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Study of Predisposing, Enabling, Reinforcing Factors: Adolescent Participation in the Integrated Primary Care Program

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ABSTRACT
Adolescent participation in the Integrated Primary Care (ILP) Program remains low in many rural areas in Indonesia, despite national efforts to strengthen primary health care as part of the Healthy Indonesia 2045 agenda. Limited studies have examined the determinants of adolescent engagement, as previous research has predominantly focused on ILP implementation among mothers, toddlers, and health cadres. This study aims to analyze the predisposing, enabling, and reinforcing factors influencing adolescents participation in ILP activities using Lawrence Green's PRECEDE-PROCEED Model. A descriptive qualitative design was employed, involving 10 adolescents aged 10-24 years registered in the ILP Posyandu of Karanganyar Village, Tirto District, Pekalongan Regency. Additional triangulation informants included one village midwife, two ILP cadres, and two policy makers, all selected through purposive sampling. Data were collected through in-depth semi-structured interviews and analyzed thematically. The findings indicate that predisposing factors, particularly adolescents limited understanding of ILP objectives and benefits, contribute to low engagement, with some expressing fear of examination results. Enabling factors show that facilities, equipment, and financing are adequate, yet participation is hindered by scheduling conflicts with school hours, despite the close proximity of ILP locations to adolescents homes. Reinforcing factors emerged as the strongest influence, with active communication from health workers, moral encouragement from families, and strong peer support playing crucial roles in motivating adolescents to attend ILP activities. Overall, the study reveals that low participation is shaped by interacting barriers across cognitive, structural, and social domains. Strengthening adolescent health literacy, adjusting activity schedules, and enhancing family and peer-based reinforcement are essential to improving sustainable adolescent engagement in ILP services. These findings highlight the importance of community-centered strategies and cross-sector collaboration to support the on going transformation of primary health care at the village level.

Keywords: ILP, Participation, Adolescents, Lawrence Green.

ABSTRAK
Partisipasi remaja dalam Program Integrated Primary Care (ILP) masih rendah di banyak wilayah pedesaan di Indonesia, meskipun terdapat upaya nasional untuk memperkuat pelayanan kesehatan primer sebagai bagian dari agenda Indonesia Sehat 2045. Studi yang menelaah faktor penentu keterlibatan remaja masih terbatas, karena penelitian sebelumnya lebih banyak berfokus pada implementasi ILP pada ibu, balita, dan kader kesehatan. Penelitian ini bertujuan untuk menganalisis faktor predisposisi, pemungkin, dan penguat yang memengaruhi partisipasi remaja dalam kegiatan ILP dengan menggunakan Model PRECEDE-PROCEED dari Lawrence Green. Penelitian ini menggunakan desain kualitatif deskriptif yang melibatkan 10 remaja berusia 10–24 tahun yang terdaftar di Posyandu ILP Desa Karanganyar, Kecamatan Tirto, Kabupaten Pekalongan. Informan triangulasi tambahan meliputi satu bidan desa, dua kader ILP, dan dua pembuat kebijakan, yang semuanya dipilih melalui teknik purposive sampling. Data dikumpulkan melalui wawancara mendalam semi-terstruktur dan dianalisis secara tematik. Hasil penelitian menunjukkan bahwa faktor predisposisi, khususnya keterbatasan pemahaman remaja mengenai tujuan dan manfaat ILP, berkontribusi terhadap rendahnya keterlibatan, dengan beberapa remaja menyatakan adanya rasa takut terhadap hasil pemeriksaan. Faktor pemungkin menunjukkan bahwa sarana, prasarana, dan pembiayaan sudah memadai, namun partisipasi masih terhambat oleh jadwal kegiatan yang berbenturan dengan jam sekolah, meskipun lokasi ILP berada dekat dengan tempat tinggal remaja. Faktor penguat muncul sebagai pengaruh yang paling kuat, di mana komunikasi aktif dari tenaga kesehatan, dukungan moral dari keluarga, serta dukungan teman sebaya yang kuat berperan penting dalam memotivasi remaja untuk mengikuti kegiatan

