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Youth Posyandu as a Space for Mental Health Promotion: A Participant-Centered Study in Urban Communities

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ABSTRACT

Indonesian adolescents carry a substantial mental health burden, yet only a small fraction of those with a diagnosable disorder use any support service. Youth Posyandu (Posyandu Remaja), a cadre-run community health post, has been proposed as a low-threshold platform for closing this gap, but evidence on how young participants themselves experience it remains scattered. This study synthesizes participant-centered evidence on Youth Posyandu as a space for mental health promotion in urban and peri-urban communities. Using a qualitative evidence synthesis guided by reflexive thematic analysis and the socioecological model, we analyzed 19 studies published between 2024 and 2026: ten Indonesian Posyandu studies, six international youth-led programs, and three reviews. Four themes emerged: (1) literacy gains through cadre training and interactive education; (2) cultural normalization that reframes mental health as an ordinary community routine; (3) peer-mediated reinforcement that sustains participation; and (4) a persistent literacy-to-help-seeking gap shaped by cadre overload, passive participation, time poverty, gender norms, and the absence of funded referral pathways. The findings indicate that Youth Posyandu works best as a socially embedded entry point rather than a stand-alone intervention. Its effectiveness depends on continuous cadre mentoring, youth co-leadership, and structured referral links with community health centers (Puskesmas). The study proposes a participant-centered integration model to guide local health offices and community program designers

Keyword: *Youth Posyandu; adolescent mental health; mental health promotion; peer support; community health; urban Indonesia.*

INTRODUCTION

Adolescence and young adulthood are the life stages in which most mental disorders first appear, and the conditions in which young people grow up increasingly urban. Cities concentrate opportunity, but they also concentrate the stressors that shape young people's mental health: crowded housing, academic and economic competition, weakened neighborhood ties, and unequal access to safe public space. An international Delphi consensus led by Collins et

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al. (2024) argued that a mental health friendly city must be understood across six nested levels, from the personal and interpersonal to the community, organizational, policy, and physical environment. This socioecological framing matters because it shifts the question from what individual adolescents lack to what kinds of everyday spaces cities provide for them to learn, connect, and ask for help.

In Indonesia, this question has become urgent. The National Adolescent Mental Health Surveys, the first nationally representative diagnostic surveys of adolescents aged 10 to 17 in Indonesia, Kenya, and Vietnam, found that very few Indonesian adolescents with a mental disorder used any service offering support or counseling in the previous twelve months, at 4.7 percent, and the share was even lower, 2.2 percent, among those with subthreshold disorders (Wahdi et al., 2025). The problem is therefore not only one of prevalence but of reach: services exist on paper, yet young people rarely arrive at them. At the same time, the digital environment in which urban adolescents live adds new pressures. A survey of 422 frequent social media users in Indonesia found that excessive use, especially among those aged 17 to 24, was associated with greater social anxiety, sleep disturbance, and pressure to conform, while habitual doomscrolling heightened anxiety, particularly among young women (Winarko, 2023). Such findings suggest that adolescents need offline spaces where information about mental health can be discussed, interpreted, and connected to real support.

How young people take up health information is itself a social process. Research on lived experiences of health information processing shows that people do not absorb health messages passively; they filter, interpret, and act on them through personal experience, trusted relationships, and community norms (Solihin & Rantona, n.d.). Work on adolescent reproductive health in Indonesia offers a useful parallel. Using communication infrastructure theory in Bogor Regency, Sovianti et al. (2024a) showed that adolescents who received comprehensive education understood reproductive health better and behaved more protectively, and that the strength of local communication networks shaped whether such education took hold. A companion study applying the Health Belief Model found that perceived benefits and barriers influenced adolescents' self-efficacy, which in turn mediated their risk behavior, and that cultural taboos limited open dialogue with families and educators (Sovianti et al., 2024b). Mental health in Indonesia carries comparable taboos. Stigma, family privacy norms, and fear of being labeled discourage young people from naming distress, which means that promotion efforts must work through trusted, culturally familiar channels rather than around them.

