership and culture. Its missions are, 1) Forming cadre of teenagers equipped with leadership skills. 2) Creating peer educators who inspire people to care about health and environment. 3) Motivate and encourage young people to pursue higher education, and 4) Increase youth interest in art and culture.

The organization structure of the LP consists of; leader, secretary, financial division, recruitment

division, health division, environment division, education and culture division, and entrepreneurship division. There are a wide range of various acitivities that has been implemented, such as; LP Gathering, partnership with PIK-R Pasuruan and an information and counselling center for youth, LP public expose and work plan implementation with the local government, "Kelas Inspirasi" or Inspirational Class for elementary school and junior high school, health counseling in a school, peer educator training, the worlds tobacco- free day campaign, dancing class and *Posyandu Remaja*.

Every week, teenage cadres received material supplies on TRIAD KRR (Sexuality, HIV & AIDS and Drugs), adolescent nutrition, life skill as well as skill to perform peer counseling. The mentoring process has been conducted by Pencerah Nusantara, Health Workers at Puskesmas Tosari and PLKB (Petugas Lapangan Keluarga Berencana). In the year of 2015, LP has initiated activity of *Posyandu Remaja* to spread health information to teenagers in villages and increased youth involvment in development.

As the results, in the first year of establishment up to the third year in 2015, LP has recruited 72 teenage cadres. The cadres are spread in every school (junior and high school) and eight villages in Tosari sub district. The practice has been is implemented in 7 out of 8 villages in Tosari sub district or 87,5% that have *Posyandu Remaja*. The Posyandu are active and managed by teenage cadres and fully supported by the local government and other relevant stakeholders.

According to the secondary data collected from the Puskesmas, the number of pregnant women under the age of 20 year old are 20 women in 2014, which went down to 17 women in 2015, and went even lower to 12 in 2016. This raw calculation is perceived to be associated with LP's activity in the community since 2013.

1.3 Why LP is Important

Studies suggest enhancing social skills, problemsolving skills and self-confidence can help prevent mental health problems such as conduct disorders, anxiety, depression and eating disorders as well as other risk behaviors including those that relate to sexual behavior, substance abuse, and violent behavior (McKewan et al, 2007; NIHCM, 2005). Intervention like LP provides a platform for adolescents to contribute to the society through their innovation and creativity, as well as to improve their self-esteem and to have a support peer-group. Youth community-based organization such as LP aims to promote youth mental health by enhancing the protective factors to conduct activities from and for the youth. This kind of activity generates independence among the youth, increase the selfconfidence and esteem, and develop the youth's social skill. These protective factors avoid the youth from experiencing psychological risk factors such as physical, sexual, and emotional abuse neglect abuse or other maladaptive behaviors (Patel et al, 2007).

This paper aims to elaborate on LP's process to grow as a youth organization and develop as a movement to drive social change in the community. The research question are contribution of LP for the youth community mental health and the factors that help LP to sustain.

2 METHOD

This is a qualitative study using case study method. Case study is a method to analyse a single bounded system (Merriam, 2009). The research process is conducted within a contemporary phenomenon in the context of its' real condition (Yin, 2008). The case is usually limited to an event, condition, or very small geographical scope. The current study uses case study method to report the observation of a youth community based organization according to its context and place of origin, Tosari Bromo.

The observed variables are the social and cultural determinants of the youth's community based organization as the protective factor of the youth's mental health. The main research question studies the contribution of LP for the youth community mental health and the factors that help LP to sustain.

2.1 Data Collection

The study was conducted through an unstructured observation of the authors as the community organizers in 2012- 2015. Follow up observation and field visit were conducted during and up to 2018. Report and notes during the community work were gathered to answer the research questions.

The participants are key persons in the community and the youth who runs the organization/ movement. They were selected by identifying the key players of LP's sustainability until recent. Those include the LP members, the Puskesmas (Primary Health Care) of Tosari Sub District which consist of the Head of Puskesmas and health cadre, and the

ICP-HESOS 2018 - International Conference on Psychology in Health, Educational, Social, and Organizational Settings

school community including a school principal and school teacher.

The interviewers are all the authors who were previously Pencerah Nusantara members from the first and third batch. Pencerah Nusantara was the community health workers who assisted the invention of Laskar Pencerah in Tosari.

The interview was conducted via phone call for 30- 45 minutes per person. The voice was recorded with a phone apps and key points are written down with note taking. The participants were asked several questions regarding 1.) Their understanding of LP's activity 2.) LP's impact in the community, 3) Community needs on LP, and 4.) Factors that keep LP sustain in the community, including the cultural and social factors. The observation and interviews are analyzed using thematic content analysis.