ILP. Secara keseluruhan, penelitian ini mengungkapkan bahwa rendahnya partisipasi remaja dipengaruhi oleh interaksi berbagai hambatan pada ranah kognitif, struktural, dan sosial. Peningkatan literasi kesehatan remaja, penyesuaian jadwal kegiatan, serta penguatan dukungan berbasis keluarga dan teman sebaya menjadi hal yang penting untuk meningkatkan keterlibatan remaja secara berkelanjutan dalam layanan ILP. Temuan ini menegaskan pentingnya strategi yang berpusat pada masyarakat dan kolaborasi lintas sektor untuk mendukung transformasi pelayanan kesehatan primer yang sedang berlangsung di tingkat desa.

Kata Kunci: ILP, Partisipasi, Remaja, Lawrence Green.

INTRODUCTION

The World Health Organization (2023) emphasizes that strengthening primary health care (PHC) is the most effective strategy for achieving Universal Health Coverage (UHC). Strong and integrated primary services play an important role in ensuring that every individual receives continuous promotive and preventive services at the community level. The PHC approach emphasizes equitable access, community participation, and the sustainability of health systems, which are key pillars in achieving the 2030 Sustainable Development Goals (SDGs).

In line with this global direction, Indonesia is committed to realizing the vision of Healthy Indonesia 2045 through the development of an inclusive, sustainable, and efficient health system. One of the strategic steps in achieving this vision is the launch of the *SATUSEHAT* integrated registration system, which connects all health services nationwide to ensure equitable access (Geasela, Isputrawan, & Lee, 2024). One form of community-based service is the Integrated Service Post (Posyandu). Posyandu is a Community-Based Health Effort (UKBM) managed by the community for the community, with the aim of increasing empowerment and facilitating access to basic health services (Sari et al., 2024).

To expand coverage and improve service quality, the government transformed Posyandu into Integrated Primary Health Care (ILP). This program is regulated in the Decree of the Minister of Health of the Republic of Indonesia Number HK.01.07/Menkes/2015/2023 concerning Technical Guidelines for the Integration of Primary Health Care (Kementerian Kesehatan Republik Indonesia, 2023). Through ILP, health services are synergized with a network of facilities such as Puskesmas, Poskesdes, and Posyandu, so that the community receives more comprehensive promotive and preventive services (Sari et al., 2024). ILP emphasizes the strengthening of primary services through cross-sector integration, capacity building of cadres, and coordination at the community level (Wardani, Nurdiansyah, & Antoro, 2025). The ILP transformation covers six main pillars, namely primary services, referral services, human resources, health security, financing, and digital systems. One of its implementations is the restructuring of Posyandu KIA, Lansia, Remaja, and Posbindu to be integrated into village community institutions (Yoto et al., 2024).

Indonesia is also entering a demographic bonus period, which is expected to peak in 2030, when most of the population will be of productive age (Kementerian Koordinator Bidang Pembangunan Manusia dan Kebudayaan Republik Indonesia, 2024). In this context, adolescents play an important role in health development. Theoretically, adolescents are in a transitional phase of development that makes them more vulnerable to various health problems and in need of continuous health education support (Abigael, Esterilita, & Kartikawati, 2024). Adolescents are also known as a group that is vulnerable to health risks due to biological, psychological, and social changes, thus requiring systematic guidance on healthy living behaviors (Mulyanti et al., 2022). Adolescent participation in health programs, including ILP, is key to realizing Indonesia Emas 2045. However, in reality, the level of adolescent involvement in ILP programs is still low. From a conceptual perspective, adolescent behavior in utilizing health services is influenced by internal factors such as knowledge and attitudes, as well as external factors such as social support, family, and environment (Nilawati, 2024).

