

# Enhance an Application Youth Care Health Services in the Working Area of Biru-Biru Health Center in 2022

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**Abstract**— Teenagers are currently experiencing rapid social change from traditional society to modern society, which changes norms, values, and lifestyles. Adolescent health is largely determined by their behavior. Risky behaviors and reproductive health problems include unwanted pregnancies (KTD), abortion, Sexually Transmitted Infections (STIs) including Human Immuno Deficiency Virus (HIV), sexual violence, and the problem of limited access to information and health services regarding reproductive health. Objective: To describe the implementation of the Youth Care Health Program in the work area of the Biru-Biru Health Center. Methods: The research design used in this research is descriptive. This research was conducted in the work area of the Biru-Biru Health Center in January-February 2022. The sample of this research is health workers who are actively working at the Biru-Biru Health Center, Deli Serdang Regency. Results: the implementation of the Youth Care Health Program in providing information to adolescents in the work area of the Biru-Biru Health Center currently experiencing problems, namely program holders are still confused with this program because it is still new, with limited infrastructure facilities, and limited time and knowledge of officers. Conclusion: Biru-Biru Health Center have not applied life skills, and so far only apply health education to adolescents.

**Keywords**— Health services, care for adolescents, adolescent health.

## I. INTRODUCTION

Adolescence is a period when a child experiences a transition from children to adults, both physically and psychologically, adolescents become unstable and easily influenced. Adolescents in the transitional period are likely to experience a critical period, which is characterized by a tendency to appear deviant behavior. This condition, if supported by a less conducive environment and unfavorable personality traits, will trigger various behavioral deviations and negative actions that violate the rules and norms that exist in society. (Ali and Ansori, 2017).

The following facts show that today's youth are facing various challenges. Based on data from the World Health Organization in 2018, It is known that there are 132 million new STI sufferers spread throughout the world and the average occurs at the age of 15-27 years 36.9 million people are living with HIV/AIDS. Of the 36.9 million sufferers, 940,000 died. This figure consists of 830,000 deaths in adults and the remaining 110,000 in adolescents and children.

As for data on unwanted pregnancies, the World Health Organization (WHO) in 2018 recorded around 16 million teenage pregnancies that occur every year and 95 percent occur in developing countries (WHO, 2018). According to the United Nations Development Economic and Social Affairs (UNDESA), Indonesia is the 37th country with a high percentage of young marriages and is the second country in ASEAN after Cambodia. In 2018, there were 158 countries where the legal age for marriage was 18 years and over, but in Indonesia, the minimum age limit for women is 16 years. Marriage at a young age is at risk because there is not enough readiness in terms of health, mental-emotional, education, socioeconomic and reproductive aspects.

Teenage pregnancy hurts the health of adolescents and their babies, as well as social and economic impacts. Pregnancy at a young age or adolescence includes the risk of premature birth, Low Birth Weight (LBW), and childbirth bleeding, which can increase maternal and infant mortality. Teenage pregnancies are also associated with unwanted pregnancies and unsafe abortions. Childbirth to mothers under the age of 20 years has contributed to the high mortality rate of neonates, infants, and toddlers. Global Youth Tobacco Survey (GYTS) in 2017 declared Indonesia the country with the highest number of adolescent smokers in the world. Most of the boys first tried smoking at the age of 12-13 years, and most of the girls first tried smoking at the age of 14-15 years. Based on survey data from GYTS in 2017 from a total of teenagers surveyed, it was found that 19.4% of teenagers who smoked tobacco during the last 30 days, found 35.3% of boys and 3.4% of girls.

Meanwhile, of the total adolescents surveyed, 18.3% of adolescents smoked cigarettes during the last 30 days, as many as 33.9% of boys and 2.5% of girls. Nationally, the average number of cigarettes smoked per day by more than half (52.3%) of smokers is 1-10 cigarettes and about 20% are 11-20 cigarettes. stems per day.

## II. LITERATURE REVIEW

### 2.1. Health Situation.

The trend of smoking age increases in adolescents, namely in the age group of 10-14 years and 15-19 years. Based on the Data and Information Center of the Ministry of Health of the Republic of Indonesia (Pusdatin Kemenkes RI) regarding the health situation of adolescents in 2019. The largest proportion of dating for the first time was at the age of 15-17 years.