3 RESULT

In this study, observation and six in-depth interviews were undertaken. The observation was done in Tosari sub-district in the period of 2012-2015. The interviews were conducted in 2018 with 6 key informants who represent different stakeholders from internal and external LP. This is done to gather different yet fair perspectives and insights on LP from different stakeholders in LP. The key informants included two members of LP, one head of Puskesmas, one health cadre, one school principal, and one community representative.

Selection of the results of the observation and interviews have been chosen that illustrate the four main themes identified: (a) Community's perspectives on LP and what makes it different; (b) Impacts of LP; (c) Community needs on LP; (d) The drivers that help LP to sustain.

3.1 Community's Perspectives on LP and Things That Make It Different

The keywords that were mentioned by all the key informants are "teenager", "students", "empowerment", "health education", and "school".

Both the youth and the primary health care stakeholder share a positive definition about LP

"LP is a group of teenager who wants to make a better change for their community"



Figure 1. LP Members.

"LP are students who do activities not only on health promotion, but also teenager, children and youth empowerment so they can be more useful for the community." (Head of Puskesmas)

Key informants consider LP different and unique compared to other extracurricular activities due to factors such as family-like kind of closeness, *gotong royong*, a platform to gather teenagers from across Tosari, and the willingness to work on the ground at grass root level.

"They want to go straight to the field, like if someone smokes they dare to tell him/her that it is not allowed. They receive a good impression from the community, as a results they continue to trigger other students to volunteer on tobacco-free program in the field. They have fresh ideas and insights as well" (School principal).

"LP offers an important learning and information that are not provided by schools or other extracurricular activities" (School teacher).

3.2 Impacts of LP

The keywords that were mentioned by all the key informants are "Leadership", "Public health", "Reproductive health" and "youth education".

According to respondents from internal LP, the biggest impact of LP to themselves are: (1) Increased organizational and leadership skills; (2) Increased sensitivity and awareness to the surrounding environment; (3) Increase motivation about education; (4) As a space to discuss with peer groups.

The LP activities have improved the youth's social skill, both in organizational work and community engagement.

"After participating in LP, I have become more familiar with working in an organization".

"Before joining LP, I was shy and did not care about the environment, but now I'm active in the community and feel motivated to keep learning" "LP is a place to improve adolescent creativity and can be harnessed to learn about organization as well".

"According to our teacher the impact of LP is very large, especially in providing information related to early marriage, smoking, alcohol and drugs".



Figure 2. Peer Counseling.

The impact of LP on the community and society as a whole was expressed by an LP member are: (1) Improvement in general health of adolescents; (2) Reduced early marriage rates; (2) Prevention of drug abuse; (3) Increased creativity of youth.

"LP helps the village government to promote adolescent health in village" (School teacher).

"LP and *Posyandu Remaja* contribute to reduce the rate of early marriage and the prevention of drug use" (Head of Puskesmas).

"The poster competition and anti-smoking campaign activities make students more creative" (School Teacher).



Figure 3. Poster Competition.

The main keywords of LP's impact on the community are to help prevent early marriage, prevent drug use, and train adolescent leadership.

3.3 Community Needs on LP

All of the key informants indicated agreement on the statement that LP should continue and be sustained in Tosari. Some looked into the needs of self-development and psychological perspective.

"They need mentor and approach from the other teenagers."

"LP needs to continue because it needs other teenagers who are at the same age to learn about organization so they can lead better in the future."

Some saw the imperative role of LP on keeping them away from negative things. Some of the agreement made based on the needs of common problems around teenagers in Tosari such as smoking, high alcohol consumption, early marriage, and teenage pregnancy.

"... because a lot of teenagers have the potential to do negative things, hence there is LP that can help to spread the right information."

"LP really needs to continue, with the *Posyandu Remaja* and youth health promotion, I hope it can prevent teenagers from early marriage and alcohol. LP also helps me to form a character of the adolescent in the community" (Health cadre)

"Really, really necessary for the life of Tengger people, because here those who have not passed junior high school are commonly married by being pregnant first. It is very important to continue LP for the future, so the teenagers focus on something else and delay their marriage." (School principal).



Figure 4. Group health promotion.

3.4 The Drivers That Help LP to Sustain

LP is not only a youth organization. Its need and impact has created a movement among the community structures to keep the activities going. While the local government role is not specifically defined, formal support from the health and education institution such as the Puskesmas and schools become main drivers to support LP. "The biggest support for LP comes from the Puskesmas. "For schools, there are some schools that specifically support and ask for LP to conduct counselling in their schools. The village is indifferent whether we have an activity or not. Probably because the LP members maintain less communication with the local government after the PN officers left (LP member)".

