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COMMUNITY MIDWIFERY CARE WITH ANTI-CORRUPTION VALUES EDUCATION IN ADOLESCENTS

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ABSTRACT

Background: *Corruption remains a major social problem that weakens public trust and the quality of public services. In Indonesia, anti-corruption behavior still needs improvement, as reflected by the 2024 Anti-Corruption Behavior Index of 3.85, which declined from the previous year. Anti-corruption education has been widely promoted as a preventive strategy, especially for adolescents who are in a critical stage of character development.* ***Objectives:*** *This study aimed to describe community midwifery care through anti-corruption behavior education for a 13-year-old adolescent in Dusun V, Bangun Rejo Village, Tanjung Morawa District, in 2026.* ***Methods:*** *A community midwifery case study was conducted through family assessment, Hanlon problem prioritization, direct education, motivational communication, family involvement, and four home visits from 15 to 19 February 2026. The adolescent's knowledge and behavior regarding anti-corruption values were assessed before and after the intervention.* ***Results:*** *The main problem identified was limited understanding of anti-corruption values, with a Hanlon score of 144. After the intervention, the adolescent showed better understanding of corruption, could mention anti-corruption values, and began applying honest, disciplined, and responsible behavior in daily life. Family support also improved during the process.* ***Conclusions:*** *Community midwifery care combined with anti-corruption education and family support improved the adolescent's knowledge and behavior. This approach may be useful as a community-based character education strategy.*

Keywords: *anti-corruption education; adolescent; community midwifery care; character building; family support*

INTRODUCTION

Corruption is recognized as one of the world's most significant governance challenges, producing substantial economic losses while undermining the quality of public services, including healthcare. The World Health Organization (WHO) estimates that approximately 7.3% of global health expenditure is lost annually because of corruption, reducing health system efficiency and limiting progress toward Universal Health Coverage (World Health Organization, 2023). Consequently, corruption prevention has increasingly shifted from punitive approaches toward preventive strategies emphasizing ethics education, integrity development, and character formation beginning at an early age.

In Indonesia, concerns regarding anti-corruption behavior remain evident. According to the Indeks Perilaku Anti Korupsi (IPAK) published by the Central Statistics Agency, the national anti-corruption behavior index declined from 3.92 in 2023 to 3.85 in 2024, indicating a deterioration in public anti-corruption behavior (BPS, 2024). The report further demonstrated that higher educational attainment is associated with stronger anti-corruption behavior, suggesting that educational interventions represent an effective preventive strategy for reducing corruption in the long term.

To strengthen integrity education, the Corruption Eradication Commission (KPK) has expanded anti-corruption education throughout Indonesia. By 2024, anti-corruption education had been implemented in more than 26,000 schools and 21,000 higher education study programs, reflecting the government's commitment to integrating integrity education into formal learning systems (KPK, 2024). Despite these initiatives, effective implementation at the community level remains limited, particularly among adolescents living in rural communities.

North Sumatra continues to experience a relatively high number of corruption cases. During 2024, the North Sumatra High Prosecutor's Office handled 162 corruption cases, resulting in the recovery of approximately IDR 32.9 billion in state financial losses (Kejati Sumut, 2024). These findings reinforce the need for preventive educational interventions targeting younger generations before unethical behaviors become established.

Adolescence is a critical developmental stage during which cognitive, emotional, and moral values are formed. Character education provided during this period contributes substantially to future behavioral patterns. Firganefi *et al.* (2022) reported that anti-corruption education effectively promotes integrity, responsibility, honesty, and ethical decision-making among adolescents. Likewise, Sinaga (2025) demonstrated that higher levels of adolescent knowledge and positive attitudes were significantly associated with healthier behavioral practices, indicating that continuous educational interventions contribute to positive behavioral development. (Sinaga, 2025; Firganefi et al., 2022).

Health education delivered by healthcare professionals also plays an essential role in shaping adolescent behavior. Siti Nurmawan Sinaga (2022) emphasized that health education provided by midwives significantly improves community knowledge and encourages positive

behavioral changes through continuous educational activities. These findings support the broader role of midwives not only as healthcare providers but also as educators who facilitate behavioral and character development within communities (Sinaga, 2022).

Community midwifery emphasizes promotive and preventive healthcare through family empowerment, community participation, and health education across the life cycle. In addition to maternal and child health services, community midwives are increasingly expected to contribute to adolescent development by strengthening knowledge, attitudes, and healthy behaviors. Previous studies have demonstrated that continuous educational assistance improves adolescent knowledge and behavioral outcomes (Pangaribuan *et al.*, 2021; Munthe *et al.*, 2024). Integrating anti-corruption values education into community midwifery therefore represents an innovative extension of promotive health services aimed at developing ethical behavior and integrity among adolescents.

