

Conference Paper

Satisfaction and Motivation of Adolescents Attending a Comprehensive Teenage Health Services of Nasyiatul Aisyiyah

Siti Khuzaiyah¹, Ainun Muthoharoh², and Nur Chabibah³¹Department, University of Muhammadiyah Pekajangan Pekalongan, Central Java, Indonesia²Pharmacy Department, University of Muhammadiyah Pekajangan Pekalongan, Central Java, Indonesia³Midwifery Department, University of Muhammadiyah Pekajangan Pekalongan, Central Java, Indonesia

Abstract

Background: Adolescents are an important part of the community in Indonesia. Adolescents tend to have several problems, particularly in health care. There is a need for improvements in medical care in order for teenagers to receive better health and psychological treatments. Comprehensive healthy teenage health services (In Bahasa: Pelayanan Remaja Sehat Milik Nasyiatul Aisyiyah /PASHMINA) appears as a solution for this adolescent's problem. **Objectives:** The objective of this study was to analyze the motivation of adolescents and their satisfaction from the comprehensive teenage health service. **Methods:** This was a descriptive quantitative study. The subjects were 100 and 137 adolescents involved in PASHMINA. The data of their satisfaction was collected by using a questionnaire based on the theory of the SERVQUAL method. **Results:** This study suggested that adolescents have high motivation (93.43%) and moderate motivation (6.57%). In regards to their satisfaction, the result is divided into five dimensions: tangibles (74% - very satisfied), reliability (63% - very satisfied), responsiveness (80% - very satisfied), assurance (82% - very satisfied) and empathy (84% - very satisfied). **Conclusion:** Adolescents are satisfied with PASHMINA's services and have a high motivation to use them. The government and Nasyiatul Aisyiyah should cooperate in order to ensure that those can be done in a huge area of Indonesia.

Keywords: satisfaction, motivation, comprehensive service, adolescent, pashmina

Corresponding Author:

Siti Khuzaiyah

khuzaiyahpenulis@gmail.com

Received: 22 September 2019

Accepted: 4 October 2019

Published: 10 October 2019

Publishing services provided by
Knowledge E

© Siti Khuzaiyah et al. This article is distributed under the terms of the [Creative Commons Attribution License](#), which permits unrestricted use and redistribution provided that the original author and source are credited.

Selection and Peer-review under the responsibility of the ICHT 2019 Conference Committee.

1. Introduction

Adolescents are an important part of the community in Indonesia. The number of teenagers in the country was about 66 million people or 25 % of the total population in 2015. Every year it has increased. In 2017 the people between 1 and 17 years old were 79.6 million or 30.5% of the total population [1]. The adolescents have much power and potential to influence the community and are an essential part of it. It is mandatory to bear in mind that the potential of teenagers depends on their physical

OPEN ACCESS

strength and creativity. There are several health problems that appear very frequently among adolescents— e.g overweight, smoking, drugging, free sex, unwanted pregnancy, anemia, psychological stress, etc.

In terms of overweight, in Asia, the overall prevalence of obesity for children was 5.8% and 8.6% for adolescents [2] Another problem is anemia. The Prevalence of anemia in Indonesia, particularly in rural areas was 53,9%. In detail, the prevalence of anemia in children between 5 and 11,9 years was 16% and in teenagers between 12 and 18 years was 16% [3].

As for the issue of free sex, adolescents tend to experience negative results. For instance, there were cases related to free sex (1) a senior high school teenager was pregnant before marriage and she aborted her baby in the fifth month of her pregnancy; (2) a student (22y) died because of bleeding caused by abortion attempt [4]. In regards to the health reproduction illness, the case of dysmenorrhea in the adolescent group was 49,9% from 317 samples[5]. Almost one in seven (13.9%) 4-17 year-olds were assessed as having mental disorders in the previous 12 months.