Nationally, ILP was officially launched by the Ministry of Health in August 2023 and became part of the primary health care transformation. A study in Sleman District, Special Region of Yogyakarta, shows that ILP implementation still faces obstacles in strengthening cadre capacity

and target participation (Siswati et al., 2025). A similar situation also occurs in Pekalongan City, particularly in Karanganyar Village, Tirto District, which is within the working area of the Tirto 1 Community Health Center. Although the Primary Care Integration Program (ILP) is already in place, the attendance rate among adolescents is still relatively low. Time constraints and busy schedules are the main causes, so village midwives and cadres often make direct approaches to adolescents' homes. To overcome this, village midwives and cadres make direct approaches by adjusting the timing of Posyandu activities to coincide with community organization (ormas) activities attended by adolescents. This strategy is expected to increase adolescent involvement and attendance in ILP activities at the village level.

The low participation of adolescents in the implementation of the Primary Care Integration Program (ILP) indicates the need for a more in-depth study of the factors that influence it. Most previous studies have focused on the implementation of ILP for mothers and toddlers or the empowerment of cadres, while the aspect of adolescent involvement in the program has not been widely studied. In fact, adolescents are a strategic age group that plays an important role in the sustainability of public health programs in the future.

This study uses Lawrence Green's PRECEDE–PROCEED Model as an analytical framework to understand adolescent participation in Primary Care Integration (PCI) activities. This model explains that health behavior is not formed in isolation, but is influenced by three main components. First, predisposing factors, which include knowledge, attitudes, values, and beliefs that encourage individuals to behave in a healthy manner. Second, enabling factors, which include the availability of facilities and infrastructure, costs, and ease of access to health services, enable such behavior. Third, reinforcing factors, namely support from family, peers, and health workers that reinforce and maintain positive health behaviors (Green & Kreuter, 2005). In the context of adolescent health behavior, Lawrence Green's theory is highly relevant because adolescent behavior is influenced by predisposing factors, enabling factors, and reinforcing factors. Research shows that knowledge, attitudes, family support, and peer influence play an important role in shaping adolescent health behavior (Juwita, Prabasari, & Marcello, 2025).

The PRECEDE–PROCEED model was used in this study to analyze adolescent participation in the Primary Care Integration Program (ILP) at the community level. This approach is still rarely used in public health research, especially those focusing on adolescent groups, thus providing an opportunity to present a more in-depth analytical perspective.

This study aims to determine the application of Lawrence Green's Theory, including predisposing factors (knowledge, attitudes, values, and beliefs in individuals or communities), enabling factors (availability of facilities, costs, distance, ease of access to facilities that facilitate such behavior), and reinforcing factors (support from health workers, family support, and social environment support such as peer support that reinforces healthy living behaviors). With an understanding of the importance of this program, it is hoped that adolescents can actively participate in the activities organized.

RESEARCH METHODS

This study uses a descriptive qualitative approach. Descriptive qualitative research in this case is intended to describe opinions and facts about adolescents' perceptions of the Primary Service Integration (ILP) program to identify factors that hinder the utilization of Primary Service Integration (ILP) services. This approach was chosen because it is able to reveal the experiences and views of the research subjects in a contextual manner. This research was conducted in Karanganyar Village, Tirto District, Pekalongan Regency, with a sample of adolescents aged 10-24 years who are a vulnerable group and are required to know about health (Badan Kependudukan dan Keluarga Berencana Nasional, 2025). Informants were selected using purposive sampling based on their involvement and knowledge of the ILP program.

The inclusion criteria in this study were male and female adolescents aged 10-24 years who were registered as adolescents residing in the working area of the ILP posyandu in Karanganyar village. This study focused on the application of Lawrence Green's Theory, which includes predisposing factors (knowledge, attitudes, values, and beliefs in individuals or communities), enabling factors (availability of facilities, costs, distance, ease of access to facilities that facilitate such behavior), and reinforcing factors (support from health workers, family support,

and social environment support such as peer support that reinforces healthy living behaviors). The sampling technique was conducted using purposive sampling. The sample size in this study was calculated using a hypothesis test formula for a single proportion of the research sample, which was 10 people.