A preliminary family assessment conducted in Dusun V, Bangun Rejo Village, Tanjung Morawa District, identified that Ms. S, a 13-year-old adolescent, had limited understanding of anti-corruption values, including honesty, discipline, responsibility, social concern, and simplicity. Neither the family nor the adolescent had previously received structured anti-corruption education. Considering the importance of adolescence as a critical period for character development, community-based educational intervention was considered necessary.

Therefore, this study aimed to implement community midwifery care through structured anti-corruption values education using a family-centered approach and to evaluate its effect on improving adolescents' understanding and application of integrity values in everyday life.

METHODS

This study employed a descriptive case study design within the framework of community midwifery care, utilizing the seven-step midwifery management approach (Varney's Model) adapted for community-based practice. The study was conducted at Dusun V, Desa Bangun Rejo, Kecamatan Tanjung Morawa, Deli Serdang Regency, North Sumatra, from February 15 to 19, 2026.

The subject of this case study was a single adolescent client, Ms. S (Nn. Siti Najwa), a 13-year-old female student residing within the foster family of Mr. Suwito, a five-member household selected through purposive assignment as part of the community midwifery practicum program. Inclusion criteria comprised: (1) an adolescent aged 12–18 years identified with deficient understanding of anti-corruption values during initial family assessment; (2) willingness of the subject and family to participate in the care process; and (3) absence of acute illness or psychiatric disorder.

The independent variable was the structured anti-corruption values education intervention, defined as a series of four home-based educational sessions covering the conceptual definition of corruption, its causes and societal impacts, and the core anti-corruption values of honesty

(jujur), discipline (disiplin), responsibility (tanggung jawab), social concern (peduli), and simplicity (sederhana). The dependent variable was the subject's level of comprehension and behavioral application of anti-corruption values, assessed through direct interview, observation, and verbal re-demonstration (teach-back method) across each visit.

Community problems were prioritized using the Hanlon Quantitative Method, which considers four criteria: magnitude of the problem (A), seriousness of the problem (B), effectiveness of the intervention (C), and feasibility using the PEARL test (D). The priority score was calculated using the formula:

Priority Score = (A + B) × C × D

Data were collected through structured interviews (subjective data), physical examination (objective data), and observational assessment of behavioral response across four consecutive home visits. Findings were documented using the SOAP (Subjective, Objective, Assessment, Plan) notation format, consistent with standard community midwifery documentation practice in Indonesia. All data collection and intervention activities were conducted with the informed verbal consent of Ms. S and her legal guardian (parent). Ethical clearance for this study was obtained from the Health Research Ethics Committee of Sekolah Tinggi Ilmu Kesehatan Mitra Husada Medan.

RESULT

Family Assessment

The foster family under care consisted of five members: Mr. Suwito (51 years, head of household, self-employed, secondary education); Mrs. Sunarti (49 years, homemaker); Siti Masyita (23 years, private employee); Muhammad Rasyid Ridho (19 years, student); and Ms. S - Siti Najwa (13 years, student, female). The family practiced the Islamic faith, reported harmonious interpersonal dynamics, and demonstrated general physical health across all members. No family member presented with a psychiatric disorder, chronic illness, pregnancy, puerperium, breastfeeding status, or child under five years of age at the time of assessment.

Environmental health assessment indicated adequate sanitary conditions: clean water sourced from a private well, waste disposal via septic tank located more than 10 metres from the water source, household waste managed by incineration, food stored in covered containers, and household yard utilized for planting.

The fertile couple (PUS) - Mr. Suwito and Mrs. Sunarti - fell within the 46–55 year age bracket. The couple was not currently using any contraceptive method, citing discomfort as the primary reason, with reported awareness of contraceptive information obtained from health workers. The wife's current health status was recorded as healthy.

Adolescent assessment identified Ms. S as the primary care priority. Daily activities outside school were predominantly recreational (play), and Ms. S demonstrated a tendency toward anger as a primary emotional response to interpersonal conflict. No reproductive health

complaints were identified. Based on family assessment, the primary care problem was identified as insufficient understanding and behavioral application of anti-corruption values in daily life - a condition with potential long-term implications for character development if not addressed through structured educational intervention.

Problem Prioritization

Problem prioritization was conducted using the Hanlon Quantitative Method. The identified problem insufficient understanding of anti-corruption values in a 13-year-old adolescent was scored across four criteria as presented in Table 1.