A comprehensive health services covered several aspects of teenage health and psychological problem is needed. The majority of successful health programs used comprehensive approaches that combined activities related to health. In addition, comprehensive adolescent health programs that combine high-quality sexual, reproductive and other health services with educational and social support mechanisms can positively influence adolescent's SRH (Sexual and Reproductive Health) [6].

Meanwhile, in Indonesia, since February 2018, The government has developed a guidance book for practicing adolescent's health service called POSYANDU REMAJA (Integrated youth services center). This is a comprehensive health service that aware young people about important matters related to their health. They use promotive and preventive attempts, such as healthy life skill education, adolescent health reproduction, mental health, and drug abuse, nutrition, physical activity, non-communicable disease prevention and child abuse prevention [7]. Unfortunately, the Integrated youth services center that has been designed by the Government is not performing in an optimal way in the public health service department. There are ever many public health centers that do not provide it as a holistic service in society. According to these phenomena, as the part of the society, Naswiatul Aisyiyah has designed a holistic and comprehensive teenager's health service called Pelayanan Remaja Sehat Milik Naswiatul Aisyiyah / Healthy Teen Service belongs to Naswiatul Aisyiyah (abbreviation in Bahasa Indonesia: PASHMINA). It provides several services: registration, body mass index measurement, hemoglobin

measurement, health reproduction counseling, psychological problem counseling, education, and nutrition service [8].

In general, PASHMINA has characteristics-as mentioned by Kagesten. Besides, it also has a component similar to the governmental integrated youth service. The difference between pashmina and those is tutor and evaluator of the program. Pashmina is initiated by community (Nasyiatul Aisyiyah as the social organization) started by Training of Trainer (ToT) motivator, volunteer and cadre of pashmina in the central board of Nasyiatul Aisyiyah, followed by ToT in the municipal board, regency board and sub-district board. The Trainers in this training were coming from several institutions. They cooperate in several matters: health service provider, higher education, social worker and any other government institution. In contrast, integrated youth service cadre is trained and evaluated by the government using community health service center employees (Puskesmas) [7]. Nowadays, pashmina is spread all over Indonesia. It appears as a solution to the adolescent's problems. There are two kinds of pashmina services held by Nasyiatul Aisyiyah Pekalongan: pashmina goes to school and pashmina on the street. The evaluating of the satisfaction and motivation of the adolescents who are involved in PASHMINA is an important activity in order to make PASHMINA better and to make a positive change for future generations.

The measurements of a client's satisfaction are considered to be an essential outcome indicator for the evaluation of the quality of healthcare [9]. The client is the one who decides the quality, who accepts the goods/services, who makes the others to accept it, and creates the success of the program of total quality management [10]. Client satisfaction surveys are important for attaining maximum satisfaction[11]. Kotler formulated five determinants of quality of service according to their importance. They are (1) Reliability-The ability to carry out the promised service with reliably and accurately, (2) Responsiveness- The willingness to help clients and to provide the service quickly, (3) Guarantee- The knowledge and courtesy of employees and their ability to convey trust and confidence, (4) Empathy- The willingness to provide deep concern and individual service to each customer, (5) Tangible material- the appearance of physical facilities, equipment, care givers and communication materials. Satisfies services will create loyalty [12]. The objective of this study was to analyse the satisfaction of the adolescents towards the comprehensive teenager health service (PASHMINA) and their motivation for attending PASHMINA.

2. Methods

2.1. Study Design and Sample

This was a cross-sectional and descriptive quantitative study. The population of this study was teenagers who involved in Pashmina service. The Sampling technique used purposive sampling. This technique was chosen because these represent two different types of pashmina (pashmina goes to school and pashmina on the street). In total, the subjects of the satisfaction variable were 100 adolescents involved in PASHMINA and the subjects of the motivation of the adolescent variable were 137 adolescents involved in PASHMINA. They were asked to fill questionnaire in the second time of arrival in pashmina service.

2.2. Instrument

The data of satisfaction were collected by using a questionnaire based on the theory of SERVQUAL which contains 33 questions, was adapted from the theory of Kotler. Besides, the data of motivation were collected by using a motivation questionnaire.

