

# Reorientation of Social Media as Adolescent Health Promotion Strategy in the New Normal Era 2020

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## Reorientation of Social Media as Adolescent Health Promotion Strategy in the New Normal Era 2020

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**Abstract.** Currently Indonesian adolescents face various challenges, especially in relation to their health status. One of the determinants is the challenge in the era of the industrial revolution 4.0. Teenagers use internet access to use their social media. There are also cases of adolescent health stems from the use of social media. Therefore, research is needed which aims to identify the form of social media reorientation as a strategy for youth promotion. The use of social media by the Help Center of Universitas Airlangga as promotion and health education in the new normal 2020 era through various platforms. The social media most often used and liked by teenagers is Instagram, apart from via email and WhatsApp. Socialization and counseling activities will continue during the pandemic through strengthening social media. Social media reorientation can be done by having admins of each type of social media recruited from students. The desired technological innovation is the formation of applications as educational media regarding health promotion and counseling which are considered more suitable.

### 1. INTRODUCTION

Adolescents are a group of people who are almost always assumed to be in good health. Thus, it is not seen as a priority. It is oriented towards the neglected group of youth. Adolescents are a transitional period that is prone to facing various complex problems related to physical changes, nutritional adequacy, psychosocial development, emotions and intelligence which eventually lead to conflicts within themselves which then affect their health [1]. According to the World Health Organization (WHO), which is included in the group of adolescents are those aged 10-19 years, and demographically the adolescent group is divided into the 10-14 age group and the 15-19 year age group. Meanwhile, Law No.23 of 2002 on Child Protection classifies everyone up to 18 years of age as a "child", so that based on this law most youth are included in the group of children. Based on the 2000-2025 Indonesian

Population Projection data, the proportion of the population of adolescents aged 10-19 years in 2010 was around 18.3% of the total population or around 43 million people [2]. This population is quite large and there needs to be special handling efforts according to the needs and characteristics of adolescents. With the development of information technology, adolescents encounter many challenges that result in risky behavior and have an impact on adolescent health status.

Adolescent risk behavior is usually associated with the KRR Triad, namely Three Adolescent Reproductive Health Problems (TRIAD KRR). The KRR triad consists of sexuality, HIV (Human Immunodeficiency Virus) and AIDS (Acquired Immune Deficiency Syndrome) as well as drugs (Narcotics, Psychotropics, and Addictive Substances). UNICEF stated that around 110,000 adolescents aged between 10 and 19 years died due to the HIV virus in 2012. Cumulative data from the Indonesian Ministry of Health until 2015 shows that

there are 28,060 adolescents infected with HIV in Indonesia (15.2 percent). A total of 2089 people (3 percent) of whom are already with AIDS [3]. According to the IDHS, the percentage of age at first sexual intercourse increased in 2017 to 74% from 59% in 2012. As well as the shift in the age at first sexual intercourse to be younger, namely at the age of 17-18 years [4]. The prevalence in Indonesia in 2018 for adolescents who consume drugs for one year who are high school students (6.4% and 3.6%) is greater than junior high school students (4.8% and 3.3%) and university students (6% and 2.8%). more people who used drugs in the past year (5%) than women (2.3%). The prevalence of drug users in the past year among high school students in the city of Surabaya occupies the highest provincial capital in Indonesia (9.4%). The most types of drugs consumed by high school students in the past year were headache drugs that were drunk excessively by 19.7%, substances that were deliberately inhaled continuously (eg glue, petrol, markers, electric hits) by 12.7%, and marijuana by 11.3 % [5]. Based on these data, it is necessary to have the appropriate youth health promotion strategy.

One of the strategies established to implement the policy is the implementation of adolescent health coaching implemented in an integrated manner across programs and across sectors, government and private sectors, as well as NGOs, according to the roles and competencies of each sector effectively and efficiently so as to achieve optimal results. The involvement of stakeholders, from policy makers, policy implementers to policy targets, in youth health programs is very important. Multi-sector collaborative networks are one of the keys to the success of youth health programs. However, based on previous research, it is known that not all stakeholders who have youth programs synergize even certain stakeholders should have power, but feel they have no power and their involvement is still passive [6].

