International Journal of Health Science & Medical Research
Vol 5. No. 2 (2026) : August

THE CONTRIBUTORY ROLE OF ADOLESCENT CADRES IN THE POSYANDU PROGRAM IN PANTOLOAN

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Abstract

Early marriage is still a global problem, with the East Asia and Pacific region occupying the seventh highest prevalence of 15-year-old girls married. In Indonesia, Central Sulawesi Province ranks 12th in the prevalence of women married before age 18. Palu City is one of the regions with the highest marriage rate aged 10 years and above in the province. In the work area of the Pantoloan Health Center, there were 14 cases of child marriage between 15 and 17 years old in 2025. This study aims to analyze the contributory role of adolescent cadres within the Youth Posyandu program as part of early-marriage prevention efforts in the Working Area of the Pantoloan Health Center, Palu City, and to identify the extent to which current cadre activities support, rather than directly produce, early-marriage prevention outcomes. The study used a qualitative case study design with 13 purposively selected informants. Data collection was carried out through participatory observation, in-depth interviews, and documentation, while data analysis followed the stages of data reduction, data presentation, and conclusion drawn/verification. Credibility is maintained through extended observations, increased diligence, and triangulation of data and sources. The results of the study show that the role of adolescent cadres includes three stages, namely the preparation stage in the form of information dissemination through WhatsApp groups and peer-to-peer communication, the stage of implementing the Posyandu opening day in the form of anthropometry measurement, data recording, and health counseling assistance by midwives, and the stage after the opening day of the Posyandu has not run optimally because cadres have not clearly understood their duties and responsibilities.

Keywords: Contributory Role; Adolescent Cadres; Posyandu program;

INTRODUCTION

According to UNICEF (2020), early marriage or child marriage is a formal marriage or informal bond performed by a person under the age of 18, either with an adult or fellow child. This practice is categorized as a violation of children's rights that limits the right to growth and development (1). The main impact of early marriage or child marriage is to cut off the growth and development period of children, damage the right to education, trigger a high risk of maternal and infant death, and plunge young families into a cycle of poverty and social vulnerability (2). Because these two indicators use different age thresholds (15 for women, 18 for men) and different reference populations, they are reported here as separate, source-defined statistics rather than as directly comparable figures. Globally, the East Asia and Pacific region (1%) is one of the regions with the seventh highest prevalence of early marriage for women aged 15 years from the West and Central Africa region (11%), Sub-Saharan

Received: August 23rd, 2026; 1st Revised August 27th, 2026;
Accepted for Publication : August 30th , 2026

Africa (9%), Eastern and Southern Africa (8%), South Asia (6%), Latin America and the Caribbean (4%), the Middle East and North Africa (3%). While the prevalence of early marriage among males aged 18 years in the East Asia and Pacific region (1%) is the fifth highest, compared to Eastern and Southern Africa (5%), Sub-Saharan Africa (4%), West and Central Africa (3%), and South Asia (3%). Of the four countries in the East Asia and Pacific region, Indonesia has one of the highest early-marriage prevalence rates for women married before age 15, at 3% (3).

Data from the central statistics agency in 2026 in 38 provinces in Indonesia, Central Sulawesi province (7.20%) is one of the highest prevalence of women under the age of 18 from the twelfth province of South Papua (12.94%), West Papua (12.25%), West Nusa Tenggara (11.31%), West Sulawesi (11.21%), West Kalimantan (8.82%), Central Kalimantan (8.53%), Bangka Belitung Islands (8.41%), South Kalimantan (8.38%), North Maluku (7.27%) and North Sulawesi (7.25%) (4). Of the 13 districts/cities in Central Sulawesi province, Palu city has one of the highest numbers of marriages at age 10 and above, at 17.6% (4). Based on data from the Pantoloan Health Center in 2025, the number of cases of child marriage under the age of 15 to 17 years was 14 cases.

Based on the preliminary study conducted, the researcher interviewed the manager of the youth posyandu in the work area of the Pantoloan Health Center, who stated that the youth posyandu amounted to three posyandu and had a youth cadre of 5 people. The obstacle is that it is difficult to gather teenagers, and bored teenagers are less likely to come to the Posyandu.