The Integrated Health Service Post, or Posyandu, is among the most familiar of these channels. Originally designed for maternal and child health, Posyandu are run by volunteer cadres with technical support from the community health center (Puskesmas). Youth Posyandu (Posyandu Remaja) extends this model to adolescents, offering regular gatherings for health screening, education, life skills, and peer activities. Community-service

programs across Indonesia have strengthened Youth Posyandu as a vehicle for a healthier young generation (Sudayati et al., 2025), and recent work has begun to embed mental health directly in its routine. A six-month participatory ethnography across six mental health Posyandu in urban and semi-urban Indonesia found that framing mental health within ordinary community activities, such as group walking in public halls and open spaces, reduced the stigma attached to formal clinical entry points (Rahmatika et al., 2026). Training programs have equipped youth and adult cadres to recognize psychological distress and suicide risk (Mulia et al., 2025) and, through Community Mental Health Nursing, to apply early screening instruments (Wenny et al., 2026).

The international literature points in a similar direction. A scoping review of 23 studies concluded that safe spaces for young people, especially those built around peer interaction and multiple components, can reduce depressive and stress symptoms (Meherali et al., 2025). Youth-led and co-produced mental health promotion has been tested in Pakistan, where it drew on intergenerational family support (Vostanis, Hassan, et al., 2024), and in South Africa (Vostanis, Haffejee, et al., 2024; Hadebe & Visser, 2026), while integration of psychological interventions into a youth empowerment program in Kenya's urban informal settlements showed how existing community platforms can carry mental health content (Kangwana et al., 2024). Studies in Brazil and among Indigenous youth highlight young people's sense of agency and responsibility when they are treated as co-producers rather than recipients (De Alcântara Mendes et al., 2024; Jardim et al., 2026). A systematic review of training for community-based volunteers further underlines that the quality of volunteer preparation shapes what such platforms can achieve (Sutan et al., 2026).

Despite this momentum, three gaps limit what is known about Youth Posyandu as a mental health space. First, most Indonesian studies are community-service reports that measure knowledge before and after a single educational session (Lumentah et al., 2025; Mulia et al., 2025). They establish that literacy can rise, but they rarely ask how participants experience the space, what keeps them coming back, or why they drift away. Second, the available quantitative evidence warns that literacy does not automatically become action. Among 114 Youth Posyandu participants in Surakarta, mental health literacy was not significantly associated with help-seeking behavior (Kartikananda & Saniatuzzulfa, 2025), and a CIPP evaluation in Depok found that openness to discussing mental health and regular attendance were the lowest-scoring elements of the program (Kurnaesih et al., 2026). Third, studies of cadres point to structural constraints, including limited follow-up training, dual roles, and a lack of dedicated funding (Safitri et al., 2025; Kartika et al., 2026), yet these are seldom analyzed together with participants' own accounts. As a result, the literature describes Youth Posyandu either as a promising platform or as an under-resourced program, without explaining how the two pictures fit together.

This study addresses those gaps and makes four contributions. First, it is, to our knowledge, the first synthesis that places adolescent participants'

experiences at the center of the analysis of Youth Posyandu as a mental health promotion space, rather than treating knowledge scores as the main outcome. Second, it reads the evidence through the socioecological model of Collins et al. (2024), which allows personal outcomes such as emotional regulation to be connected with interpersonal peer dynamics, community norms, organizational cadre capacity, and policy-level referral and funding arrangements. Third, it brings the Indonesian community-service literature into dialogue with international research on youth-led mental health promotion, showing where Youth Posyandu resembles and departs from comparable models in Kenya, Pakistan, South Africa, and Brazil. Fourth, it translates these findings into a participant-centered integration model that local health offices and Puskesmas can use to move Youth Posyandu from awareness-raising toward sustained support and referral.

Accordingly, the study asks three questions. How do young participants experience Youth Posyandu as a space for mental health promotion in urban communities? Which mechanisms at each socioecological level enable or constrain its contribution to mental well-being? And what conditions are needed for literacy gains within Youth Posyandu to translate into help-seeking and continued engagement?

METHOD

Research design

This study used a qualitative evidence synthesis with a participant-centered orientation. Rather than pooling effect sizes, it brought together what published studies report about how adolescents, youth cadres, and community health workers experience Youth Posyandu and comparable community-based platforms for mental health promotion. Priority was given to data that carried participants' own perspectives: interview and focus group accounts, ethnographic observation, perception surveys, and program evaluations that asked participants to judge the service. Analysis followed the reflexive approach to thematic analysis described by Braun and Clarke (2022), and the six-level socioecological model of Collins et al. (2024) served as a sensitizing framework for organizing codes from the personal to the environmental level.

