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Power-Attitude-Interest of Stakeholoders in Developing Adolescent Health Promotion Media

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Background: The adolescent population in Indonesia is almost 30% of the total Indonesian population. This number is quite large and has the potential to become an asset if appropriately managed. At present, there is more and more risk of behavioural problems. This can be known from the number of news, cases, morbidity, and mortality due to risky behaviour such as high cases of HIV in adolescence, even the number of abortions is also mostly done by adolescents because of premarital sex and unwanted pregnancy. Therefore many sectors carry out adolescent health programs to improve adolescent health status. Health promotion media is one of the strategies in influencing program success. This study aims to identify the power, interests, and attitudes of various stakeholders in developing adolescent health promotion media. **Methods:** The research is a qualitative descriptive study through in-depth interviews and FGD. The total respondents involved were 22 people from various stakeholders involved in the development of adolescent health promotion media. Stakeholders involved from the government (health, education, religion, social, national narcotics institution), NGOs, media, parent representatives, and stakeholder providers (teachers from 10 high schools from 5 regions in Surabaya). Then the data were analyzed through thematic analysis approach. **Results:** Not all stakeholders have strong power, a positive attitude and active interest in developing adolescent health promotion media. Only 2 stakeholders (the health sector and NGOs) have the category of "saviour" because these stakeholders have a health program. Many stakeholders should be involved, but in reality, they still tend to overlap and some stakeholders even say that it is not important to have adolescent health promotion media. Stakeholder providers tend to have weak power and passive interest because adolescent health promotion media are usually given directly from stakeholder decision-makers. **Conclusions:** The development of adolescent health promotion media is the responsibility of various stakeholders who have programs with

adolescents as the target groups. Adolescent health is a comprehensive health status from physical, mental, social, economic and spiritual. Therefore not only the health sector is responsible, but all sectors from various groups (decision-maker, provider, user, and representative). Synergy efforts through role optimization are one of the success strategies in developing adolescent health promotion media.

Key words: *Power, interest, attitude, adolescent health, media.*

Introduction

Adolescents according to WHO is those who are aged 10-19 years and not married (Depkes, 2005). According to Riskesdas 2007, adolescents in Indonesia are very large in number, where almost twenty-seven percent (26.9%) of the Indonesian population is classified as adolescent age groups. According to the 2010 Indonesian population census, this age group accounts for 30 percent of the population. The number of adolescents increased from 35 million in 1980 to more than 42.4 million in 2010 (BPS, 2010). This population is quite large, but this could be a contributing number of cases of adolescent health problems if there is no good adolescent health management.

Health problems faced by adolescents in Indonesia include the increasing number of adolescents with HIV-AIDS, Sexually Transmitted Infections (STIs), Unwanted Pregnancy and drug abuse (RI DKKDJBKMDK, 2005). According to BAPPENAS, UNFPA and BKKBN data, it is known that half of the 63 million adolescents aged 10 to 24 years in Indonesia are vulnerable to unhealthy behaviour. One of the most prominent among teenagers today is the problem of sexuality (unwed pregnancy, abortion, sexually transmitted diseases) and drug abuse (BKKBN, 2010).

Problems with adolescent behaviour based on the 2012 Behaviour Survey were recorded from a sample taken that as many as 7% of the adolescent population in the past week, claimed to have had sex. Of the 7% of adolescents who have had sex, 51% of them claimed to use a condom at the last sex. In addition, 4% of adolescents claimed to have tried using drugs, and the most frequently tried was marijuana. As many as 0.4% of adolescents claimed to use injecting drugs. Sexual intercourse and injection drug use have the potential for HIV-AIDS transmission among adolescents (RI KK, 2012).

The causes of adolescent health problems are due to lack of access to adolescent health services, which includes the absence of facilities, adolescents unaware if they have problems, adolescents do not know there are facilities, adolescents know but are not accessible (time, cost, have to pay a visit with their parents), adolescents know there is access but do not want to (long waiting time, the health officer is not friendly) (Tengah, 2012). The adolescents

prefer to overcome their own problems (51.08%) than to come to health services (23.42%). However, almost all respondents (94.56%) stated that they needed an adolescent service centre (Pengembangan, 2006).