Table 1. Problem prioritization using the Hanlon Quantitative Method

Criterion	Description	Score
Magnitude (A)	Scale of the problem in the community	8
Seriousness (B)	Severity and long-term impact if unaddressed	8
Effectiveness (C)	Effectiveness of available intervention	9
PEARL Test (D)	Program feasibility (Propriety, Economics, Acceptability, Resources, Legality)	1
Priority Score	**(A + B) × C × D**	**144**

The composite priority score of 144 confirmed that deficient anti-corruption values comprehension in Ms. S constituted the primary care problem, warranting immediate structured educational intervention with family involvement.

Midwifery Care Process

I. Diagnosis and Needs Assessment

Based on the initial assessment, the following midwifery diagnosis was established:

Diagnosis: Ms. S, 13 years of age, with deficient understanding and behavioral practice of anti-corruption values.

Subjective Data: Ms. S stated that she did not fully understand the concepts of honesty, discipline, responsibility, social concern, and simplicity in daily life. The family reported no prior targeted education on anti-corruption values had been provided.

Problem: Insufficient comprehension and behavioral enactment of anti-corruption values, posing a risk of character development impairment in the absence of structured educational guidance.

Care Need: Structured education for Ms. S and her family covering: the definition and causes of corruption; the impact of corrupt behavior on self, community, and state; and the practical application of anti-corruption values (honesty, discipline, responsibility, diligence, social concern, self-reliance, simplicity, and fairness) in family, school, and community contexts.

II. Anticipated Potential Problem

If left unaddressed, the deficit in anti-corruption values comprehension posed a risk of behavioral habituation toward dishonesty, lack of discipline, diminished accountability, and emergence of deviant conduct - each capable of undermining adolescent character formation across social settings.

III. Intervention Plan

The care plan comprised eight structured interventions: (1) therapeutic communication to establish trust; (2) baseline knowledge assessment through guided interview; (3) education on the definition, causes, and impact of corruption; (4) explanation of core anti-corruption values with contextual examples; (5) behavioral guidance for daily application of honesty, discipline, and responsibility; (6) family engagement to reinforce value modeling in the home environment; (7) motivational reinforcement for integrity-driven behavior; and (8) outcome evaluation through verbal re-demonstration.

Visit-by-Visit Progress

Table 2. Summary of four-visit SOAP documentation

Visit	Date	Subjective	Objective	Assessment	Plan
1	15 Feb 2026, 15:00	Ms. S reports limited understanding of corruption and anti-corruption values; family confirms no prior education provided	General condition good; compos mentis; cooperative; unable to define corruption correctly	13-year-old adolescent with deficient anti-corruption values comprehension	Establish therapeutic relationship; conduct knowledge assessment; educate on definition and impact of corruption; provide motivational support
2	16 Feb 2026, 18:00	Ms. S reports beginning to understand corruption; recognizes that dishonesty harms self and others	Attentive during education; able to state basic definition of corruption and enumerate key impacts	Comprehension of corruption definition and impact demonstrating initial improvement	Continue education on anti-corruption values; explain honesty, discipline, responsibility, concern, and simplicity with daily-life examples; engage family

3	17 Feb 2026, 17:00	Ms. S reports beginning to practice honesty and discipline at home and school; completing schoolwork independently and adhering to school rules	Able to enumerate anti-corruption values; family observed to be supportive and motivating	Improved comprehension and initial behavioral application of anti-corruption values	Reinforce behavioral maintenance; advise family on ongoing supervision and role modeling; conduct behavioral evaluation; strengthen understanding of integrity
4	19 Feb 2026, 17:00	Ms. S states she understands the importance of anti-corruption values and is actively applying them; family reports observable improvements in honesty, discipline, and responsibility	Active and cooperative; able to re-explain corruption definition, impacts, and enumerate anti-corruption values with practical examples	Significant improvement in comprehension and behavioral application of anti-corruption values following community midwifery care intervention	Encourage sustained positive behavior; advise continued family support and monitoring; complete and document care episode

Outcomes of Care

Following the four-visit community midwifery care intervention, Ms. S demonstrated measurable improvement across knowledge and behavioral domains. At baseline (Visit 1), Ms. S was unable to define corruption or articulate associated values. By Visit 4, she was able to independently define corruption, enumerate its causes and impacts, and provide contextualized examples of each anti-corruption value in daily life settings. The family demonstrated active engagement throughout the process and expressed commitment to sustaining value modeling in the home environment.

DISCUSSION

This case study demonstrated that community midwifery care integrating structured anti-corruption values education successfully improved both knowledge and behavioral application of integrity values in an adolescent. The improvement observed across four home visits suggests that educational interventions delivered through a family-centered approach can effectively strengthen adolescent character development.