Data sources and search strategy

Studies were identified through an AI-assisted academic search engine (Consensus), Google Scholar, and the websites of Indonesian and international journals. Search terms combined *Posyandu Remaja*, Youth Posyandu, integrated health post, adolescent, young people, mental health promotion, mental health literacy, peer support, safe space, and urban community. Reference lists of included reviews were screened by hand to locate further studies. Every included source was checked for an active Digital Object Identifier (DOI) and for accessibility through Google Scholar.

Eligibility criteria

Studies were included when they (a) involved adolescents or young people aged 10 to 24 years, or the cadres who serve them; (b) examined a community-based platform for mental health promotion, either Youth Posyandu or a comparable youth-led or safe-space program; (c) reported participants' experiences, perceptions, participation, or psychosocial outcomes; and (d) were published between 2024 and 2026 with an active DOI. Clinical treatment trials in hospital settings and studies without data on young people were excluded.

Final corpus

The final analytic corpus consisted of 19 studies: ten Indonesian studies of Youth Posyandu, six international studies of youth-led or community-embedded mental health programs, and three reviews. The Indonesian studies combined participatory ethnography, cross-sectional surveys, a CIPP program evaluation, and community-service reports with pre-post knowledge measures. Six further sources on adolescent mental health service use, digital anxiety, adolescent health communication, and health information processing were used as contextual evidence to frame the problem and interpret the findings, but were not coded thematically. Figure 1 summarizes the research flow.

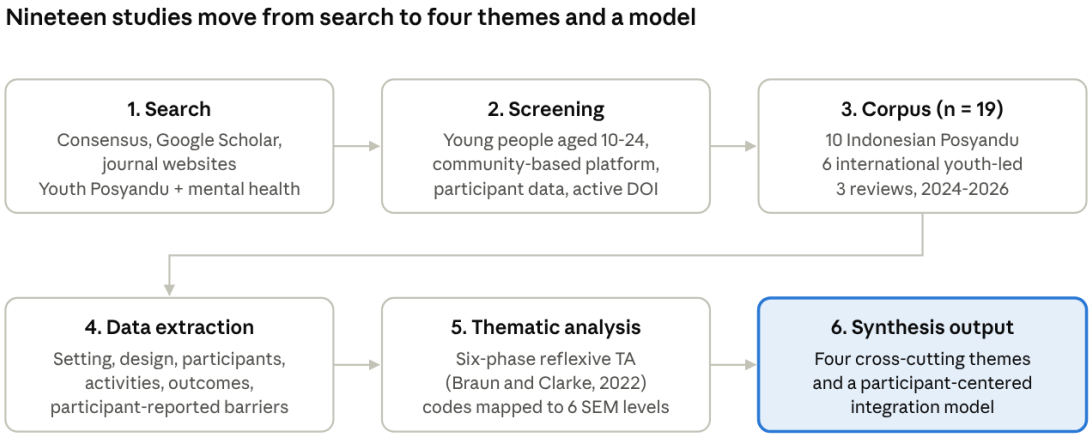


Figure 1. Research flow · six stages from search to synthesis

The search and screening stages produced the 19-study corpus, whose content was then extracted, coded against the six socioecological levels, and synthesized into four themes and an integration model.

Data extraction and analysis

A structured extraction form recorded each study's setting, design, participants, Posyandu or program activities, reported outcomes, and participant-reported facilitators and barriers. Analysis proceeded through the six phases of reflexive thematic analysis: familiarization with the corpus, systematic coding, generation of initial themes, review of themes against the coded extracts

and the full dataset, definition and naming of themes, and writing up (Braun & Clarke, 2022). Codes were then mapped onto the personal, interpersonal, community, organizational, policy, and environmental levels of the socioecological model (Collins et al., 2024). This mapping made it possible to see where benefits and barriers clustered and how they interacted across levels.

Trustworthiness

Credibility was supported by returning to the full text of each source when a code was assigned, by keeping an audit trail that linked every theme to its supporting studies, and by recording analytic memos on the researcher's assumptions about community health and youth participation. The strength of evidence behind each theme was rated as strong, moderate, or limited, according to the number and design of the studies supporting it and the consistency of their findings. Because the corpus combines participatory, survey, and evaluation designs, the synthesis interprets convergent patterns rather than claiming causal effects.