Around 33.3% of girls and 34.5% of boys aged 15-19 years started dating when they were not yet 15 years old. At that age, it is feared that they do not have adequate life skills, so they are at risk of having premarital sex. Based on the results of the 2017 IDHS, the Adolescent Reproductive Health component, nationally there was an increase in the number of female adolescents who had had premarital sexual intercourse compared to the 2012 IDHS data.

The 2012 IDHS recorded that 0.7% of female adolescents had had sexual intercourse. Based on the 2017 IDHS survey, it was stated that active sex in adolescents is at risk of teenage pregnancy, and unplanned pregnancies in adolescent girls can continue in the teenage marriage. Based on the 2017 BPS survey, it was found that the percentage of women in Indonesia aged 20- 24 years whose first marriage age was under 18 years was 25.71%. While the percentage in Yogyakarta is 11.07% (BPJS, 2017).

Various problems as described above, then it should be used as a youth health development as part of the government's priority program. The Indonesian Ministry of Health's attention to the development and health problems of adolescents is quite large. To improve the quality of human resources, the Ministry of Health of the Republic of Indonesia (2018) states that to realize healthy, tough, and productive youth and can compete, course, efforts are needed to improve and improve the quality human resources. fostering adolescent health that involves all parties including parents, schools, communities, and the government.

## 2.2. Law Health Number

This is in line with the law Health Number 36 of 2009 articles 136 and 137, namely efforts to maintain adolescent health to prepare them to become healthy and productive adults both socially and economically, including for adolescent reproduction, are carried out so that they are free from various health problems that can hinder the ability to live a healthy reproductive life. The government is obliged to ensure that youth can obtain an education, information, and services regarding adolescent health so that they can live healthy and responsible lives. One of the efforts made by the government led by the Ministry of Health of the Republic of Indonesia is to introduce the Youth Care Health Service (PKPR) which was adopted by the WHO in 2003 based in the health center. From 2003 until now, the Ministry of Health has developed a youth health program. This approach aims to encourage providers, especially health centers to be able to provide comprehensive health services, according to and meet the needs of adolescents who want privacy, to be recognized, valued, and involved in the planning, implementation, and evaluation of activities. At the end of 2015, it was recorded that 33.33% of health centers throughout Indonesia had implemented Youth Care Health Program. In North Sumatra Province, there is 570 health center and only 171 health center have implemented PKPR. The Youth Care Health Program is very strategic because it fits the needs and rights of teenagers to get maximum health services. The Youth Care Health Program can be implemented in health centers, hospitals, or places where teenagers gather, including in schools or other

places. The Youth Care Health Program is a model of health services both physically and mentally, which is intended and will be accessible to teenagers, fun, and meets their needs according to the tastes teenagers.

## 2.3. Activities Medical Clinic

The types of activities in PKPR are providing information and education, medical clinical services including supporting examinations, counseling, health life skills education, peer counselor training, and social and medical referral services.(Depkes RI, 2003).

Based on the data obtained through the preliminary survey, it is known that one of the health centers that run the Youth Care Health Program is the Biru-Biru Health Center. However, in its implementation, the team from the health center often encountered obstacles, namely the lack of interest of teenagers in participating in the implementation of the Youth Care Health Program. Even though various efforts have been made, such as counseling at schools or in places where teenagers usually gather, this Youth Care Health Program continues according to the mandate of the Indonesian Ministry of Health 2017. The PKPR program is a model of health services both physically and mentally, which is intended and will be accessible to teenagers, fun, and meets their needs according to their tastes of teenagers. The types of activities in PKPR are that the provision of information and education provided is still inadequate, medical clinical services including supporting examinations, counseling, healthy life skills education, peer counselor training, and social and medical referral services carried out at health center or schools have not been fully implemented by the party running the PKPR program.

Researchers also examined adolescents who were the target of the Youth Care Health Program. Researchers examined 20 high school teenagers consisting of 10 boys and 10 girls. The research was conducted by opening a counseling room on all reproductive and sexual health issues, consulting on psychiatric issues, HIV and AIDS, sexually transmitted infections and anemia, drugs, cigarettes, and so on. Based on the results of the study, it was found that as many as 5 teenagers had done some forms of premarital sexual behavior (holding hands, hugging, and kissing), smoking and almost using drugs.