The researcher also interviewed one of the youth cadres, who stated that the obstacle was the difficulty of gathering teenage friends to come to the Posyandu for examination.

Based on the above background, this study aims to analyze the contributory role of adolescent cadres within the Youth Posyandu program in the Working Area of the Pantoloan Health Center, Palu City, and to distinguish this contribution from the cadres' general operational role in Posyandu service delivery.

RESEARCH METHODS

This study uses a qualitative case study design. This research was carried out from March to July 2026 in three Posyandu in the working area of the Pantoloan Health Center, Palu City, Central Sulawesi Province. The research location was chosen because the number of early marriage cases in the work area of the Pantoloan Health

Center is still high, namely 14 cases of early marriage carried out by adolescents aged 15 to 17 years. The researchers used purposive sampling to select 13 informants, based on the following inclusion criteria for each informant category. The key informant (n=1) was included as the coordinator of the Youth Posyandu program at the Pantoloan Health Center, given direct responsibility for program oversight and comprehensive knowledge of program design and implementation. Main informants (n=3) were included because they were active adolescent cadres who had directly carried out cadre duties during at least one full Posyandu opening-day cycle in the study locations. Additional informants (n=9) were adolescents aged 15 to 18 years residing in the Pantoloan Health Center working area, purposively selected to include both adolescents who had and had not participated in Youth Posyandu activities, in order to capture variation in exposure to cadre activities; adolescents who were not present in the working area during the data-collection period or who declined to provide consent were excluded. Data saturation was assessed iteratively during data collection by reviewing transcripts after each interview to determine whether new codes or themes continued to emerge relative to previously interviewed informants within the same category. Saturation was evaluated separately for each informant group: for the key informant, saturation was reached once programmatic information (planning, oversight, obstacles) no longer yielded new detail; for main informants (cadres), responses regarding the three activity stages became repetitive across informants; and for additional informants (adolescents), responses regarding awareness, participation, and perceptions of early marriage converged on a limited, recurring set of patterns. Data collection was concluded once no substantively new information emerged within each informant category, resulting in a final total of 13 informants: one key informant, three main informants, and nine additional informants.

The researchers served as the main instrument for data collection, supported by detailed field records (books and pens), audio recording devices (mobile phones), and documentation tools (mobile phone cameras). Supporting materials such as interview guidelines and observation sheets were also used to improve data-collection quality. Data collection methods include participatory observation, in-depth

interviews, and documentation. Participatory observation was conducted across the Posyandu opening-day sessions held in each of the three Posyandu during the study period [authors: state total number of sessions observed and approximate duration per session], focusing on the process of information dissemination, cadre-led anthropometric measurement, and midwife-led health counseling. In-depth interviews were conducted once with each of the 13 informants [authors: state approximate duration range per interview], using semi-structured guides tailored to each informant category (coordinator, cadre, adolescent) and conducted in a private setting within the Posyandu working area. Documentation consisted of Posyandu attendance and registration records, WhatsApp group broadcast messages related to activity schedules, and photographic records of service-delivery activities, used to complement and triangulate findings from observation and interviews. In addition, data analysis follows a structured process that involves data reduction, presentation, and drawing and verifying conclusions, based on the interactive model of Miles and Huberman. Interview transcripts and observation field notes were first read repeatedly and coded line-by-line to identify recurring words and concepts (for example, information dissemination through WhatsApp groups, anthropometric measurement, and gaps in cadres' post-service-day duties). Related codes were then grouped into categories corresponding to the three stages of cadre involvement and adolescents' perceptions, before being organized into the broader themes presented in the Results and Discussion. Coding was cross-checked against the original transcripts by the research team, and emerging themes were validated through triangulation of data sources (coordinator, cadres, adolescents) and data-collection methods (observation, interview, documentation), so that the identified themes remained grounded in participants' own accounts rather than in researchers' prior assumptions. The study results are presented through data grouping using narrative texts. Several strategies are implemented to ensure data validity. Credibility is achieved by expanding observations, increasing diligence, and triangulating data and sources (6).