Reorienting health services is one of the youth health promotion strategies according to the Ottawa Charter. The success of implementing health promotion programs lies not only with the health service providers or providers but also with users [7]. However, so far, youth involvement still tends to be passive because their authority is only limited to the implementation stage of the program. There are even teenagers who have not been exposed to the program. In fact, based on studies on adolescents, it is known that adolescents expect them to be involved from the planning stage to program evaluation because they are prime movers in the success of youth health programs [8]. The effectiveness of adolescent health programs through youth involvement from the start

and subsequently producing edutainment methods and media (education and entertainment) can be proven through training in the HEY (Health Educator for Youth) Program. Youth that are actively involved during and after the HEY Program training reported that they are able to carry out their duties properly [9]. Currently, the use of social media is one of the main media strategy for teenagers [10].

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In today's media environment, information is not only passed from producers to consumers, but is mediated by a new media culture, including information about youth health. Based on a study of youth in Sydney and the Australian region in 2011, it shows that there are 5 key aspects that arise in the use of social media by adolescents, consisting of a participatory culture of social networking sites; sexual health stigma, especially Sexually Transmitted Infections (STIs); careful self-presentation of young people; privacy concerns; and the importance of humor in sexual health messages. Adolescents are interested in sexual health information, but do not want to access it at the expense of their sense of comfort and ownership in their social networks [11]. There are 130 million active social media users in Indonesia. Most users are in the adolescent age group [12]. Therefore, a study aimed to identify the form of social media reorientation as a youth promotion strategy was conducted.

## 2. METHODS

### 2.1. Design and Participants

This research is a qualitative study using data obtained from the focus group discussion (FGD). Participants in this study were selected by purposive sampling as being a member of Help Center of Universitas Airlangga, whose members are representatives of each faculty. The process of recruiting participants started with coordination meeting between researchers and the Help Center regarding the objectives and purposes of the research, then we arranged a next meeting for an online focus group discussion. There were six participants in this study who had been involved since the early establishment of the help center. The FGD questions included methods or strategies in promoting and educating youth health as well as the current use of media (including social media).

### 2.2. Data collection and Analysis

The FGD lasted for approximately 60-90 minutes, facilitated by researchers and recorded with video for transcripts and analysis. Before the FGD began,

participant information sheets had been provided and explained, including informant rights, recording, and confidentiality. This research has received ethical approval from the Health Research Ethics Commission of the Faculty of Nursing, Airlangga University. The analysis began by making a transcript of the FGD results, then identified the themes and phrases that emerge and categorized the data against these themes. Data analysis was used to describe the methods or strategies used and the media that were considered effective for adolescent health promotion.

### 3. RESULTS AND DISCUSSION

#### 3.1. Participant characteristics

Participants in this study were lecturers who were members of the Help Center at both the Faculty and University levels. The total number of participants were six people. Participants came from the Faculty of Social and Political Sciences, Faculty of Science and Engineering, Faculty of Public Health, Faculty of Dentistry, Faculty of Humanities, and University Coordinators

#### 3.2. Strategi Promosi Kesehatan

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Based on the results of the FGD, information was obtained that the strategies or methods for health promotion among Universitas Airlangga students would be effective through socialization involving peer groups.

"The socialization can involve peer groups, so those who convey it are young people of their age with the platform they like, so it's not just face-to-face socialization, we convey, they sit there, it's not like that, but we leave the methods to this child using the method. what's so. So I think it will be easier for them to accept, my suggestion is like that." (Informant 1)

Health efforts carried out include preventive and curative. Preventive efforts are carried out through socialization on health topics needed by current students. Curative efforts are made for students who are experiencing problems, namely by providing assistance and strengthening.

"So, there are two, yes, we are also campaigning for prevention ... socialization about the Help Center, then prevention of violence against sexual harassment, bullying, and so on. Then the following is ... the curative is to provide assistance if the person concerned really wants to be accompanied by the team. In the Help Center, in principle, we want these

students not to drop out or not finish their studies, so we usually accompany us to provide reinforcement. We often call the Help Center a confidant, "(Informant 2).

In dealing with problems that can affect students' psychology, it is very important to have communication as a place to talk or consult.