RESULT AND DISCUSSION

Characteristics of the corpus

The 19 studies show that Youth Posyandu has moved from a general adolescent health service toward a recognized, though still uneven, space for mental health promotion. Table 1 summarizes their settings, designs, and main findings. Indonesian studies dominate the corpus and cover large cities such as Depok and Surakarta, coastal urban areas such as Bengkulu City, and several semi-urban and rural sites that serve as points of comparison. Designs range from a six-month participatory ethnography to cross-sectional surveys, a CIPP evaluation, and community-service programs with pre-post knowledge tests. The international studies add qualitative and participatory evidence from Kenya, Pakistan, South Africa, Brazil, and Indigenous communities, while the three reviews supply the conceptual frame and a wider evidence base.

Table 1. Characteristics of the studies in the synthesis (n = 19)

Study	Setting	Design	Main finding relevant to this study
Rahmatika et al. (2026)	Six mental health Posyandu, urban and semi-urban Indonesia	Participatory ethnography; 24 stakeholders	Gains in emotional regulation and self-efficacy; peer reinforcement; normalization; time, gender, and stigma barriers
Kurnaesih et al. (2026)	Depok, Indonesia	Cross-sectional CIPP evaluation	Openness to discussing mental health and routine attendance scored lowest
Kartikananda & Saniatuzzulfa (2025)	Surakarta, Indonesia	Cross-sectional survey; n = 114	Mental health literacy not significantly associated with help-seeking
Kartika et al. (2026)	Coastal area, Bengkulu City	Program evaluation	Limited cadre capacity, school-time conflicts, no dedicated funds

Mulia et al. (2025)	Youth Posyandu, Indonesia	Interactive training and simulation	Better understanding of mental health and suicide prevention
Wenny et al. (2026)	Posyandu cadres, Indonesia	Community Mental Health Nursing training	Cadre knowledge rose 33%; cadres applied early screening tools
Lumentah et al. (2025)	Siboi Village, Indonesia	Health education, pre-post test	Participants' knowledge moved from low to good
Anggriani & Sukmana (2025)	Digital-based Youth Posyandu, Indonesia	Program study	Interactive media and gamification raised attendance and peer engagement
Safitri et al. (2025)	Youth Posyandu, Indonesia	Study of youth cadre roles	Youth cadres' communicator role not yet optimal
Sudayati et al. (2025)	Musi Rawas Regency, Indonesia	Community strengthening program	Youth Posyandu revitalized as a platform for adolescent health
Kangwana et al. (2024)	Urban informal settlements, Kenya	Qualitative study	Psychological intervention integrated into a youth empowerment program
Vostanis, Hassan, et al. (2024)	Karachi, Pakistan	Participatory co-production	Youth peer education strengthened by intergenerational family support
Vostanis, Haffejee, et al. (2024)	South Africa	Youth-led mental health promotion	Young people led promotion activities in their communities
Hadebe & Visser (2026)	Mamelodi, South Africa	Action research; 7 peer leaders	Peer-made digital media and pamphlets raised peers' literacy
De Alcântara Mendes et al. (2024)	Brazil	Reflexive thematic analysis	Young people express agency and responsibility for promoting mental health
Jardim et al. (2026)	IMPACT Programme, Indigenous youth	Vignette development	Adolescent-led promotion grounded in young people's own stories
Collins et al. (2024)	Global urban centers	Delphi consensus	Six-level socioecological model of mental health friendly cities
Meherali et al. (2025)	23 studies	Scoping review	Multi-component peer-based safe spaces reduce depression and stress
Sutan et al. (2026)	Community-based volunteer programs	Systematic review	Training content and format shape youth volunteers' capacity

Four themes emerged from the analysis. Table 2 shows each theme, the socioecological levels it touches, its core mechanisms, and the strength of the evidence behind it.