This study also used qualitative data by interviewing five adolescents, one village midwife, two ILP cadres, and two program stakeholders. The main instrument in this study was the researcher himself as the key instrument who played a role in collecting, interpreting, and analyzing data. To support this process, the researcher developed semi-structured interview guidelines based on Lawrence Green's theoretical framework.

Data collection was conducted through in-depth interviews that were recorded with the informants' permission and then transcribed for analysis. Data analysis used descriptive analysis covering the characteristics of the informants and adolescents' perceptions of factors that hindered their participation in the ILP posyandu program, including individual factors such as knowledge, attitudes, and behavior, as well as support factors such as family support and health worker support. To ensure data validity, the researcher conducted source triangulation (adolescents, cadres, midwives, and program stakeholders), member checking with informants to confirm the interpretation results, and peer debriefing with supervisors to maintain the objectivity of the analysis. The final results of the analysis were presented descriptively to illustrate the characteristics of the informants and the perceptions of adolescents regarding the factors that hindered their participation in the ILP posyandu program.

RESULTS

Table 1. Summary of Adolescent Visits to the ILP Posyandu in Karanganyar Village.

Meeting	Number of Registered Adolescents	Number of Adolescent Visits
January	72	11
February	72	15
March	72	8
April	72	15
May	72	18

Based on the data in the table, in 2025, there were 72 adolescents registered at the Karanganyar Village ILP Posyandu. However, attendance at ILP Posyandu activities only ranged from 8 to 18 people per month. This condition illustrates that the level of enthusiasm and participation of adolescents in Posyandu activities is still relatively low, as only 11.11% to 25% of the total registered adolescents actively participate in these activities. In order to gain a more comprehensive understanding of the factors causing this low participation, in-depth gathering was conducted through in-depth interviews with parties directly involved in the program.

Support from community health centers, midwives, and cadres was excellent, with smooth coordination. Peers had a significant influence in encouraging adolescents to participate in the program, while families provided moral support, although not always consistently. Support from community organizations and village governments was quite good, but the term “ILP” was not widely known. Religion-based organisations were more active than youth organizations.

The Integrated Primary Health Care (ILP) Posyandu program began to be socialized in Pekalongan District in August 2024 as part of the transformation of community-based primary health care. Based on data from Karanganyar Village, Tirto Subdistrict, the number of adolescents registered in ILP activities reached 72 people. However, the monthly attendance rate is still low, ranging from 8 to 18 people per month (approximately 11.11%-25% of the total participants). This phenomenon indicates low adolescent participation in posyandu activities.

To understand the cause, in-depth interviews were conducted with five adolescents (IF01-IF05), one village midwife (IT01), two ILP cadres (IT02-IT03), and two policy makers (IT04-IT05). The results of the analysis show that factors that influence adolescents' participation can be grouped into three major themes, namely predisposing factors, enabling factors, and reinforcing factors, in accordance with Lawrence Green’s theory. A thematic synthesis was conducted to find patterns of interrelationships between factors that contribute to adolescent participation in ILP activities.

1. Predisposing Factors

The main theme that emerged in the predisposing factors was adolescents' low understanding of the concept and benefits of ILP. Most adolescent informants stated that they did not fully understand the program, I just participate in it" (IF01), and …basically, the midwives and cadres hold it like a monthly routine health post, as far as I know." (IF02).

The village midwife also reinforced this statement by mentioning that ILP is still a new program from the government and has not been directly socialized by the central government, "The ILP program is still new, like a program from the government. So, we don't really understand it because it hasn't been explained directly by the central government…." (IT01).

This limited knowledge has a direct implication on the attitudes and perceptions of adolescents towards the ILP program. Some show enthusiasm, but others are passive because they are not familiar with the concept of the activities. As stated by an ILP cadre, "Because they are not very familiar with it, they are like, 'What is this?' We see that it is important for their health because they can become aware of themselves since they are not familiar with it"(IT02). A similar point was made by another cadre," The involvement of adolescents in the ILP program is quite good and active, but there are challenges in reaching adolescents in schools because it must be continuous and synergistic with other programs such as UKGS and UKS." (IT03).