"But chatting is very important for fellow students, yes if it is ... what is this psychological tendency I usually offer you to a psychologist? If so, I will connect later. So it's like that e .. the standard." (Informant 2).

Consultations needed by students during this pandemic are still ongoing online.

"If this condition has not improved, yes, online consultation is indeed one of the alternatives to solve the problems of younger students." (Informant 3)

#### 3.3. Reorientasi Sosial Media

During this pandemic period, the implementation of youth health promotion by the Help Center was carried out online. There are various online media used by Help Center lecturers, namely WhatsApp, Email, and Instagram.

"There is an email, there is a cellphone." (Informant 1)

"There is enough via WhatsApp, there is Instagram too." (Informant 2).

"For those related to technology, at least we communicate via Instagram or WhatsApp, ma'am." (Informant 5).

The platforms are chosen based on the preferences of the teenagers. One of the most popular social media for teenagers and is often used in consultation with the Help Center for adolescent health promotion socialization is Instagram.

".. So the method is, but the platforms can be different, e .. what do they like, how many things do they have, there are various things, on Twitter, on Instagram." (Informant 1)

"But so far, e ... if on Instagram there is often a sign, yes, I often ask, if you want a consultation, how about it, on Instagram. Because if on Instagram, the followers are pretty good, it's already 250, yes, it's quite a lot, e ... that's pretty helpful if we often do Instagram." (Informant 2)



The large number of teenagers who use social media so that social media platforms as an effort to promote health require a social media admin. The need for social media admins to recruit from students.

"But what we can do right now is that we have to have e ... admin is at least like that, if we use social media e ... although it doesn't have to be 24 hours, at least we can for example e ... there are hours. work. Earlier, we said, we can, if we involve fellow students, for example, it is actually not a difficult thing for them because they are usually done while they are doing activities." (Informant A4)

Social media platforms will be very useful in promoting adolescent health, especially in the new normal 2020 era because they serve as educational media from lecturers to students.

"In the future we can focus more on what through the social media platform, because that's what I think if we take the context of e ... why ... the goal is for education, especially for fellow students and students, as the most effortless user is the use of social media." (Informant 4)

Another desired platform was an application. Current trends that show the usefulness of applications will be very helpful in consultations between students and lecturers regarding their problems. One example of an application that can be designed is the way the Halodoc application works.

"Ideally, we are following the current trend. For example, we have applications, applications, for example, to talk online, for example like that, like halodoc, for example like that, I see it very much. Because there are a lot of people who ... they might be a bit lazy too, I think if you want to go to a doctor for consultation because e ... what ... my thumbs don't get better, for example like that. Finally, they use open halodoc, then ask there, and in what is the term there is a fast response because there is a doctor who really e ... pick it in quotation marks, like that." (Informant 4).

The application was considered to be more suitable to inform adolescent health promotion to those in need and at the same time can be more private for online consultation

"That for now the application will be better .. more suitable, because as long as I assist in the faculty, it is often when they want to share it tends to be private. Meanwhile, for the application, there is also a consultation process, like for example in halodoc, that is the nature of it, is it personal, because often the comfort of students when telling stories, when the discussion is very important. (Informant 6)

"The application would be more appropriate, because on the other hand it is private too, then something they might be able to access, especially now that everything is based on smartphones, android, so maybe it will be easier when they want to reach out. So just download maybe then what, can you take it anywhere, even though we already have this maybe yes, what e .. the contact person is in the Help Center." (Informant 6).

#### 4. CONCLUSION

The results of this study indicate that health promotion strategies and programs for adolescents according to the help center require youth involvement to be effective, especially in preventive issues. Adolescents should be given flexibility in determining the appropriate method of educating their peers. This is supported by the rapid awareness of teenagers about various social media that are of interest to their peers today.

Social media has the potential to educate its users and this is recognize by the university. Thus, the way to educate students conducted by help centers has been considered quite effective through social media. It is time for social media to be seen as a positive value and no longer become the enemy of education, instead social media needs to be reoriented so that it can contribute to youth health education today. Stakeholders need to be aware of this condition and involve the youth starting from planning, implementing and evaluating programs for youth, especially those programs using social media.

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