The results of this study indicate that, although the Health center officers are Biru-Biru. has run its program, namely the PKPR program in its working area, some adolescent behaviors still cannot be controlled and the PKPR program is also lacking used among teenagers. It is feared that this could have an impact on changes in adolescent behavior resulting in increased susceptibility to diseases, especially those related to sexual and reproductive health. The low utilization of the Youth Care Health Program by adolescents at the Biru-Biru Health Center is influenced by several factors. Based on the theory developed by Lawrence Green (2011) states that several factors that can influence a person's behavior include predisposing factors (knowledge, perceptions, attitudes, beliefs, beliefs, and values), supporting or enabling factors (physical environment, available or lack of health facilities or

facilities), motivating or reinforcing factors (attitudes and behavior of health workers or other officers). Based on the results of interviews with adolescents, it is known that many teenagers stated that they did not like the health center officers who came to school in uniform, so teenagers were less comfortable doing consultations, were less open, and tended to be passive during counseling. Teenagers stated that they could be more comfortable talking about problems experienced with their fellow teenagers. The need for the presence of friends who have adequate knowledge about adolescent reproductive health is very necessary.

### III. METHOD OF RESEARCH

The research design used in this study is descriptive with a qualitative approach. This research was conducted in the work area of the Biru-Biru Health Center and was carried out from January to February 2022. The sample in this study was health workers who were actively working at the Biru-Biru Health Center Deli Serdang Regency, with details: Key informants: holders of the PKPR Health Center Program, Main Informant: p4 health officers related to PKPR and Supporting Informants: 4 teenagers.

Data collection in this study was carried out by observation, this technique was carried out on activities that took place in Biru-Biru Health Center; win-depth interviews, were conducted to dig deeper into matters that had not been revealed from the results of observations and document studies, in the form of regulations from the Minister of Health of the Republic of Indonesia that regulate clinical governance so that the quality of medical services and patient safety can be guaranteed and protected.

### IV. RESULT

Adolescent care health services are general health services, including reproductive and sexual health, nutrition, and development services that have been adapted to the needs and characteristics of the adolescent age group. Youth-friendly health services also provide counseling on preventing teenage pregnancy, vaccinations, and addiction issues. Early detection of adolescent psychosocial problems. Based on the survey results, adolescents are more confident in their parents and other adults around them, such as teachers or health workers, in terms of correct information about sexual and reproductive health.

Therefore, the provision of information should also be accompanied by examinations and consultations with health workers so that the information can be accounted for. In addition, youth care health services can also answer the needs for the physical, psychological, and social health of adolescents. These three things are important aspects in the lives of teenagers because they will have an impact on their future, which of course affects their adulthood to the generation they are born with. Based on the results of the study, it is known that the implementation of PKPR activities at the Health center Biru-Biru is adjusted to the plans that have been made every year and adapted to the POA BOK, but in practice not all officers in the PKPR team are involved in going to school to provide information to teenagers.

Even though all existing officers should still be out in the field. The implementation of this PKPR program should not only involve teenagers in school but also outside of school as the target of PKPR. The obstacle faced was the lack of coordination from the health center PKPR team because each officer already held another program, so the time for counseling in schools and in the counseling room overlapped with the program that had to be run. In addition, some officers do not understand the implementation of the PKPR program so socialization and skills training is needed for officers so that the implementation of this program can run better. Implementation of PKPR activities at the Health center Biru-Biru Deli Serdang Regency Youth expects youth to get clear information about the existence of services, how to obtain services, then utilize and support their implementation and disseminate their existence. Adolescents need to be actively involved in the planning, implementation, and assessment of services.

Their ideas and actions will be more relevant in planning and implementing services because they understand their needs, understand their "language", and understand how to motivate their peers. For example, ideas about the interior design of a counseling room that suits the tastes of teenagers, ideas on how to deliver service activities outside the building to attract teenagers, or how to make practical referrals that are desired, should be carried out in collaboration between officers and youth. This research is in line with the research of Ni Nyoman Mestri Agustini, and Ni Luh Kadek Alit Arsani (2013). The results of the study show that the role of the health center in realizing healthy adolescents is through the realization of the PKPR program, the health center as a provider of facilities and infrastructure for the PKPR program so that the program can be implemented according to the target. Most of the PKPR programs launched by the Buleleng 1 Health Center have been carried out well, but there is still one target that has not been achieved, namely the formation of peer counselors and the general lack of socialization among adolescents. PKPR is felt to have a very important role for adolescents.