The initial assessment revealed inadequate understanding of anti-corruption values despite the family's relatively good physical, environmental, and socioeconomic conditions. This

finding supports previous studies indicating that character development is influenced not only by environmental factors but also by the availability of structured educational experiences. Adolescents require continuous guidance to internalize ethical values before they become stable behavioral patterns (Firganefi et al., 2022).

Following the educational intervention, the participant demonstrated progressive improvement in understanding corruption and applying integrity values in daily activities. These findings are consistent with Handayani (2021), who reported that anti-corruption education significantly improves students' integrity and character formation. Likewise, Dewantara et al. (2021) concluded that anti-corruption education contributes to the development of law-abiding, responsible, and humanistic behavior among students. Similar findings were reported by Indrajaya et al. (2021), who emphasized that continuous reinforcement of integrity values promotes responsible citizenship and ethical decision-making (Handayani, 2021; Likewise, Dewantara et al., 2021; Indrajaya et al, 2021).

An important component contributing to the success of this intervention was active family involvement. Parents and other family members reinforced educational messages by providing supervision, encouragement, and behavioral role modeling throughout the intervention period. This finding aligns with family-centered caare principles, which emphasize that behavioral changes are more likely to be sustained when educational interventions are supported within the home environment (Safruddin, 2023; Simanullang et al., 2024).Family participation therefore strengthened the continuity of learning beyond the formal educational sessions.

The implementation of the seven-step Varney Midwifery Management Model also facilitated systematic community care. Beginning with comprehensive assessment, problem prioritization using the Hanlon method, diagnosis, planning, implementation, and evaluation, the structured process enabled individualized interventions tailored to the adolescent's needs. The use of SOAP documentation further supported continuity and consistency of care during each home visit.

From the perspective of community midwifery practice, this study expands the role of midwives beyond conventional maternal and child health services. Midwives function not only as healthcare providers but also as educators and community facilitators who promote ethical values, healthy lifestyles, and adolescent development. Integrating anti-corruption education into community midwifery activities represents an innovative promotive strategy that may strengthen both health and character development among adolescents.

Nevertheless, this study has several limitations. First, the intervention involved only a single participant, limiting the generalizability of the findings. Second, behavioral outcomes were evaluated over a relatively short observation period; therefore, long-term sustainability of behavioral changes could not be assessed. Third, outcome evaluation relied primarily on observation and family reports rather than standardized psychometric instruments. Future studies involving larger samples, longer follow-up periods, and validated measurement tools

are recommended to provide stronger evidence regarding the effectiveness of community-based anti-corruption education.

Overall, this case study demonstrates that integrating anti-corruption values education into community midwifery care is feasible and beneficial. Through structured educational sessions and active family participation, adolescents can develop greater understanding of integrity and begin applying positive values such as honesty, discipline, responsibility, social concern, fairness, independence, simplicity, and hard work in their everyday lives.

CONCLUSIONS

This case study demonstrated that community midwifery care integrating anti-corruption values education successfully improved the adolescent's understanding and application of integrity values in daily life. The family-centered educational approach facilitated active participation from both the adolescent and family members, thereby supporting sustainable behavioral change.

The implementation of the seven-step Varney Midwifery Management Model enabled systematic identification of problems, planning of appropriate interventions, implementation of structured educational sessions, and evaluation of outcomes. After four home visits, the participant demonstrated improved knowledge regarding the definition, causes, and impacts of corruption and was able to explain and apply core anti-corruption values, including honesty, discipline, responsibility, social concern, independence, simplicity, fairness, and hard work in everyday situations.

Community midwives have an important role not only in improving physical health but also in promoting positive character development through family-centered health education. Integrating anti-corruption values education into community midwifery practice may therefore represent an innovative promotive strategy for strengthening adolescent integrity and supporting long-term community development.

Future studies involving larger populations, longer follow-up periods, and standardized behavioral assessment instruments are recommended to strengthen the evidence regarding the effectiveness of community-based anti-corruption education.

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CONFLICT OF INTEREST AND FUNDING DISCLOSURE

The authors declare that there is no conflict of interest regarding the publication of this article.

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AUTHOR CONTRIBUTIONS

Latifa Azzahra: conceptor, investigation, methodology, data curation, writing original draft.
Dr. Rosmani Sinaga, SE., MM: supervision, validation, writing review and editing.
Muji Rahayu: investigation, data curation, visualization.
Suci Tessalonika Simanjuntak: investigation, project administration, writing review and editing.

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