Addressing adolescent problems in Indonesia has been pursued despite its many shortcomings. The strategy for implementing adolescent health policies is carried out by the government through cross-sectoral cooperation, basic health services, and their referrals, intervention patterns. This strategy has certainly been adapted to the needs of the stages of the process of adolescent growth and development (RI DK, 2003).

Since 2000, both the Government and the Parliament have agreed to include the adolescent reproductive health program in the 2000-2004 National Development Program (National Development Program / Propenas). This means that the Adolescent Reproductive Health program has become one of the national priorities (Situmorang, 2003). Since 2000 at the national level a Commission on Reproductive Health has been formed to coordinate programs such as adolescent reproductive health, involving five departments/institutions, namely the Ministry of Health, BKKBN, Ministry of National Education, Ministry of Religion, and Ministry of Social Affairs, and NGOs. This commission should be formed up to the district level to avoid overlapping programs (Nurmala and Muthmainnah, 2019). Based on 2016 article, that showed the government stakeholders have a strong influence in the implementation of strategic measures adolescent health program. However, some stakeholders have a weak influence and involvement was passive due to limited resources and have not to know and realize the number of cases of adolescent health. Thus the need for strengthening the commitment of the various stakeholders to shape the attitudes that support through regulations governing the competence of each stakeholder in the implementation of the program at both decision-makers to target groups (Muthmainnah et al., 2016).

The problems faced by adolescents, goals, and commitments that are almost the same from each institution make the program managers feel the need to work together so that their achievements can be felt. The various programs implemented are possible to synchronize with each other. In addition to ideas, program managers from various sectors need to synchronize programs that have been managed and collaborate to implement this program for the fulfilment of the right to information and services for adolescents (PKBI, 2012). However, from research in 2001 it was found that the programs carried out were still not coordinated and had not been evaluated effectively. With these conditions, the program evaluation and information sharing from the program need to be emphasised so that each institution can support and complement each other's strengths and weaknesses of the program being carried out (Hendrawati, 2001). Research on stakeholder mapping has also been carried out by Muthmainnah. The result is that government stakeholders have a strong influence on implementing the strategic steps of the adolescent health program. However, some

stakeholders have weak influence, and their involvement is still passive due to limited resources and does not know and unaware of the magnitude of adolescent health cases. Thus needed for strengthening the commitment of various stakeholders to form a supportive attitude through regulations governing the limits of authority of each stakeholder in the implementation of the program both at the level of decision-makers to the target group (Muthmainnah et al., 2016).

One of the strategies set to implement the policy is the implementation of adolescent health development carried out integrated across programs and across sectors, the government and the private sector, and NGOs, in accordance with the roles and competencies of each sector effectively and efficiently to achieve optimal results. However, until now synergy has not been carried out. This was conveyed by adolescents who were the subject of research in 2018. The adolescents feel overlapping in getting health information from various sources. Media for adolescent health promotion so far is mostly through lecture and poster methods. Teenagers feel bored because the information conveyed has not been adjusted to the needs of adolescents (Siswantara et al., 2019). Adolescent health promotion media are important in the success of adolescent health programs. Adolescents should be involved from the beginning of the process of media design (Nurmala et al., 2019).

The implementation of health promotion programs cannot be separated from health promotion media. Through promotional media, the health messages to be conveyed can be more exciting and easier to understand, so that the target can learn the message to decide to adopt positive behaviour (Notoatmodjo, 2003).

Monitoring activities of adolescent health promotion media involve stakeholders ranging from planning, determining strategies, quality in assessing target needs (problem studies) (Bates et al., 2011). Stakeholders involved are all parties, both internal and external, who have a relationship both influential and influenced, directly or indirectly by the company. Thus the stakeholders involved in the adolescent health program are the Health Office, Education Office, Social Service, Ministry of Religion, BKKBN, community members, and other community institutions that serve adolescents (RI DK, 2003).