Pencerah Nusantara (PN) who were the early founders of LP consist of older youth. The school principal argues that LP still needs adult supervision. "To sustain, they need a coach or older leader. Right now they are in the same age and working among their own friends" (School Principal).

The Puskesmas admits that it is the youth themselves who keeps their optimism to drive LP. *Posyandu Remaja*, as a result of LP's program in the Puskesmas, highly depends on them. "The initial members have the energy to rebuild LP while they have not start a family yet. Members who already have one, do not have the time to care anymore. When LP's activity is low, *Posyandu Remaja* also become slow because the drivers are in LP. The new recruitment plan to have members with younger age" (Head of Puskesmas).



Figure 5. Cross sector advocacy.

In addition, support from the health cadre is also essential. One of them expressed the need of LP and *Posyandu Remaja*. In her village, the local government and health cadre helps LP to endure. "LP and *Posyandu Remaja* exist due to the need of everyone. The local government fully support it. We are helping the youth cadre to regenerate the *Posyandu Remaja*".

The LP members are motivated to keep their friends away from early marriage through LP. "What makes LP continue is the concern and social spirit of the youth who wants to change the region to be better. The main drivers occur when we see our friends who become pregnant in such a young age. Our hearts are touched and moved to make changes and prevent the case to happen again in the future" (LP member).

The members also share some quality of personal characteristic and deep sense of belonging to stay together as a movement. "The members are committed and high spirited. They can unite despite different personal character and religion (school teacher)".

While an LP member said "It is like a second family, we like to gather and feel useful for the community. We also receive many supports".



Figure 6. Height measurement at the Posyandu Remaja.

While external support and internal drive helps LP to sustain, social and cultural factors create an interaction of both the driving and restraining force. For example, the way of living in the community sometimes is against the effort to prevent early marriage. An LP member explained "The existence of "ngapel" culture or dating by staying at the women's house, often triggers out marriage due to pregnancy and of course this becomes important so that is why LP is still there. In addition, the students want to continue learning from LP, so we are motivated to continue LP". (LP member).

The main driving force still comes from the Puskesmas. "The culture here is to marry at young age. Puskesmas encourages LP to stay around in Tosari so that they can continue to make impact in decreasing the early marriage prevalence" (Head of Puskesmas).

Most of the cultural influence comes from the community characteristic and values in maintaining social relationship among each other. "The culture of "guyub" and "gotong royong" makes it fun to work together. The LP members keep their spirit up and make effort to organize events even sometimes they are underestimated by the community members. They have the cohesiveness and unity as Tengger society despite having different language dialects. They also like to conduct events without thinking about the cost. That shows their motivation". (School teacher).

The health cadre resonates the same perspective "The members are friendly and like to stay together. I respect the fact that they keep the program running in Tosari, conduct the activities and work well together, even it has been a long time (since it was first initiated)".



Figure 7. The world tobacco-free campaign during the Tawar Agung Celebration, before the Day of Silence.

The LP member views the movement has a constructive role in the community. "LP can invite people to do positive things, for example when cleaning the field in Tosari. If LP is not there, then who else would spread the health information. The youth need the information even though they do not mention it. LP takes the role to conduct the health promotion (among the youth)" (LP member).

4 DISCUSSION

Stephenson et al (2008) and Kim and Free (2008) argue that, the term "peer" refers to persons of the same status. *Posyandu Remaja* as one of LP's program is defined as a peer group activity, which is an extended relationship out of the school interaction. The interaction between young people (adolescent) will enable more open and culturally relevant communication on the subject of reproductive health, drug abuse, and other related youth risky behaviors.

The interface with peer colleagues who present the information is more interesting, fun or comfortable than teachers or health workers. In addition, LP's role to provide education, particularly on reproductive health, to adolescents makes the youth community feels more comfortable to discuss with friends at their age. The widespread information among youth by LP as a peer group or peer counselor then contributes to lower early marriage rate in the community.

In line with the opinion above, Harahap and Andayani (2004) preventing risky behaviors for peer educators consists of a variety of activities aimed at developing knowledge, attitudes and actions of a person or group of people related to the prevention of cases, including the knowledge of reproductive health with specific cases of early marriage and drug abuse.

Further, Imron (2012) argues that peer educator also plays a role in designing supporting activities such as religion, sport, art, and soft skills such as leadership. This is in common with LP's activities which was established as an organization to train the member's leadership and accommodate the supporting activities.

