



KARTIKA's Strategy for the Free Health Check Program

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ABSTRACT

Community participation in the Free Health Check (CKG) program often encounters obstacles such as limited information, time constraints, and fear of knowing the test results. This study aimed to analyze the effectiveness of youth collaboration strategies in enhancing community participation in the CKG program in East Bulango District. A qualitative descriptive design with a case study approach was employed. Baseline data on June 13, 2025, recorded 216 registrants with 214 participants attending. After training 20 adolescents as health promotion agents on August 2, 2025, followed by promotional activities through social media and direct community engagement, the number of registrants increased to 427 with 423 participants attending by August 13, 2025. This represents a 97.6% increase in participation. The findings highlight that youth involvement effectively expanded information reach, reduced psychological barriers, and motivated community members to engage in early detection programs. The study emphasizes the novelty of combining face-to-face promotion with social media engagement led by youth, offering an innovative and sustainable health promotion model.

Keywords: collaboration; youth; participation; free health checks; health promotion

INTRODUCTION

Non-communicable diseases (NCDs) are the leading cause of global mortality, accounting for approximately 74% of all deaths in 2023, primarily from cardiovascular diseases, cancer, diabetes, and respiratory illnesses (1,2). Indonesia has shown a similar pattern, with an annual increase in NCD

cases. However, community participation in early health detection remains insufficient (3). Data from Gorontalo Province indicated that NCD prevalence rose by 13.6% in 2022, yet only 32% of residents participated in health screenings. Participation modestly improved to 35% in 2023 and 39% in 2024, partly due to digital health campaigns involving youth. Despite this progress, the figures remain far below national targets, underscoring the urgent need for innovative strategies to boost community engagement.

The theoretical foundation of health program participation emphasizes the influence of predisposing, enabling, and reinforcing factors (4). Previous studies suggest that youth can effectively expand the reach of health programs through peer-to-peer communication and cultural proximity (5,6). For example, previous research has shown that adolescent involvement in Posbindu PTM increases awareness of PTM prevention (7). However, there remains a notable research gap: limited empirical evidence exists on the effectiveness of structured youth collaboration strategies in the context of free health check programs that integrate both face-to-face promotion and social media platforms.

This study addresses that gap by evaluating the role of adolescents trained as health promotion agents in the Free Health Check (CKG) program in East Bulango District. The study provides theoretical contributions in developing community-based health promotion models, practical insights for community health centers to design targeted interventions, and policy recommendations for institutionalizing youth engagement in line with the Minister of Health Decree No. HK.01.07/MENKES/33/2025 concerning technical guidelines for free health checks.

METHOD

Design

This research employed a qualitative descriptive design with a case study approach to evaluate the effectiveness of youth collaboration strategies in increasing community participation in the CKG program in East Bulango District.

Participants

Participants included community members aged 18–65 years residing in the East Bulango Community Health Center area, as well as 20 adolescents trained as health promotion agents. Inclusion criteria were a minimum one-year residence in the area and willingness to participate in interviews or observations. Exclusion criteria included individuals with severe illness or communication limitations.

Sampling

Purposive sampling was applied to select community respondents and youth participants. The youth were recruited from SMK Bulango Selatan, SMAN 1 Tapa, and local community representatives.

Instruments

The instruments included:

1. A semi-structured interview guide referencing community participation indicators.
2. Attendance observation sheets for the CKG program.
3. Documentation of social media-based health promotion.
- 4.

Instrument Validity

Instrument validity was confirmed through expert judgment involving two public health specialists and one health promotion practitioner. Field triangulation was also conducted to ensure data reliability.

Data Collection

Data were collected in two stages: baseline data prior to youth involvement (June 13, 2025) and post-intervention data following training and promotion activities (August 2–13, 2025). Data sources included participant observation, in-depth interviews with community members, health center staff, and youth agents, as well as documentation of health promotion activities.

Data Analysis

Data were analyzed thematically to identify participation patterns and influencing factors. Descriptive statistics were applied to calculate participation rates before and after the intervention.

Ethical Considerations

The study obtained approval from the Bina Mandiri University Ethics Committee. Informed consent was obtained from all participants.

RESULTS AND DISCUSSION

Results

Quantitative Findings

Table 1. Number of Registrants and Participants Before and After Youth Involvement

Period	Number of Enrollees	Number of Attendees	Percentage of Attendance (%)
June 13, 2025 (Start)	216	214	99,1%
August 2-13, 2025 (Final)	427	423	99,1%
Increase	211 (97,6%)	209 (97,6%)	-

The table shows a near doubling of both registrants and participants within two months. Attendance rates remained consistently high at 99.1%.