A stakeholder analysis of the implementation of adolescent health promotion media is applied to determine the extent of stakeholder involvement and commitment, stakeholder responses and expectations on an adolescent health problem that will bring changes to the problem. This information will be indispensable in the formulation of effective and efficient Adolescent Reproductive Health service program strategies (Strategi Nasional Kesehatan Remaja, 2005). In addition, other efforts that will be made are to map the roles and functions and influences of relevant stakeholders, then take steps to synergize the stakeholders based on the roles and functions of each stakeholder. The research will be examined stakeholder

perceptions of the level of influence of Power, the level of involvement (Interest), and Attitude associated with adolescent health promotion media. This is conducted to develop adolescent health promotion media that is appropriate and following the characteristics of today's adolescents.

Methods

This study used a qualitative descriptive approach through interviews. 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, social, youth and sports, National Narcotics Agency (BNN), NGOs (PKBI and Plato), media (Radio, Jawa Pos), teachers (representatives of 10 high schools in Surabaya), parents (Family Health Empowerment group).

Results

1. Characteristics of Stakeholder

Table 1: Characteristics of Respondent

Characteristic	Total	Percentage
Gender		
Man	5	22,7%
Woman	17	77,3%
Latest education		
High school	1	4,5%
S1	16	72,7%
S2	5	22,8%
Age		
Paediatric Group	1	4,5%
Adult Group	21	95,5%
Total	22	100%

Table 1 illustrates the research respondents from various stakeholders. Stakeholders involved in adolescent health promotion media in Surabaya, as many as 12 stakeholders are:

Government

1. Health Office at the Health Promotion sector
2. Health Office at Adolescent sector
3. KPA Surabaya
4. Ministry of Religion
5. Education Office

6. Social Service

Parent Representative

7. PKK Surabaya

NGOs

8. PKBI
9. Plato

Media

10. Radio Republik Indonesia
11. Radio Frambors
12. Jawa Pos

Provider at school

13. 10 teachers from 10 school representatives

Characteristics of stakeholders are mostly female, have a productive age, and the education level is S1 graduate.

2. Power of Stakeholder

The stakeholder group that has a strong power in the development of adolescent health promotion media is the health sector. This is because all other stakeholders consider the health sector as the leading sector that should be responsible for improving adolescent health status.

"... Health office is supposed to be responsible, we usually wait for instructions from the health office ..."

(Respondent x from sectors other than health)

The Health Office, KPA, PKBI NGOs and Plato NGOs are aware of having the power to develop adolescent health promotion media. This is because there are targeted adolescent health programs every year.

"... we usually start the year making media for adolescents and we deliver it to schools when hold screening, counselling..."

(Respondent x3 from the health sector)

The provider group (teacher) said that the teacher didn't have the power to develop adolescent health promotion media.

"... schools usually get it from the Puskesmas or BNN when they are holding counselling..."

(Respondent teacher A)

Parents' representatives hand it over completely to school.

"... that is the responsibility of the school, we believe teachers know our children better ..."

(Respondent O1)

3. Attitude of Stakeholder

Not all stakeholders have a positive attitude related to the development of adolescent health promotion media. Some even said that there was no need because adolescents already knew.

"... we don't need to give them any more media, they will understand themselves later as they grow up. Moreover, there is the internet ..."

(x2 respondent from sectors other than health)

The health sector who knows the health conditions of adolescents conveys a positive attitude.

"... Adolescents need media, so they know their health condition and so they know how to prevent it ..."

(Respondent x3 from the health sector).

All teachers have a positive attitude in the development of adolescent health promotion media. This is because teachers who interact with adolescents at school and are well aware of adolescent risk behaviors.

"... really need the right media for our students, who can connect the parents and schools. Sometimes their parents don't know to the point they are shocked to know that their children don't go to school, smoke, get pregnant ..."

(Teacher respondent C)

Parents' representatives have a positive attitude because adolescent health promotion media is important for adolescent health.