RESULTS AND DISCUSSION

Before presenting the three stages of cadre involvement, it is important to distinguish between the general operational

role of adolescent cadres in Youth Posyandu service delivery (scheduling, anthropometric measurement, counseling assistance) and their specific contribution to early-marriage prevention. As shown below, the cadres' involvement in early-marriage prevention is currently indirect, mediated mainly through adolescents' exposure to health-counseling content delivered by midwives, rather than through independent, targeted prevention activities carried out by the cadres themselves. This distinction is used throughout the following sections to frame cadre activities as a potential entry point for early-marriage prevention rather than as an already-demonstrated preventive mechanism.

The role of adolescent cadres in preventing early marriage in the work area of the Pantoloan Health Center is divided into three parts: preparation for the opening day of the posyandu, health services on the opening day of the posyandu, and activities after the opening day of the posyandu. The role of adolescent cadres in the preparation of the opening day of the posyandu is to inform the posyandu schedule through *the WhatsApp group* and inform teenage friends directly. The following are the results of the in-depth interview with the main informant regarding the role of cadres on the opening day of the posyandu:

"Informing the posyandu schedule through the baiya youth chat group" (A, 18 years old).

"Inform your friends directly. The day of the posyandu is not always at home here, sometimes at the house of Mrs. RT" (S, 16 years old).

"It's like being close to be informed directly; if it's far away, use wa" (F, 15 years old).

The role of adolescent cadres during health services on the opening day of the posyandu is to measure weight, height, fill in data, and listen to counseling from midwives about early marriage and late menstruation. The following are the results of an in-depth interview with the main informant regarding the role of adolescent cadres during health services on the opening day of the posyandu, which are as follows:

"Measuring height, weight, data content, and listening to counseling about early marriage" (A, 18 years old).

"Measuring height, I usually hear material about teenagers such as late menstruation, early marriage" (S, 16 years old).

"Measuring height, weight, receiving material from the Midwife" (F, 15 years

old).

Adolescent cadres do not know the activities carried out after the posyandu opening day. The following are the results of an in-depth interview with the main informant regarding the role of youth cadres after the opening day of the posyandu, which are as follows:

"Don't know" (A, 18 years old).
"None" (S, 16 years old).
"None" (F, 15 years old).

One way for adolescent cadres to increase adolescent participation in the posyandu is to distribute gifts to teenagers who come to the posyandu. The following are the results of the in-depth interview with the main informant regarding how adolescent cadres increase youth participation in coming to the Posyandu:

"Hand out gifts" (A, 18 years old).
"Distributing prizes; later there will be prizes, and many will participate" (S, 16 years old).
"Giving gifts" (F, 15 years old).

The following are the results of the in-depth interviews of additional informants regarding the schedule for the implementation of the youth posyandu as follows:

"Yes, I heard from a friend who told me the next posyandu" (A, 16 years old).
"Yes, someone told me that my fellow friends joined the posyandu" (D, 16 years old).
"Some people come to tell the teenage cadres" (N, 17 years old).
"Never" (J, 16 years old).
"Never" (I, 16 years old).
"Never" (A, 16 years old).
"No, I just heard that" (F, 16 years old).
"None" (Z, 15 years old).
"None" (A, 16 years old).

The following are the results of the in-depth interview of additional informants related to adolescent cadres measuring weight, height, and abdominal circumference as follows:

"I have never participated in posyandu" (A, 16 years old).
"Yes, height equals weight, kind of given blood booster tablets" (D, 16 years old).
"Ba measured weight and height" (N, 16 years old).
"Never joined" (J, 16 years old).
"Never joined" (I, 16 years old).
"Never" (A, 16 years old).
"Never participated, I don't know where the youth posyandu is here" (F, 16 years old).
"Not yet" (Z, 15 years old).
"Never" (A, 16 years old).

The following are the results of the

in-depth interviews of additional informants related to adolescent cadres making home visits as follows:

"Never" (A, 16 years old).

"Ever, it's kind of like asking for weight" (D, 16 years old).

"Never" (N, 16 years old).

"Once, it was like the dorang came to measure height, abdominal circumference" (J, 16 years old).

"Ever, go check it out. For weight, for tension" (I, 16 years).

"Never" (A, 16 years old).

"Never" (F, 16 years old).

"Never" (Z, 15 years old).

"Never" (A, 16 years old).