2.3. Data Collection Procedure

The data collection process began with obtaining permits to several related parties, namely the pashmina manager and pashmina targets as a sample in this study. Then, the researcher came to the Pashmina service area, approached the target sample, explained the purpose and objectives, asked for approval and asked respondents to fill out a questionnaire. Afterward, researchers guided the questionnaire filling classically.

2.4. Data analysis

Researchers collected data that was filled in by respondents. Then did data clearing, data tabulation, and data coding. After that the data was processed and scanned, made presentations and analyzed based on the amount of data presentation. Categorization of motivation data was based on [13] where motivation is divided into strong motivation (67-100%), moderate (34-66%) and weak (0-33%). Categorization of satisfaction data is divided into very satisfied (>75%), satisfied (51-75%), unsatisfied (26-50%) and very unsatisfied (0-26%).

3. Results

Table 1 depicts that the age group of the teenagers attending in this research was 12-16 (62%). According to the sex category and education level, most were women (69%) and elementary school grade (48%) respectively.

TABLE 1: Characteristic of respondent.

Categories	N = 100	
	n = 100	%
Age		
5 - 11 years old	38	38
12 - 16 years old	62	62
Sex		
Male	31	31
Female	69	69
Education Level		
Elementary school	48	48
Junior high school	45	45
Senior high school	7	7

3.1. Satisfaction

Table 2 shows that the satisfaction of the adolescents is mostly very satisfied with the PASHMINA services.

TABLE 2: The Satisfaction of Adolescents towards PASHMINA (N= 100).

Variable	n (%)				N (%)
	very satisfied	satisfied	unsatisfied	very unsatisfied	
Tangible	74 (74)	25 (25)	0 (0)	0 (0)	100 (100)
Reliability	63 (63)	37 (37)	1 (1)	0 (0)	100 (100)
Responsiveness	80 (80)	19 (19)	0 (0)	0 (0)	100 (100)
Assurance	82 (82)	18 (18)	0 (0)	0 (0)	100 (100)
Empathy	84 (84)	16 (16)	1 (1)	0 (0)	100 (100)

3.2. Motivation

Table 3 shows that most of the adolescents have high motivation which is 128 (93.43%) and there are no adolescents who are unsatisfied with that service.

TABLE 3: The Motivation of Adolescents attending PASHMINA (N= 137).

<i>Variable</i>	<i>N</i>	<i>%</i>
	<i>very satisfied</i>	<i>satisfied</i>
Height motivation	128	93.43
Moderate motivation	9	6.57
N (%)	137	100

4. Discussion

World Health Organization (WHO) defines adolescence as the period of life between 10-19 years old [14]. Nevertheless, this research has been conducted to the age group of participants who are less than ten years old because of the following reasons. According to the characteristic of the “motivation” respondent, the age group is various from 5 to 16 and the education level started at elementary school. Students in elementary school were chosen because of some reasons. On the one hand, young teenagers still have limited knowledge of healthy reproduction. On the other hand, they tend to have free dating with their peers. The data indicates that from 57 adolescents, a quarter of them (25%) have suffered from leucorrhoea. As another phenomenon, researcher has found that the youngest of the menarche age was about 9 years (third year of elementary school).

In the first step, a teenager will pass the registration table followed by body mass index (BMI) measurement. The registration process is done to record the background data of the teenagers: name, age, educational background and address. Afterward, adolescents will take BMI measurements including weight and height. In this stage, adolescents can find out whether their BMI is normal or not. If the BMI is not normal, the teenagers will be given important related information. The second process of PASHMINA is measuring the hemoglobin (Hb) using digital hemoglobin measurement. If the results are abnormal, adolescents will get an education about anemia including causes, signs, symptoms, prevention and management anemia. The next step regarding the anemia is that teenagers with anemia will be given ferrous sulfate. Then they will get the counseling stage either physical (adolescent health reproduction) or psychological counseling. In physical counseling, they can share their problems related to their health reproduction, for instance dysmenorrhea, leukorrhoea, or irregularly menstruation to the counselor coming as the volunteer of PASHMINA. In terms of psychological counseling, they will share their problems with the counselor of PASHMINA and will have discussion in order to get a suitable problem-solving. Counseling is a process where counselees are helped to deal with their personal and interpersonal conflicts by a therapist [14]. By

attending in counseling stage, hopefully teenagers will learn a better way to deal with their problems and as a result of this will get a better future.