Table 2. Themes, socioecological levels, and strength of evidence

Theme	Socioecological level	Core mechanisms	Supporting studies	Evidence strength
1. Literacy and cadre capacity	Personal; organizational	Interactive training,	Mulia et al. (2025); Wenny et al. (2026); Lumentah et	Moderate

		simulation, CMHN, digital and gamified media	al. (2025); Anggriani & Sukmana (2025); Hadebe & Visser (2026); Sutan et al. (2026)	
2. Cultural normalization of a safe space	Community; environment	Mental health framed as an ordinary routine; accessible halls and open spaces; non-clinical entry	Rahmatika et al. (2026); Meherali et al. (2025); Collins et al. (2024); Kangwana et al. (2024)	Moderate
3. Peer-mediated reinforcement	Interpersonal	Mutual encouragement, shared accountability, youth leadership, co-production	Rahmatika et al. (2026); Vostanis, Hassan, et al. (2024); Vostanis, Haffejee, et al. (2024); De Alcântara Mendes et al. (2024); Jardim et al. (2026)	Moderate
4. The literacy-to-help-seeking gap	Organizational; policy	No structured referral, cadre overload, passive participation, time poverty, gender norms, no dedicated funds	Kartikananda & Saniatuzzulfa (2025); Kurnaesih et al. (2026); Kartika et al. (2026); Safitri et al. (2025); Rahmatika et al. (2026)	Moderate

Theme 1: Literacy gains depend on how cadres are prepared

The most consistent finding is that Youth Posyandu can raise young people's understanding of mental health. Interactive training with simulation improved youth participants' understanding of mental health and suicide prevention (Mulia et al., 2025), and structured education moved participants' knowledge from the low to the good category (Lumentah et al., 2025). When adult and youth cadres themselves were trained through Community Mental Health Nursing, their knowledge scores rose by 33 percent and they began to use early screening instruments (Wenny et al., 2026). Interactive digital media and gamification raised attendance and drew peers into Posyandu forums (Anggriani & Sukmana, 2025), echoing South African evidence that peer-made digital content and pamphlets increased adolescents' literacy (Hadebe & Visser, 2026).

These results matter less as proof that knowledge can be transmitted than as evidence of who transmits it. Participants learn through cadres who are near-peers or familiar neighbors, and the systematic review by Sutan et al. (2026) shows that the content, format, and follow-up of volunteer training largely determine what such volunteers can do. This aligns with research on health information processing, which shows that people judge and use health messages through lived experience and trusted relationships rather than taking them at face value (Solihin & Rantona, n.d.). In a participant-centered reading, literacy is therefore a relational achievement. It grows where cadres are confident, skilled, and supported, and it fades where cadres are trained once and then left alone.

Theme 2: Cultural normalization turns the Posyandu into a safe space

The second theme explains why young people are willing to come at all. In Rahmatika et al.'s (2026) ethnography, participants experienced mental health activities as part of an ordinary community routine held in public halls and neighborhood open spaces. Because the Posyandu is already familiar as a place for routine health checks, attending it did not carry the label of psychiatric care. Activities such as group walking offered a low-pressure way to talk, move, and rest together, and participants reported better emotional regulation, lower stress, better sleep, and greater self-efficacy.

This mechanism links the community and environmental levels of the socioecological model (Collins et al., 2024). Mental health friendly cities, in Collins et al.'s account, need safe public spaces and participatory design, and Youth Posyandu supplies exactly such a space at neighborhood scale. The finding also fits the scoping review by Meherali et al. (2025), which found that safe spaces built around peer interaction can reduce depressive and stress symptoms, and the Kenyan evidence that psychological content can be carried by an existing youth empowerment platform without creating a separate clinical service (Kangwana et al., 2024). For urban adolescents exposed to constant digital comparison and doomscrolling (Winarko, 2023), an offline space with familiar faces offers a counterweight that online literacy campaigns cannot provide.

Theme 3: Peers sustain participation

The third theme concerns what keeps young people engaged. Peer interactions in Posyandu groups generated mutual encouragement, shared accountability, and social support that made continued participation feel normal (Rahmatika et al., 2026). International co-production studies show the same dynamic and add an important nuance. In Karachi, youth peer education worked best when it drew on intergenerational family support rather than bypassing parents (Vostanis, Hassan, et al., 2024), while South African and Brazilian studies show that young people take on a real sense of agency and responsibility when they lead promotion activities (Vostanis, Haffejee, et al., 2024; De Alcântara Mendes et al., 2024; Jardim et al., 2026).

In the Indonesian corpus, however, youth cadres are more often messengers than leaders. Safitri et al. (2025) found that the communicator role of youth cadres had not yet reached its potential, and Kartika et al. (2026) reported that cadre performance was limited by inadequate follow-up training and dual roles. This contrast suggests that Youth Posyandu has the social ingredients of a peer-led model but has not yet transferred real decision-making to young people. Evidence from adolescent reproductive health in Indonesia points the same way. Self-efficacy mediated the effect of perceived benefits and barriers on adolescent behavior (Sovianti et al., 2024b), and outcomes depended on the strength of the local communication infrastructure linking adolescents, families, and educators (Sovianti et al., 2024a). Peer leadership is one practical way to build both self-efficacy and that infrastructure.