The following are the results of the in-depth interviews of additional informants related to early marriage:

"Married under the age of 16" (A, 16 years old).

"A kind of amil outside of marriage" (D, 16 years old).

"Marriage under the age of 16 to 17 years" (N, 17 years).

"Early marriage in my opinion is like getting pregnant out of wedlock, like children are still in school" (J, 16 years old).

"Early marriage is the marriage of a minor, such as under the age of 18" (I, 16 years old).

"It's like I'm not old enough, still in school" (A, 16 years old).

"Extramarital marriage, unmarried marriage, or accident" (F, 16 years old).

"Marriage is not age-appropriate, and it is not the time to do it yet" (Z, 15 years old).

"Marriage under the age of 15" (A, 16 years old).

The following are the results of the in-depth interviews of additional informants related to the risks of early marriage:

"The womb is not strong yet" (A, 16 years old).

"Don't know" (D, 16 years old).

"Don't know" (N, 16 years old).

"Don't know" (J, 16 years old).

"The child is disabled because the mother's womb is not ready" (I, 16 years old).

"Don't know" (A, 16 years old).

"It's like there's no work yet" (F, 16 years old).

"Early aging" (Z, 15 years old).

"The womb is not ready" (A, 16 years old).

Preparation stage for the implementation of the Posyandu opening day

The preparation stage for implementing the Youth Posyandu opening day begins with youth cadres disseminating information to target groups. Dissemination is carried out through two communication

strategies: information through WhatsApp groups and direct interpersonal communication with peers (peer–to–peer *communication*). This combination of digital media-based strategies and face-to-face communication expands information reach and optimizes adolescent participation in Youth Posyandu activities. Based on the research of Chen and Whang (2021), social media serves as an effective tool for conveying health information, motivating participation in health-related events, and directing audiences to health resources that directly apply to announcing posyandu schedules (7). Based on research by Gharmani et al. (2022), social media functions as a collaborative dissemination platform for reaching target audiences and conveying health-related information efficiently (8). According to Meliyanti et al. (2024), health workers and posyandu cadres should use social media to attract teenagers to come to the youth posyandu, for example by creating a WhatsApp group. So that teenagers can easily and quickly receive information about the youth posyandu (9).

The findings show that information about the Youth Posyandu activity schedule is not evenly distributed among adolescents in the work area of the Pantoloan Health Center. Some additional informants (3 people) obtained information through cadres and peers who had participated in Youth Posyandu activities. In comparison, most other additional informants (6 people) did not know the activity schedule because they had heard about the Youth Posyandu program for the first time. Beyond a general information gap, this unevenness is likely compounded by the small number of active cadres relative to the target population, only five cadres serving three Posyandu, which constrains the reach of both WhatsApp-based and peer-to-peer dissemination. Because dissemination relies heavily on cadres' personal networks rather than a structured, program-wide broadcast list, adolescents outside those networks remain systematically underinformed, suggesting that expanding dissemination channels alone may be insufficient without also expanding the cadre base or formalizing outreach beyond peer contacts.

Implementation of the opening day of the Youth Posyandu

On the opening day of the Youth Posyandu, adolescent cadres played an active role in health service activities, including anthropometric measurements (height and weight) and recording adolescent identity

and health data. In addition, adolescent cadres also participated in health counseling sessions delivered by midwives, with material that included early marriage issues and menstrual cycle disruptions (delayed menstruation) in adolescent girls. According to Fitrianto et al (2023), one of the steps implemented in the adolescent posyandu is the measurement of height, weight, BMI/BMI, blood pressure, HB examination, and information on adolescents is carried out when the tools are available, then carried out by the adolescent posyandu officer (10). Meanwhile, the role of adolescent cadres after the opening day of the Posyandu shows a knowledge gap, as adolescent cadres do not clearly know their roles and responsibilities after the opening day of the Youth Posyandu. According to Febriyanti et al. (2025), limited access to training is one factor that limits cadres' knowledge, especially regarding the implementation of the five core activities of the Posyandu (11). Beyond limited training access, this gap in the Pantoloan context is likely compounded by the absence of a formal task list or supervisory check-in for cadres after the Posyandu opening day. Without a clearly defined post-service role, cadres appear to default to the tasks they have been explicitly instructed and equipped to perform, namely anthropometry and information relay, while less-defined responsibilities such as monitoring at-risk adolescents or following up on early-marriage concerns go unperformed. This suggests that strengthening cadres' contribution to early-marriage prevention requires not only training on the topic itself, but also clearer role definition and supervisory structures specific to the post-service period.