In addition to cognitive factors and attitudes, values and beliefs also influence participation levels. Interestingly, no cultural or religious barriers were found, but fear of test results was a psychological barrier, as expressed by a village midwife, "No, there aren't any, they're just afraid of finding out they have a disease, but in terms of beliefs, there aren't any." (IT01).

Table 2. Thematic Synthesis of Predisposing Factors.

Theme Subfactor	Field Findings Description	Representative Quote
Knowledge	Adolescents do not fully Understand the objectives of the ILP	"I myself do not fully understand the program..." (IF01)
Attitude	Attitudes vary, ranging from enthusiastic to passive	"Because they are not very familiar with it,they may wonder what it is..." (IT02)
Values & Beliefs	There are no cultural barriers, but there is fear of the test results	"No, there aren't any, but they're probably afraid of finding out about the disease..." (IT01)

2. Enabling Factors

Enabling factors describe the extent to which environmental conditions and resources allow adolescents to actively participate in ILP. Based on the interview results, most informants assesed that the facilities and infrastructure were adequate, as stated by the village midwife, "Basically, the services are already provided by the village, and Ms. S, as the head of KPM, has facilitated the facilities, and the health center has provided the equiment." (IT01), and reinforced by the statement of a cadre, "In my opinion the facilities and infrastructure are adequte, and if there are any shortcomings, they will be addressed along the way." (IT02).

However, the availability has not been fully matched by optimal utilization because the attendance rate of adolescents is still low. This shows that facilities are not the only determinant of behavior.

In terms of costs, ILP activities are free and even supported by village funds,"…the costs have been provided by the village to purchase some medical equipment."(IT01) However, some adolescents are unware of the details of the financing, "Well, I haven't been asked about the costs, or I don't know anything about it at all" (IF01), which indicates a lack of transparent comunication regarding the program's financial sipport.

Distance is not a significant barrier because the posyandu is located in the center of the village. This was expressed by adolescents, "From my house to here, it's not that far, about 100 meters"(IF01) and "It's not far, sir, I live in alley 1, which is alley 14, it's not far, sir, it's close" (IF02). However, time was the main obstacle because activities often conflicted with school

hours. As stated by an informant, ‘Activities are usually in the morning, but school is still in session.” (IF02).

Table 3. Thematic Synthesis of Enabling Factors.

Theme Subfactor	Field Findings Description	Representative Quote
Facilities	Adequate facilities from the village and the health center	“The point is that the services are already provided by the village ...” (IT01)
Cost	Free, but not well understood by adolescents	“Well, regarding the cost, I haven’t been asked yet...” (IF01)
Distance	Close and easily accessible	“From my house to here, it’s not that far...” (IF01)
Time	Schedule conflicts with school hours	“Activities are usually in the morning, but school is still in session.” (IF02)

3. Reinforcing Factors

Reinforcing factors play a major role in strengthening motivation and the sustainability of participatory behavior among adolescents. The results show that support from health workers and cadres is an important element in maintaining program continuity. An adolescent informant said, “The health workers are usually midwives and cadres who inform us about the posyandu through the organization’s group.”(IF01). This statement as reinforced by a cadre,” It’s quite good, actually, because for our health center, we can coordinate with the midwives to inform people that it's a posyandu today, and maybe they will fill in from the health center. Training is already available, but in my opinion, ILP itself is not yet available.” (IT02).

Family support is also a strong motivator for adolescents. Several informants said, “They actually support me when it comes to health; my parents even tell me to get a health check-up” (IF06) and “Yes, they really encourage and support me to get a health check-up”(IF02). Moral support from the family acts as a reinforcement of adolescents personal motivation.

Additionally, peer support emerged as a dominant theme. Adolescents are more motivated to participate in activities if invited by friends. “Actually, sometimes here you really have to be invited and accompanied to come to the health center” (IF02), and “I came here because my friend invited me. I came early, so it was very encouraging to check my health in this program.” (IF01)

Table 4. Thematic Synthesis of Reinforcing Factors.