The further step is the education stage. In general, there are two types of education that PASHMINA gives: soft skill and hard skill education. Soft skill is often associated with personal attributes and character such as time management skills, leadership skill, hard communication skills, and problem-solving skill. Meanwhile, the hard skills are more specific, teachable abilities that are based on facts, for instance, skill for making handcraft, cooking skills, operating computer, language skill, and public speaking. Education is an important part of the PASHMINA because by receiving education, teenagers will have wider view and higher knowledge. Education can improve confidence in information needs [15]. Regarding nutritional service, adolescents will get several pieces of information about nutrition. In addition, they also will get health food such as juice, fruit, etc.

Overall, PASHMINA provides easy access and health services, free for teenagers. PASHMINA is spreading in all of the sub-district of Pekalongan regency even in the village and tends to trigger the satisfaction and motivation of the adolescent to involved in it. In this study, the high satisfaction and motivation shown by the teenagers might have been caused by all of the services given by the caregiver of the PASHMINA. They find the best solution for their overall health problems in the PASHMINA. In detail, the satisfaction and motivation of the adolescent will be described below.

4.1. Tangible

Pashmina has appropriate tools and equipment; a comfortable, tidy and clean area. The result of the services has been recorded easily and accessible. Furthermore, educational media such as brochures, booklets, and movies were provided effectively. 74% said that they were very satisfied and only 1% said that they were unsatisfied. Regarding the tangible, the aspects of the service quality include the exterior and interior design. The design, equipment, and condition of the service area determined the perception of service quality of the customer in general [16]. Moreover, tangible elements of the products were more influential on overall customer satisfaction than intangible elements at the hotels [17]. In pashmina, hotels can be equalized as areas of pashmina. It means that the equipment and area of pashmina are important for attendance satisfaction.

4.2. Reliability

Reliability shows the company able to provide the expected service convincingly, fast, accurately and consistently [18]. PASHMINA caregivers have been marked related to their ability to give information about health reproduction, anemia, adolescent psychology, healthy foods, the danger of promiscuity and the prevention of these in easy and understandable language. Besides, they also marked in terms of service speed and the ability to using equipment well. According to the data, 63% adolescents were satisfied and no one said that they were unsatisfied. So it is safe to conclude that majority of adolescents were believe in the reliability and accuracy of the services provided by pashmina.

4.3. Responsiveness

In this aspect, pashmina caregivers have been assessed regarding the speed of the services and friendliness to answer the questions appearing from adolescents, doing an easy operational procedure and pay attention to the adolescents. The data shows that 80% of adolescents are satisfied in terms of responsiveness. Therefore, they believed in the ability and responsiveness of the caregivers in pashmina.

4.4. Assurance

In regards to assurance, pashmina caregivers provide accurate information and can be accounted for it. They also have had enough knowledge and skill to provide information, guaranteed towards miss-information and mistake in serving and checking the data of the adolescents between in card and the recording book. On the other hand, pashmina guaranteed that foods given to the attendances were in good condition. Besides, caregivers are also appropriate in terms of ability and skill capacity. Pashmina caregivers are coming from several institutions who are cooperating with each other, they are the lecturer in midwifery school in University of Muhammadiyah Pekajangan Pekalongan, professionals from community health services and health department of Pekalongan regency, freelance professionals and Indonesia red cross. Based on the data given, the majority adolescents were very satisfied regarding assurance of the pashmina. They believe that the results of the pashmina program were accurate, such as body mass index, hemoglobin, etc.