"... Yes, it's needed, but we don't know-how. Usually, we leave it to school ..."

(Respondent O1)

"... I think it is necessary because we are trying to use our perspective to provide services to whom, we see the point of view of the needs of the target not in terms of us as providers. If we make it not according to the target's needs, then it's useless ..."

"... we are trying to find out what's on the program of the government, which once should be given and which one shouldn't ..."

"... we go straight to the target of adolescence, we do an assessment starting from adolescent health problems, then what do they need. Just like this SMS service, based on the consideration of all adolescents, they have a cellphone and if making phone calls to the office is quite expensive, they can send it via SMS that is cheaper..."

(NGO)

Based on this statement, it can be seen that NGOs have a positive attitude in developing adolescent health promotion media. NGOs also coordinate with government agencies as a routine activity to get support from various parties in realizing adolescent health.

4. Interest of Stakeholder

The Interest of stakeholders that is most active in developing adolescent health promotion media is the health sector and NGOs. This is because the health sector has programs and there are targets every year.

"... every year we have activities for screening, counselling. We also send media to school ... usually posters or leaflets ..."
(Respondent x5 from the health sector)
Whereas other sectors, parents' representatives and school provider groups consider this task to be the task of the health sector.
"... we usually get it from the Puskesmas, BNN, Plato when they are counselling at school ..."
(Teacher Respondent B)
Media groups have been involved in delivering news based on current issues. The media is waiting for information or invitations from stakeholders.
"... we usually based on the requested invitation that is directed to us. We don't usually get contacted then come there right away... "
(Respondent media A)
But there also have special adolescent programs. This media proactively researches schools related to adolescent lifestyle.
"... every 6 months we go to school to survey what the adolescents need ... we make it as the topic when we do the broadcast ..."
(Respondent media C).

Table 2: Mapping Stakeholder Results

Stakeholders	Power		Attitude		Interest		Explanation
	+	-	+	-	+	-	
Health sector							Savior, faster adoption
Religious sector							Trap, adoption is slower
Education sector							Observer, adoption is slower
Parent representative							Observer, adoption is slower
NGOs							Savior, faster adoption
Media							Friends, faster adoption
The provider (school)							Observer, adoption is slower

Discussion

The development of adolescent health promotion media is the key to the success of the health program. Many stakeholders involved from various sectors and even user groups should also be involved. But the results are known that not all stakeholders have strong power, positive attitudes and active involvement in developing adolescent health promotion media. In addition, according to Gray et al (1994) in Ghazali and Chairi (2007), the viability of an organization depends on strong stakeholder support and that support must be sought so that the organisation's activities are to seek such support. The more powerful the stakeholder, the greater the organisation's effort to adapt. The leading sector, in this case, the DKK is a stakeholder who has the power to influence how the decision-making process occurs, what

alternatives are considered and when a decision is taken. Because power is the ability to influence certain individuals, groups, decisions or events (Muthmainnah et al., 2016).

Decision-makers group, a policy will affect the achievement of targets from the goals set but have to consider the extent of the contribution of each stakeholder, thus efforts to influence other stakeholders are needed. French and Raven define that influence is the control carried out by someone in the organization (community) over others. They stated that the power of an authority that a person has in a particular system is the maximum potential ability to control (Vos, 2006).

The influence of stakeholders is usually to support the organisation's strategy because the main stakeholders are the needed part of the organization's team. The key of stakeholders' authority and responsibilities include: 1) Providing leadership to the organization, 2) Allocating ability to be used in design and results, 3) Making and maintaining relationships with all stakeholders, 4) Managing decisions related to the design and implementation of strategies to run the program, 5) Manage the different cultures of a program and bring people who have quality abilities to benefit the organization, 6) Conduct periodic assessments of the effectiveness and efficiency of the organization in carrying out work that has the authority and responsibility (Suryoputro and Isarabhakdi, 2016).