Theme Subfactor	Field Findings Description	Representative Quote
Health Workers	Actively informs about ILP activities	“Health worker support usually comes from midwives...” (IF01)
Family	Providing moral support	“They actually support it when it comes to health...” (IF06)
Peers	Strong social influence on attendance	“I came here because my friend invited me...” (IF01)

DISCUSSION

The PRECEDE-PROCEED model developed by Lawrence Green and Kreuter (2005) was used to understand the factors influencing health behavior, including adolescent participation in the Primary Service Integration Program (ILP). Based on this theory, a person’s behavior is formed from the interaction between predisposing factors, enabling factors, and reinforcing factors. These three factors are interrelated and mutually supportive in determining the level of adolescent involvement in ILP at the community level.

Predisposing Factors: Knowledge, Attitudes, Values, Beliefs

The result of the study shows that most adolescents do not fully understand the objectives and benefits of the ILP program. This low level of understanding has a direct impact on attitudes, with some adolescents appearing enthusiastic, while others tend to be passive, hesitant, or unfamiliar with the program. Fear of the test results also emerged as a psychological barrier for

some adolescent, although cultural values and beliefs did not pose a significant obstacle to their participation.

These findings are in line with Kurniawati, Kusumawati, & Prabamurti (2020) which shows that knowledge and perception have a significant relationship with adolescent with better knowledge tending to be more active in attending health activities. Similiar findins were reported in the study by Yasa, Ainurafiq & Handriani (2024) which indicated that knowledge and attitudes influence adolescents nterest in attending adolescent health posts, particularly because a good understanding makes adolescents feel that these activities are beneficial to their health. Both studies support the field finding that cognitive factors are important determinants of adolescent involvement.

In Lawrence Green's PRECEDE-PROCEED theory, knowledge, attitudes, values, and beliefs are predisposing factors that shape initial motivation before an individual engages in health behaviors. Lawrence Green explains that behaviors are more easily formed when individuals understand the reasons for and benefits of their actions. This suggests that low participation among adolescents is due to the predisposing components not being optimally formed.

These findings emphasize the need for educational strategies that are more relevant to the lives of adolescents. Approaches such as peer education, simple digital content, and interpersonal communication from cadres and midwives can help build basic understanding and improve adolescents' attitudes toward ILP programs. By increasing knowledge and reducing fear of examinations, adolescents have the potential tomparticipate more actively and independently in ILP activities.

Enabling Factors: Facilities, Cost, Distance, Ease of Access

The results of the study show that enabling factors play an important role in supporting adolescent involvement in ILP programs. However, the availability of complete facilities does not directly impact optimal adolescent attendance. These findings indicate that the availability of facilities alone is not sufficient to guarantee high participation.

In terms of financing, ILP activities are free of charge and have received support from village funds. However, some adolescents stated that they were not aware of information related to program financing, indicating a communication gap regarding the financial and technical support provided. The distance to the health center is also not an obstacle because its location is relatively close to where the youth live. The most dominant obstacle actually comes from the aspect of implementation time, considering that ILP activities are often carried out in the morning when youth are still attending school.

These findings are in line with the research Rohmayani (2024) which explains that ease of access does influence youth participation, but it is not the only determining factor. The suitability of the implementation time with the youth's schedule is a stronger aspect that influences the youth's decision to attend consistently. The results of the study Mutiara & Sukmana (2025) related to the implementation of posyandu also emphasize the importance of facility support, accompanied by time arrangements and service mechanisms that are in line with the needs of the target audience. This condition is also seen in the ILP program, where service utilization is not optimal even though the facilities are available.

From the perspective of Lawrence Green's PRECEDE-PROCEED theory, enabling factors include conditions that make it easier for individuals to engage in healthy behaviors. This theory emphasizes that behaviors are difficult to form if services are not easily accessible or do not fit the activity pattern of the target group. In this study, although the aspects of facilities, cost, and distance were supportive, the incompatibility of the implementation time showed that the enabling component was not functioning optimally in encouraging youth participation.