4.5. Empathy

Bloom defined empathy as “the act of coming to experience the world as you think someone else does”. In other words, empathy is cognitive empathy that speaks of our capacity to understand what is going on in the minds of others [19]. In regards to empathy, pashmina caregivers used tidy and fragrant clothes. They used ID cards, gave the information directly and equal to all of the adolescents. Data shows that most adolescents were very satisfied (84%). It can be concluded that adolescents who assessed think that pashmina caregivers have real empathy for them and did not discriminate among them. The empathy leads to provoke the openness and happiness of the adolescents attending pashmina. A previous study concludes that situational empathy also increases people’s cooperativeness in prisoner’s dilemma games [20]. Evaluating satisfaction towards pashmina tends to improve the quality of pashmina. Furthermore, it can increase the number of adolescents who are coming to the pashmina, so that pashmina can be suitable with the objective of pashmina namely the formation of adolescents who are healthy and have a tough mentality.

4.6. Motivation

Motivation is an intrinsic phenomenon that is affected by four factors: Situation (environment and external stimulus), Temperament (state and organism internal state), Goal (purpose of behavior and attitude) and Tool (tools to reach the target) [21]. In this research, 93.43% of adolescents have high motivation. This result might have been caused by the problems faced by adolescents and those can be solved by attending pashmina. In our nature is to for us to be motivated to achieve our goals, necessities, and instincts [21]. In Pashmina, adolescents look enthusiastic and follow all the process. They look full of spirit to finish pashmina and are quite active throughout the process. These results can be identified from the behavior of the adolescents who stay in line to get pashmina services. They were not bored or tired to send and wait to be served. When they were asked by the researcher about their testimony about attending pashmina, one of them said “It is very good service and give us high benefits,”. The others said “I hope pashmina will be always in service and always be better,” “In pashmina, we get new friends for sharing our health problems with.”, “It is my pleasure to join Pashmina. Good Luck!,”. The last adolescent said “I will attend in pashmina routinely,”. These are very impressive responses shown by the adolescents. In order to encourage them, it is best to give them rewards. Despite the negative effects, the use of rewards may either

encourage or diminish motivation, depending on the type of rewards and the context in which they are given[22].

5. Conclusion

PASHMINA is a creative design of teenage health services. Adolescents are satisfied with their service. They also have a high motivation to attend PASHMINA activities. Based on the results, The Government and Nasyiatul Aisyiyah should cooperate to ensure that PASHMINA can be done in a bigger area of Indonesia. The number of adolescents who will receive benefits from PASHMINA must be broader.

Acknowledgment

This study was funded partly by the Department of Research and Community Service University of Muhammadiyah Pekajangan Pekalongan Indonesia. Thank you for the Central Board of Nasyiatul Aisyiyah Indonesia for supporting us in conducting this research and The Board of Nasyiatul Aisyiyah of Pekalongan Regency for facilitating this study.

Conflict of Interest

The authors declare that they have no competing interests.

References

- [1] Kemenpan and BPS. (2018). Profil Anak Indonesia 2018. Jakarta: Kementerian Pemberdayaan Perempuan dan Perlindungan Anak (KPPPA)
- [2] Mazidi, M., Banach, M., & Kengne, A. P. (2018). Prevalence of childhood and adolescent overweight and obesity in Asian countries: A systematic review and meta-analysis. *Archives of Medical Science*, 14(6), 1185–1203. <https://doi.org/10.5114/aoms.2018.79001>
- [3] Widjaja, I. R., Widjaja, F. F., Santoso, L. A., Wonggokusuma, E., & Oktaviati, O. (2014). Anemia among children and adolescents in a rural area. *Paediatrica Indonesiana*, 54(2), 88. <https://doi.org/10.14238/pi54.2.2014.88-93>
- [4] Khuzaiyah, S.,(2015). The secret of teens, guide book for teen: mengatasi masa pubertas, seksualitas dan pergaulan. Yogyakarta: penerbit Andi