Based on the results of the study, it is known that many teenagers are afraid of health and disease, but not many are willing to do health checks, especially at the health center Biru-Biru, Deli Serdang Regency who still does not accept the PKPR program, which teenagers still prefer to tell their heart situation to their peers. On Thing Currently, there is a very good understanding of cancer prevention and reducing mortality from cancer. Early detection is a key factor to prevent cancer. Early signs of the disorder detected early can lead to earlier diagnosis and treatment so that death can be prevented. Efforts to reduce mortality from breast and testicular cancer require an early diagnosis step. This diagnostic step can be done since the child reaches puberty. With early detection, it is hoped that a good response to therapy can be achieved and adolescents remain in optimal health conditions. Thus, it is recommended that all youth carry out self-examination. The method of self-examination can be asked during a routine visit to the practice of a pediatrician. Implementation of PKPR activities at the Health center Biru-

Biru Deli Serdang Regency expects teenagers to be able to carry out supporting examinations, not only for teenagers who have family members from health people but also for teenagers whose families are still laid people, because usually, teenagers who visit to take part in PKPR programs are children or relatives of other people. From the result of this research, it can be concluded that the infrastructure provided by the Birubiru Health Center does not guarantee confidentiality and privacy so adolescents are not too interested in carrying out supporting examinations. Service rooms and consultation rooms are provided but do not have privacy, the Biru-Biru Health Center in Deli Serdang Regency lacks trained counseling personnel, and for screening, there is also a routine, even every year, so there are teams such as general practitioners, dentists, and nurses. they come to school.

The results of this study are in line with research by Heru Purwanto Sopiyan Dalis (2018). The results of this study, measure the effectiveness of the application of a web-based health consultation system, where the results show that there is an influence for members to be able to improve a healthy way of life through web-based health consultation information. Good facilities, ensure privacy and confidentiality and provide supporting facilities for special health checks for adolescents. The lively atmosphere with a youthful and not somber taste, from the front of the building to the service room environment, is the main attraction for teenagers to visit. Another thing is the existence of personal freedom (privacy) in the examination room, consultation room, and waiting room, at the entrance and exit, as well as the guarantee of confidentiality.

The door is closed at the time of service and no one else is free to enter and leave the room. Confidentiality is also guaranteed through the storage of status cards and counseling records in locked cabinets, soundproof rooms, separate entrances and exits, and separate waiting rooms, officers do not shout their names or ask for identity aloud. The results of the study found the fact that why many teenagers did not want to do a follow-up examination at a home health center is because there is a stigma. Providing information to all parties will eliminate the stigma, for example about the arrival of teenagers to the health center who were originally considered to have sexual problems or drug abuse. Therefore IEC materials are available. IEC materials need to be provided both in the waiting room and in the counseling room. It is necessary to provide leaflets that can be taken home about various tips or information on adolescent health. Besides being useful for providing knowledge through reading materials, this is also a promotion of the existence of PKPR to their peers who also read the brochure. According to research conducted according to Kurniati Desak et al, the inhibiting factors for PKPR services at the health center are incomplete facilities and infrastructure, for example, the absence of a consultation room, or a room that does not meet capacity, the lack of health personnel and funds, and unfriendly staff.

According to WHO, adolescents need adolescent health services to reduce death and disease in adolescents, reduce the risk of disease in the future, are an investment in the future

health, guarantee human rights and protect the future of humanity. Adolescents understand the PKPR program as a service that cares about the condition of adolescents, which is focused on adolescent problems in terms of their health or psychology or broadly, from experts to adolescents. This is by the understanding of PKPR according to the Ministry of Health of the Republic of Indonesia, namely health services aimed at and accessible to adolescents, pleasing and accepting adolescents with open arms, respecting adolescents, maintaining confidentiality, and being sensitive to their health-related needs effectively and efficiently in meeting these needs. By the research of Alizadeh, et al. there are obstacles in implementing adolescent health services: the presence of multiple tasks incompatible with their basic training, less than optimal supervision and management, too little time for patients, lack of privacy, and appropriateness of materials for education and counseling, lack of opportunities for further education. The characteristics or behaviors expected of adolescents are shown by health workers, namely those who care, smile a lot, are friendly, able to communicate, like friends, and understand the character of adolescents so that they can provide health services that care for adolescents. Based on WHO guidelines, youth-friendly health service providers are technicians who are competent in the special field of adolescent problems. Good service is needed by teenagers so that they want to take advantage of existing service facilities.