Qualitative Findings

Interviews and observations revealed three main themes:

1. **Information accessibility:** Many participants stated that before the intervention, they had little or no knowledge of the CKG program. A participant noted, *“I only heard about this program after the youth shared it on Facebook and WhatsApp groups.”*
2. **Psychological reassurance:** Several participants expressed initial fear of health screening results. However, encouragement from youth reduced this anxiety. One participant shared, *“I was afraid of the results, but when the youth explained that early detection helps us act earlier, I felt calmer and decided to come.”*
3. **Social motivation:** Peer influence was a strong driver. As one participant stated, *“When my neighbor’s child, who is still a student, invited me, I felt more comfortable joining compared to when the health center invited us.”*

Discussion

This study demonstrated a significant improvement in community participation in the Free Health Check program through youth collaboration strategies, with participation increasing by 97.6% in less than two months. The results confirm the effectiveness of empowering youth as agents of health promotion, both in direct communication and through digital platforms.

First, the study highlights the critical role of peer-to-peer communication. Unlike conventional health workers who often rely on top-down approaches, youth share similar social spaces with community members, making their messages more relatable and acceptable. This is in line with what previous researchers have done, namely that youth organizations act as social catalysts because of their cultural closeness (6). Our findings extend this by showing that when properly trained, youth can combine empathy, cultural relevance, and motivational skills to overcome barriers such as fear and stigma associated with health screening.

Second, the integration of social media-based promotion with face-to-face interaction represents the novelty of this study. Previous research often evaluated either traditional outreach or digital campaigns separately (8). By combining both methods, youth agents maximized the reach of information across different demographic groups, particularly the working-age population active on digital platforms. This hybrid approach not only broadened outreach but also reinforced messages through repeated exposure in multiple contexts.

Third, the study underscores that barriers to participation are not solely structural but also psychological and cultural. Initial reluctance stemmed from fear of discovering illness, time constraints, and lack of awareness—factors consistent with earlier studies (9). However, the youth intervention reduced these barriers by fostering trust and offering reassurance in informal, relatable language. This reflects the PRECEDE–PROCEED model, where reinforcing factors (social encouragement) play a decisive role in shaping behavior.

Moreover, the training provided to adolescents was essential. Equipping them with both health knowledge and communication skills enhanced their credibility and confidence. As previous researchers have emphasized, structured training strengthens the credibility of community-based agents. The sustainability of health promotion efforts depends on this initial capacity building, ensuring that adolescents can act as consistent advocates in their communities.

Comparatively, many health interventions heavily rely on professional healthcare staff or mass media campaigns. While effective in some contexts, these approaches often lack personalization and adaptability to local culture. This study contributes a distinct perspective by positioning youth not merely as recipients of health education but as **proactive agents of change** who co-create solutions with the community. This localized, participatory model is particularly relevant in rural or resource-limited settings, where healthcare staff face workload constraints.

The broader implications are substantial. From a policy perspective, institutionalizing youth involvement in health promotion programs can enhance the reach and impact of national initiatives, including the Ministry of Health's free health check program. From a practical perspective, health centers should formalize partnerships with schools, youth groups, and community organizations to sustain and scale this model. Finally, from a theoretical perspective, this study enriches the discourse on community participation by demonstrating how youth-driven hybrid strategies (digital and face-to-face) address both informational and psychological barriers.

In conclusion, the findings establish that youth collaboration offers a replicable, scalable, and sustainable strategy for improving participation in preventive health programs. Its novelty lies not only in involving youth but also in integrating modern digital outreach with traditional interpersonal communication, tailored to community contexts.

CONCLUSIONS AND SUGGESTIONS

Conclusion

This study concludes that the collaborative strategy of training adolescents as health promotion agents significantly increased community participation in the Free Health Check program in East Bulango District. By bridging information gaps, reducing psychological barriers, and combining digital with face-to-face approaches, youth agents provided a culturally adaptive and sustainable health promotion model. The primary contribution lies in demonstrating the novelty of a hybrid strategy that empowers youth as active agents of change.

Recommendations

1. Policy Recommendation: Institutionalize youth involvement within national health promotion programs, ensuring their role is formally recognized and supported.
2. Practical Recommendation: Community health centers should strengthen cross-sector collaboration with schools, youth groups, and social organizations to sustain youth-led initiatives.
3. Research Recommendation: Future studies should replicate this model in broader and more diverse contexts, and conduct longitudinal evaluations to measure long-term impacts on community health behaviors.

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