- [5] Asma'ulludin, AK.(2016). Prevalences of dysmenorrhea based on person and time characteristic and the impact to female adolescent at senior high school in West Jakarta. Undergraduate thesis. Jakarta: Islamic State University of Syarif Hidayatullah
- [6] Kågesten, A., Parekh, J., Tunçalp, Ö., Turke, S., & Blum, R. W. (2014). Comprehensive adolescent health programs that include sexual and reproductive health services: A systematic review. *American Journal of Public Health, 104*(12), e23–e36. <https://doi.org/10.2105/AJPH.2014.302246>
- [7] Health Ministry of Indonesia (Kemenkes RI). (2018). Petunjuk teknis penyelenggaraan posyandu remaja. Jakarta: Kementerian Kesehatan RI
- [8] Pimpinan Pusat Nasyiatul Aisyiyah, Central Board. (2017). Buku panduan pelayanan remaja sehat milik nasyiatul aisyiyah dan modul pelatihan. Yogyakarta: Central Board of Nasyiatul Aisyiyah
- [9] Donabedian, A. (2015). The quality of care: How can it be assessed? *Archives of Pathology & Laboratory Medicine. ProQuest Nursing Journals, 1145*.
- [10] Demir CCY. (2002). Determinants of patient satisfaction in a military teaching hospital. *J Health Quality; 24*(2):30-34.
- [11] Garg, N., Gupta, S. K., & Mahesh, R. (2014). Patient Satisfaction Survey at a Tertiary Care Speciality Hospital. *International Journal of Research Foundation of Hospital and Health Care Administration, 2*(December), 79–83. <https://doi.org/10.5005/jp-journals-10035-1019>
- [12] Rangkuti, F. (2006). *Measuring Customer Satisfaction*. Jakarta: Gramedia Pustaka Utama.
- [13] Hidayat, A.A. 2009. *Metode Penelitian Keperawatan dan Teknik Analisis Data. Edisi Pertama*. Jakarta: Salemba Medika.
- [14] Ray, R., Mahapatro, S., Kar, SS.(2011). Adolescent Counseling. *Indian Journal of Clinical Practice, Vol. 22, No. 3, August 2011*
- [15] Carolan, K., Verran, J., Crossley, M., Redfern, J., Whitton, N., & Amos, M. (2018). Impact of educational interventions on adolescent attitudes and knowledge regarding vaccination: A pilot study. *PLoS ONE, 13*(1), 1–14. <https://doi.org/10.1371/journal.pone.0190984>
- [16] Alsaqre, OSE. (2011). Investigating the effects of tangible and intangible factors on customers' perceived service quality and Loyalty in hotel industry in al-ladhiqiyah, Syria. http://cf.cdn.unwto.org/sites/all/.../alsaqre_research.pdf
- [17] Albayrak, T., Caber, M., & Aksoy, Ş. (2010). Relationships of the Tangible and Intangible Elements of Tourism Products with Overall Customer Satisfaction.

- International Journal of Trade, Economics and Finance, 1(2), 140–143. <https://doi.org/10.7763/ijtef.2010.v1.25>
- [18] Tjiptono, F. (2007). Pemasaran Jasa (Services Marketing). Yogyakarta: Andi. Street, F. (2017). Making Compassionate Decisions: The Role of Empathy in Decision Making. <https://fs.blog/2017/12/against-empathy/>
- [19] Watt, D., & Panksepp, J. (2013). The Positive (and Negative) Psychology of Empathy. The Neurobiology and Psychology of Empathy, 1–42. Retrieved from http://www.ipearlab.org/media/publications/Konrath_Grynberg_2013.pdf
- [20] Pakdel, B. (2013). The Historical Context of Motivation and Analysis Theories I Lai, E. R. (2011). Motivation: A Literature Review Research. Research Reports, (April), 43. <https://doi.org/10.2307/3069464>