From the observation and interviews, the community perceived LP positively, in terms of the organization, as well as the activities. The activities were perceived to give a platform for the adolescents to learn and carry out things related to health and leadership. Further, the key informants also linked the behavior risks among teenagers in Tosari as the reasons why LP is still needed. LP is perceived to contribute to the prevention of risky behavior such as alcohol consumption, smoking, teenage pregnancy, and early marriage. All in all, the key informants felt that there is a need to sustain LP in their community. There is a need of this kind of youth organization as a platform for young people in rural areas to channel their curiosity, creativity, and energy to conduct positive activities, such as what is provided by LP.

Community members who recognized LP's activity share their interest and support to have LP sustain. The LP members intention to prevent their peers from early marriage and promote healthy life among youth become the main internal drivers. The Puskesmas and school also support that LP's activity is to encounter the culture to marry young among the Tengger community. The way of living with traditional values such as "guyub" and "gotong royong" among the youth also enables LP's activity to occur despite the individual differences and religion diversity.

According to Maton & Salem (1995), there are some features of an organization to appear as an empowering community setting, which are: 1). strength based and focus beyond self 2). Multifunctional and highly accessible role structure 3.) Provides sense of community and strong support 4.) Inspiring leaders with commitment to others. According to those point, LP has provided a space for the youth to work for the community's wellbeing. Their commitment to prevent early marriage and promote a productive life for other youth in the community has come beyond their own self. In addition, the commitment and sense of belonging among the LP member and other supporting community stakeholders has become the strength to become a community based organization that could drive for social change.

LP has become a protective factor for youth in the Tosari community to improve mental health by reducing unwanted pregnancy. That indicator is perceived by Puskesmas to link closely with LP activities. Previous studies show that unwanted pregnancy results in a poor later life mental health outcome (Herd, et.al, 2016). The impact does not only threat the mother's mental health, but might also influence the children's early life experience. Further, unintended pregnancy contributes to parenting stress (Bahk, et.al, 2015). Child marriage or marrying before 18 years old is associated with the risk of having mental health problems such as depression, anxiety, and bipolar disorder. The risk of reduced mental health and wellbeing often occurs to women for their responsibility of childbearing and child rearing, marital responsibilities, and partner sexual demands (Steinhaus & John, 2016).

Having social skills and the ability to make decision for their life would prevent the adolescent to approach risky behaviour. Risky behaviour itself is commonly accompanied by depression and other comorbid factors (Rutman, 2008). Growing from an adolescent to young adult requires a healthy environment. Adolescent look up to their peers and other adults and have the opportunity to model them in a positive way (Haggerty et.al, 2008). In Tosari, it is common for adolescent to marry right after high school.

Thus, LP provided a space for the adolescent to participate in various activities to plan for their adult life and contribute to their community. Making plans during their early adulthood avoid them to marry or having children in school age. LP also encourage students to make conscious decisions for their plans after high school, such as continuing to higher education and developing as a person and professionally.

5 CONCLUSION

The main findings of this study are: (1) LP and their activities are perceived positively by the key informants (2) LP has various impacts to self-development of the members, as well as to the community, particularly the teenage age group students, which also associated with the prevention of risky behaviour; (3) Considering problems related to adolescent health in Tosari and the way LP can provide a platform of positive activities, hence the

rooted and unite them as Tenggernese community. Given the findings, LP works as a platform or a hub for adolescents in Tosari to gather to do positive activities, to share their creativity, and to learn together channelled in different outlets. LP is seen as a positive intervention for youth in rural community. By enhancing their social skills, problem solving skills and their self-esteem, that helps the adolescent to develop themselves as well as to prevent them from mental health problems such as risk sexual behaviours, smoking, alcohol consumption, and substance abuse. Strong social capital in Tosari also contributes to the change contributed by LP. LP is predicted to exist to this day because of the willingness, participation, commitment of the members, and strong support from the local government and other relevant stakeholders.

factors such as guyub and gotong royong are also

The study also discovered that since youth is a fluid concept which is bind by social and cultural responsibility, LP's membership also expires when the students commit in marriage, leave school and have an occupation. To ensure the quality and programs implementation, LP needs a mentor to monitor the program implementation and new member recruitment. At the moment, only senior LP members have the legacy to take such role.

This study is limited to capture findings regarding LP's impact from a larger scope of beneficiaries, such as youth who are not LP members. Future studies should include other members in the community and explain the mechanism of LP's impact to the community mental health. In addition, it is suggested to consider epidemiology method to measure the social cultural predictors of LP.

ACKNOWLEDGEMENTS

We would like to thank Pencerah Nusantara, Laskar Pencerah, Health Cadres, Puskesmas Tosari, Local Government, Tosari Sub District Community for enabling the long term engagement.