Counseling and training as well as medical clinical examinations that directly reach adolescents are expected to be able to utilize various information technology/multimedia and social media as well as convenient service facilities. KIE (Educational Information Communication) materials need to be provided, and leaflets that can be brought home about various tips or information on adolescent health are needed, this is useful for providing knowledge through reading materials and promoting PKPR to peers who read it. The Health center must be able to provide room for consultation, but the layout and supporting facilities must be adequate.

The layout in question is the design of the consultation table and chair arrangement. Consultation tables and chairs are still designed like a living room which is less comfortable for consultation. There are also a few IEC facilities available in the consultation room. So it is hoped that the health center will be able to provide a more comfortable PKPR consultation room. A spatial layout that supports consultation with youth-friendly room designs. The room is also equipped with an air conditioner which makes it more comfortable to be in it. The door to the room is always closed but can be seen from outside. The results of the observation were that the health center did not have an appropriate consultation room. Adolescence is a period of transition from childhood to adulthood, during which a process of physical and psychological maturation occurs as a result of physical, cognitive, social, personality, and moral development. Adolescence experiences dramatic physical development. In general, height and weight increase rapidly, and body shape changes. The development of adolescent thinking skills also changes, when adolescents will be able to think logically, have

scientific reasoning, the ability to introspect themselves and adapt the information received with their thoughts. While adolescent emotional development is a time of storms, ups and downs are uncertain. Sometimes feeling very sad, being melancholic, inferior, and feeling unsure. At other times, very enthusiastic, happy, and full of enthusiasm. Social development also changes, during childhood limited social relations with the closest people such as family and school. When entering adolescence, social life becomes more complex. In addition to family and the immediate environment, teenagers also interact with a larger scope, friends on social media, and even the community. The need for peer recognition becomes a priority during adolescence.

The process of finding an identity during adolescence becomes important, not wanting to be admitted as a child but also not being said to be an adult who must have greater responsibilities. Adolescents' unpreparedness when experiencing changes that occur in themselves can cause emotional discomfort that can lead to emotional instability by showing negative behavior, including the following: aggressive (against, stubborn, fighting, annoying, defiant, etc.), regressive, or running away from reality (like daydreaming, quiet, likes to be alone, and consume sedatives, alcoholic beverages, or illegal drugs), temperamental (irritable, angry, sad and moody). Healthy Life Skills Education has been included in the secondary school education curriculum in Indonesia.

The Healthy Life Skills Education Module was developed by BKKBN. It's just that the implementation of the module is still limited, not yet a compulsory subject for high school students. The learning competence of Healthy Life Skills Education should be provided by Guidance Counseling (BK) teachers. Meanwhile, not all secondary schools in Indonesia have BK teachers. In addition, the material for Healthy Life Skills Education is not included in the compulsory subjects accepted by students. One application of this skill in everyday life is to refuse peer pressure or invitations to perform risky acts such as smoking, drinking alcoholic beverages, using addictive substances, and having sex outside of marriage. Adolescents are expected to have the ability to make an immediate decision to refuse, to feel confident about the decision, to think creatively to find ways to refuse so as not to hurt friends, to have the ability to communicate effectively, and control emotions without causing stress. The ability to live

healthy will have an impact on emotional maturity in adolescents, emotional instability can be avoided so that it does not become unstable. The next generation of a healthy nation both physically and mentally is an asset for the survival of our nation.

## V. CONCLUSION

The implementation of the Youth Care Health Program in providing information to adolescents in the work area of the Biru-Biru Health Center currently experiencing problems, namely program holders are still confused about this program because it is still new, limited infrastructure facilities and the existing supporting examinations are still limited to checking arm circumference, weight, height, and reproductive problems, limited time and limited knowledge of officers, so counseling is only done if there are teenagers who come to the health center. Biru-Biru Health Center have not applied life skills, and so far only apply health education to adolescents.

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