As stated in the previous material (adolescent health program guidelines), adolescent health problems are multidimensional problems that require multi-sector cooperation to deal with it. Each sector has its respective roles following its competencies under the coordination of local government. From the experience of SM-PFA, it can be seen the role of each sector in Adolescent Reproductive Health, on the demand side, BKKBN includes working on improving adolescent reproductive health through Bina Keluarga Remaja (Adolescents Family Development), facilitators, and the development of peer educators and peer counsellors. While the Ministry of National Education is working on improving adolescent reproductive health through the schools. The Ministry of Religion works on it through religious schools and Islamic boarding schools, also facilitating mosque adolescents. While the Social Department emphasizes more on adolescents outside of school, such as groups of street children (Depkes, 2005).

In addition to the factors of power and attitudes of decision-makers that influence stakeholders in the policy-making process, the factor of involvement or commitment also plays an important role in it. Therefore the commitment of leaders or decision-makers at any level and in any sector is very influential on policies and efforts to solve organizational problems. Their understanding of organisational problems determines the commitment of decision-makers to the organisation. This commitment can be realized in statements both verbally and in writing about their support or agreement to organisational problems and can

be illustrated to what extent the decision-making stakeholders provide the availability of time, energy, thoughts, and moral support to the organization (Nurmala et al., 2019).

Provider and user groups still tend to be passive and feel like they don't have power. The result of this study is in accordance with the research of the implementation of adolescent health programs in Surabaya. There are still many challenges in the implementation, such as the program still not running as expected due to a lack of funds for operational activities, infrastructure, and personnel as well as poor coordination, communication, and bureaucratic structure. In other words, stakeholder support and program policies are needed for the successful implementation of the program. Not to mention adolescents feel the government has not fully involved them. Adolescents feel bored with various media from the government because it tends to overlap and still haven't met the needs of adolescents today (Siswantara et al., 2019).

The relationship between power and stakeholder interests in an organization or policy determination is divided into four categories, if the stakeholders have (Depkes, 2005) Low power and interest, they cannot be involved, (BPS, 2010) High power but low interest, they can only be the consultants/advisors, (RI DKKDJBKMDK, 2005) Low power but high interest, they can be placed as the source/interviewees, (BKKBN, 2010) High power and interest, the stakeholder is a decision-maker (Sudarmo, 2009).

Conclusions

There are various categories of power, interest and attitude grouping in developing adolescent health promotion media. The development of adolescent health promotion media should be a joint task of various sectors and stakeholder groups (decision-maker, provider, user, and media). It is necessary to optimise the role of each stakeholder, and there is a media for promoting adolescent health that is useful for program synergy.

Ethics Statement

This study was received ethical approval from the health research ethics committee, Faculty of Nursing, Universitas Airlangga Number 1773-KEPK (September 26, 2019).

Author Contributions

The research team conceptualized the study, carried out the study and led the writing of the article, conceptualized and served as the mentor for the study. Our team also assisted with study development and manuscript writing.

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No : 1773-KEPK

Komite Etik Penelitian Kesehatan Fakultas Keperawatan Universitas Airlangga dalam upaya melindungi hak asasi dan kesejahteraan subyek penelitian kesehatan, telah mengkaji dengan teliti protokol berjudul :

The Committee of Ethical Approval in the Faculty of Nursing Universitas Airlangga, *with regards of the protection of Human Rights and welfare in health research, carefully reviewed the research protocol entitled :*

"EVALUASI TEKNOLOGI, INFORMASI, DAN KOMUNIKASI MEDIA PROMOSI KESEHATAN REMAJA PADA PEER EDUCATION PROGRAM (COMPARISON STUDY INDONESIA DAN AUSTRALIA)"

Peneliti utama *Principal Investigator*	: **Muthmainnah**
Nama Institusi *Name of the Institution*	: Fakultas Kesehatan Masyarakat Universitas Airlangga
Unit/Lembaga/Tempat Penelitian *Setting of research*	: Kota Surabaya

Dan telah menyetujui protokol tersebut di atas melalui Dipercepat.
And approved the above-mentioned protocol with Expedited.

Surabaya, 26 September 2019
Ketua, (*CHAIRMAN*)

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