The findings show that the utilization of Youth Posyandu services remains relatively low. Only 2 additional informants have ever received services from adolescent cadres, including weight measurement, height measurement, and the provision of blood supplement tablets. In comparison, the other 7 informants have never participated in Youth Posyandu activities due to ignorance about the location of the youth posyandu activities.

The findings show that home visits by adolescent cadres and health workers to additional informants have not reached all targets equally. Most additional informants (6 people) stated that they had never been visited. In comparison, a small number (3 people) had received visits accompanied by health services, including measurements of

weight, abdominal circumference, and blood pressure.

Stages After the Opening Day of the Posyandu

The role of adolescent cadres in the post-implementation stage of the posyandu opening day has not been optimal, as shown by the gap in cadres' knowledge about their duties and responsibilities at that stage.

Efforts of adolescent cadres to increase adolescent participation in visiting Posyandu

One effort by adolescent cadres to increase adolescent participation in visiting the Posyandu is providing incentives in the form of gifts (materials). This strategy can be seen as a way to strengthen extrinsic motivation and encourage adolescents' active involvement in Youth Posyandu activities. This aligns with Suparto et al. (2021), who stated that providing material and immaterial incentives is one of the strategic actions in supporting the successful implementation of the Posyandu program (12).

Teens' Perceptions of Early Marriage

Based on in-depth interviews with additional informants, various perceptions of early marriage emerged, which led to several main themes. In general, informants interpret early marriage as marriage that takes place below the ideal age limit, with the age range mentioned varying between under 15 years, under 16 years, 16 to 17 years, and under 18 years. This variation in the stated age limit shows that adolescents' understanding of the ideal age for marriage is not completely uniform. However, there is a common view that marriage occurs before adulthood is reached. In addition to the age aspect, some informants associate early marriage with the condition of pregnancy outside marriage, which is seen as one of the causes and forms of early marriage itself. Some informants also categorize this condition as "tasalah marriage" or marriage that occurs due to an accident (unplanned pregnancy), which indicates a link between early marriage and premarital sexual behavior among adolescents.

Another theme that emerged was the link between early marriage and educational status; some informants emphasized that early marriage perpetrators in general are still students or school children. This reflects the informant's awareness that early marriage has the potential to disrupt the sustainability of formal education, as well as showing that psychologically and socially, the perpetrator is not considered ready to take on the role of a married couple. Furthermore, several

informants highlighted readiness and suitability, stating that early marriage is not in accordance with age and that it is not yet time to do it. This statement indicates the informant's understanding that marriage should ideally consider maturity of age, both biologically, psychologically, and socially, before the marriage decision is made.

Adolescents' Perceptions of the Risks of Early Marriage

Based on in-depth interviews with additional informants about the risks of early marriage, the findings showed that informants' knowledge of these risks remains relatively low. Most informants stated that they were unaware of the risks posed by early marriage, indicating a lack of education or exposure to information about its impact. According to Jumai L et al. (2025), students' knowledge of early marriage falls within the sufficient category. This suggests that students' initial knowledge tends to be low and uneven regarding the risks of early marriage (13). However, several informants can identify the risks of early marriage, especially related to reproductive health aspects. Some informants mentioned that the condition of the mother's womb or uterus that is not strong or physiologically ready can be a risk of early marriage. One of the informants even specifically linked the unpreparedness of the mother's uterus to the potential for the birth of a child in a defective condition, which shows the informant's understanding that the maturity of the female reproductive organs plays an important role in determining the safety and quality of pregnancy and childbirth. According to Zelharsandy (2022), it shows that female individuals in adolescence who marry too young have the potential to pose a higher risk of developing anemia and postpartum bleeding, which can endanger the health of the mother and baby (14).