These findings indicate the need to reorganise the ILP program implementation strategy to better suit the realities of adolescents' lives. Activities can be scheduled at times that do not conflict with school activities, such as in the afternoon or on weekends. Communication regarding facilities and funding support also needs to be conveyed more clearly so that adolescents understand that the program is accessible at no cost. The implementation of activities can also be made more flexible so that services are not only physically available but also genuinely easy

for adolescents to participate in. These efforts are expected to strengthen the enabling aspects and increase adolescent participation in a sustainable manner.

Reinforcing Factors: Support from health workers, family support, social environment support, such as peer support.

The results of the study show that reinforcing factors play an important role in encouraging youth participation in the ILP program. Social support has been proven to be the main reinforcing factor that can significantly increase their involvement. Support from health workers, especially midwives and cadres, is a major reinforcing factor because they not only provide health services but also actively inform and coordinate posyandu activities, which are a dominant factor in the success of the program. Family support also shows a similar pattern; families who actively remind, advise, or motivate their children make them more interested in participating in activities, while adolescents who do not receive encouragement from their families tend to be passive and less initiative. Peer support is also a fairly dominant reinforcing factor, especially for adolescents who admit to feeling more comfortable or more courageous to come to the posyandu when invited by friends. These findings show that social reinforcement from the adolescents' immediate environment directly influences their decision to participate**.**

The findings of this study are in line with the study (Avelina, Nababan, & Delang, 2024), which states that family support and the role of cadres have a significant relationship with the utilization of youth health posts, where adolescents with good family support and active cadres tend to visit more regularly. The study also emphasizes that communicative cadres can create a sense of security and trust among adolescents. In line with this, the study Hermawati et al. (2025) shows that the success of the posyandu program is largely determined by the support and guidance of health workers and cadres as liaisons between officials and the community. The active involvement of cadres has been proven to strengthen the community's motivation to participate in education and routine check-ups at posyandu. Both studies support field findings that social reinforcement from health workers, family, and the surrounding environment are determining factors in adolescent involvement.

From the perspective of Lawrence Green's PRECEDE-PROCEED theory, support from health workers, family, and peers provides reinforcement, feedback, and encouragement after individuals begin to engage in a health behavior. L. Green explains that behavior is more easily maintained when individuals receive positive support from their environment. Even if adolescents have initial knowledge or motivation, behaviors such as attending posyandu will not continue without adequate social reinforcement. This condition shows that fluctuations in adolescent participation are largely influenced by reinforcing factors that have not been optimally formed.

These findings confirm that strategies to increase youth participation require more systematic social reinforcement. These efforts can be carried out through more intensive and targeted communication from cadres, brief mentoring from health workers during each activity, and active involvement of families in providing consistent support. The peer approach also has great potential, given that adolescents tend to be more responsive to invitations from their peers. With more comprehensive reinforcement from these three sources of support, adolescents are likely to be more confident, more comfortable, and more motivated to participate in the ILP program regularly and continuously.

CONCLUSION

This study shows that adolescent participation in the Primary Care Integration Program (ILP) in Karanganyar Village is still low. This is mainly influenced by a lack of knowledge about ILP, activity schedules that often conflict with school hours, and suboptimal social support. Based on Lawrence Green's PRECEDE–PROCEED Model, adolescent participatory behavior is formed from the interaction between predisposing factors, enabling factors, and reinforcing factors that influence each other. This study provides a new picture of adolescent participation in rural areas, as studies on ILP among adolescents are still limited. Mapping the factors that influence adolescent involvement is a novelty of this study and can be used as a basis for developing community-based health programs that are more suited to the needs of adolescents.

The results of this study indicate the need to improve adolescent health literacy, adjust activity times so as not to conflict with school activities, and strengthen support from families, health workers, and peers as reinforcers. These efforts are necessary to increase the sustainability of adolescent participation in ILP and support the successful transformation of primary health services at the village level.

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