REFERENCES

- Bahk, J., Yun, S.C., Kim, Y.M. and Khang, Y.H., 2015. Impact of unintended pregnancy on maternal mental health: a causal analysis using follow up data of the Panel Study on Korean Children (PSKC). *BMC pregnancy* and childbirth, 15(1), p.85.
- Global School-based students Health Survey (GSHS). Indonesia. 2015. Available at: https://www.cdc.gov/gshs/countries/seasian/in donesia.htm
- Harahap, J and Andayani, L.S. 2004. Pengaruh peer education terhadap pengetahuan dan sikap mahasiswa dalam menanggulangi HIV/AIDS di Universitas Sumatera Utara.Unpublished. Fakultas Kesehatan Masyarakat Universitas Sumatera Utara
- Herd, P., Higgins, J., Sicinski, K. and Merkurieva, I., 2016. The implications of unintended pregnancies for mental health in later life. *American journal of public health*, *106*(3), pp.421-429.
- Kevin P. Haggerty J. David Hawkins Kara Estep. 2008. Guiding Communities' Efforts to Promote Youth Mental Health. Northwest Bulletin. 22 (2), p.4.
- Kim, C.R. and Free, C., 2008. Recent evaluations of the peer-led approach in adolescent sexual health education: A systematic

review. *Perspectives on sexual and reproductive health*, 40(3), pp.144-151.

- Le Strat, Y., Dubertret, C. and Le Foll, B., 2011. Child marriage in the United States and itsassociation with mental health in women. *Pediatrics*, pp.peds-2011.
- Maharani L and Turnip SS. 2018. 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 10(1): e12313.
- Mara Steinhaus and Neetu John. 2016. A life not chosen, early marriage and mental health.International Center for Research onWomen. Available at https://www.icrw.org/publications/a-life-notchosen-early-marriage-and mental-health/
- Maton, K.I. and Salem, D.A., 1995. Organizational characteristics of empowering community settings: A multiple case study approach. *American Journal of community psychology*, 23(5), pp.631-656.
- Riskesdas- Ministry of Health and National Institute of Health Research and Development.National

ICP-HESOS 2018 - International Conference on Psychology in Health, Educational, Social, and Organizational Settings

report on basic health research, RISKESDAS,2013.,Jakarta, Indonesia 2014

- McKewan K, Waddell C, Barker J. Bringing children's mental health "out of the shadows." CMAJ. 2007; 176:471–472.
- Merriam, S.B., 2009. *Qualitative research: A guide* to design and implementation. John Wiley & Sons.
- The National Institute for Healthcare Management Research and Education Foundation (NIHCM) Children's Mental Health: An Overview and Key Considerations for Health System Stakeholders. Washington, DC: NIHCM; 2005. NIHCM Foundation Issue Paper.
- Patel V, Flisher AJ, Hetrick S, and McGorry P.2007. Mental health of young people: aglobal publichealth challenge. Lancet.369(9569):1302-13.
- Shira Rutman. 2008. Urban American Indian andAlaska Native youth have high rates of health risk behaviors. Northwest Bulletin. 22 (2), p.4.
- Statistical Yearbook of Indonesia 2013. Jakarta, Indonesia: BPS. Available at: https://www.bps.go.id/index.php/publikasi/46 66 or Available at Statistics Indonesia(Badan Pusat Statistik—BPS).
- Stephenson, J., Strange, V., Allen, E., Copas, A., Johnson, A., Bonell, C., Babiker, A., Oakley, A. and RIPPLE Study Team, 2008. The long-term effects of a peer-led sex education programme (RIPPLE): acluster randomised trial in schools in England. *PLoS medicine*, 5(11), p.e224.
- WHO. 2017a. Promoting Health Through the Life Course: Leaving no adolescent behind in health and development in Indonesia. Accessed on 1 June 2018 at http://www.who.int/lifecourse/partners/innov8/indonesia-adolescents/en/
- WHO. 2017b. Adolescents and Mental Health. Accessed on 1 June 2018 at http://www.who.int/maternal_child_adolesent/to pics/adolescence/mental_health/en/
- WHO. 2018a. Maternal Moratlity. Accessed on 5 June 2018 at http://www.who.int/newsroom/fact-sheets/detail/maternal-mortality
- WHO. 2018b. Adolescent Pregnancy. Accessed on 5 June 2018 at http://www.who.int/newsroom/fact-sheets/detail/adolescent-pregnancy
- WHO, Regional Office for South-East Asia. Global Youth Tobacco Survey (GYTS): Indonesia report, 2014. New Delhi: WHO-SEARO, 2015.
- Yin, R.K., 2008. *Qualitative research from start to finish*. Guilford Publications.