Theme 4: The literacy-to-help-seeking gap

The fourth theme marks the limit of the current model. Among 114 Youth Posyandu participants in Surakarta, mental health literacy showed no significant association with help-seeking behavior (Kartikananda & Saniatuzzulfa, 2025). In Depok, openness to discussing mental health and regular attendance were the lowest-scoring elements of a CIPP evaluation (Kurnaesih et al., 2026). These participant-level findings mirror the national picture: few Indonesian adolescents with a diagnosable or subthreshold disorder use any support service (Wahdi et al., 2025). Knowing more, in other words, is not enough.

The synthesis points to organizational and policy-level reasons. Participants and cadres described time poverty caused by school schedules, gendered expectations about what young women and men should do with their time, persistent stigma, and the absence of dedicated funding for mental health activities (Rahmatika et al., 2026; Kartika et al., 2026; Kurnaesih et al., 2026). Above all, few programs described a clear, funded referral pathway from the Posyandu to the Puskesmas. A young person who recognizes distress after a session must still find out where to go, whether it is confidential, and whether anyone will follow up. Where these steps are missing, literacy produces awareness without a route to action.

Toward a participant-centered integration model

Read together, the four themes show that Youth Posyandu works as a mental health promotion space because it is socially embedded, not because it delivers information. Its strengths sit at the interpersonal and community levels, while its weaknesses sit at the organizational and policy levels. This explains the apparent contradiction in the literature: the same platform can produce real psychosocial benefits for participants and still fail to connect them with professional help. Table 3 translates the synthesis into an integration model that addresses each level.

Table 3. Participant-centered integration model for Youth Posyandu

Level	Current condition	Recommended action	Main actor
Personal	Literacy rises but help-seeking does not	Pair education with practical steps: where to go, what happens, confidentiality	Cadres and Puskesmas staff
Interpersonal	Youth cadres act as messengers	Give youth cadres co-leadership of planning and peer sessions	Posyandu coordinators
Community	Posyandu accepted as a non-stigmatizing routine	Keep activities in familiar public spaces; involve families	Village or ward leaders
Organizational	One-off training; cadre overload	Continuous mentoring, refresher modules, shared roles	Puskesmas and health office
Policy	No dedicated funds or referral protocol	Budget line and written referral pathway from Posyandu to Puskesmas	District health office

Environment	Digital stress; limited safe space	Combine offline sessions with moderated digital follow-up	Local government and schools

The model's central claim is that participant experience should be the organizing criterion for program design. If young people value the Posyandu as a familiar and peer-supported space, then that space should become the first link in a referral chain, not the last stop of a literacy campaign. Several limitations qualify this conclusion. The corpus relies heavily on community-service reports with short follow-up, most participant-centered evidence comes from a single ethnography, and few studies disaggregate results by age, gender, or urban setting. Future research should test the integration model prospectively, track help-seeking and service contact over time, and collect adolescents' accounts directly rather than through cadres and program staff

CONCLUSION

Youth Posyandu is a credible space for mental health promotion in urban Indonesian communities because it is familiar, accessible, and socially embedded. The participant-centered evidence shows that it raises mental health literacy when cadres are well prepared, that its framing as an ordinary community routine reduces stigma, and that peer interaction keeps young people engaged and supports emotional regulation and self-efficacy. Yet the same evidence shows that literacy gained in the Posyandu does not reliably lead to help-seeking. Cadre overload, passive participation, time poverty, gender norms, the lack of dedicated funding, and above all the absence of structured referral pathways keep the model at the stage of awareness.

The study therefore concludes that Youth Posyandu should be developed as the first link in a community mental health pathway rather than as a stand-alone educational activity. Three priorities follow. Health offices and Puskesmas should provide continuous mentoring and refresher training for cadres instead of one-off sessions. Young people should be given co-leadership of planning and peer activities, so that the platform becomes youth-led in practice and not only in name. District governments should establish a budget line and a written referral protocol that connects each Youth Posyandu to its Puskesmas. Future studies should test this integration model prospectively, follow participants' help-seeking over time, and gather adolescents' own accounts directly across different urban settings.

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