On the other hand, some informants associate early marriage with the risk of premature aging, which can be interpreted as a perception of the physical and psychological burden borne by individuals due to carrying out household and/or reproductive roles at an immature age. According to Jones et al. (2025), child marriage is often associated with poor sexual and reproductive health outcomes. Many young married women in these situations find it difficult to negotiate safe and consensual sexual practices (15).

Beyond reproductive health risks, informants also perceive economic, physical, and psychological risks. One informant

linked early marriage to not having a job, reflecting concerns about the economic readiness of couples who marry young to meet household needs. According to Putri et al. (2025), the negative impact of early marriage is the limited economic opportunities for adolescents who marry early (16). Without adequate education, they struggle to find decent jobs. This directly affects their economic well-being, so poverty becomes a cycle that is difficult to break. This circumstance affects not only individuals but also their children, who are likely to grow up in a less supportive environment.

Taken together, the findings above describe adolescent cadres' operational involvement in Youth Posyandu service delivery and adolescents' generally limited understanding of early-marriage risks, rather than direct evidence that cadre activities have prevented early marriage. The study is therefore best interpreted as characterizing the current potential and limitations of the adolescent-cadre mechanism as an entry point for early-marriage prevention, rather than as evidence of a demonstrated preventive effect. Establishing a demonstrated preventive effect would require outcome-level indicators, such as changes in early-marriage risk perception, help-seeking behavior, or documented case referrals attributable to cadre activity, which fall outside the scope of the present case study.

CONCLUSION AND RECOMMENDATIONS

The contributory role of adolescent cadres within the Youth Posyandu program in the work area of the Pantoloan Health Center includes three stages: information dissemination via WhatsApp groups and peer-to-peer communication; the implementation of Posyandu opening days, including anthropometric measurements, data recording, and health counseling assistance by midwives. After the Posyandu opening day, adolescent cadres have not performed optimally because they have not clearly understood their duties and responsibilities at that stage. These findings characterize the cadres' current operational involvement and its limitations rather than a demonstrated effect on early-marriage prevention outcomes; strengthening this contributory role will require the role clarification, training, and dissemination measures outlined in the recommendations below. Adolescent cadres apply material incentive strategies as extrinsic motivation

boosters to encourage adolescent participation, but it has not been balanced with equal distribution of activity schedule information, low coverage of service utilization due to ignorance of posyandu locations, and home visits by cadres and health workers who have not reached all targets equally.

Adolescents in the work area of the Pantoloan Health Center interpret early marriage in various ways, such as age limits, out-of-wedlock pregnancies, "tasalah marriages", educational status, and age readiness. This shows that the understanding is still partial, accompanied by generally low risk knowledge except related to reproductive health, premature aging, and household economics, so that efforts to prevent early marriage through the Youth Posyandu have not run optimally in terms of the role of cadres, access to information services, and adolescent literacy.

As for the suggestion for the Pantoloan Health Center as the program manager, it is recommended to provide continuous coaching and assistance to adolescent cadres, especially related to the clarity of roles and responsibilities in the stage after the opening day of the Youth Posyandu, so that the knowledge gap found in this study can be minimized. In addition, it is necessary to strengthen the strategy of disseminating information about the schedule and location of Youth Posyandu activities more massively and evenly, for example through cooperation with schools, the use of social media, and the provision of information boards in places that are easily accessible to adolescents, so that all target groups get equal opportunities to know and utilize the available services. Optimizing home visits also requires more systematic scheduling and a clear division of work areas for adolescent cadres so that adolescent health monitoring can reach the target more comprehensively. For adolescent cadres, it is recommended to actively participate in training or refreshing knowledge (refreshing) periodically, both related to the main tasks and functions after the opening day of the posyandu as well as reproductive health materials and the risk of early marriage, so that cadres can deliver more comprehensive education to their peers. For adolescents and the community in the work area of the Pantoloan Health Center, it is recommended to increase active participation in Youth Posyandu activities and expand insight into the risks of early marriage through continuous reproductive health education,

both held in the school and community environment, by involving the role of family and parents as an important part of efforts to prevent early marriage. For future researchers, it is recommended to explore other factors that influence adolescents' decisions to marry early, such as socio-cultural factors, family economics, and parenting patterns, so that prevention strategies are more comprehensive and targeted.

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