

Implementation of Health Care Service Program (PKPR) Puskesmas Kecamatan Pulogadung Jakarta Timur in 2019

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Abstract: Ministry of Health Republic of Indonesia in 2017, the Indonesian population aged 10-19 years amounted to around 44 million people or around 20% of the total population. PKPR began in 2003 at the Puskesmas. PKPR is a special health service for teenagers to deal with problems that exist in adolescents. The number of adolescent health problems in the Pulogadung District Health Center in 2018 is still high. The purpose of this study was to analyze the implementation of the Youth Health Care Services (PKPR) program at the Pulogadung District Health Center. This research uses a descriptive type with a qualitative approach and tests the validity of the data by triangulating methods, sources, and data. Data were collected using in-depth interviews, observation and document review. The results of the study revealed that human resources did not have permanent doctors in the PKPR program, facilities were still lacking in the absence of IEC media, and the expansion of the PKPR program was still lacking. It is expected that the Puskesmas will assign one PKPR polyclinic doctor to facilitate patient monitoring as well as additional means to promote the PKPR program to adolescents who still do not utilize the PKPR in the Puskesmas.

1 INTRODUCTION

According to WHO, adolescents are residents in the age range of 10-19 years. According to the Republic of Indonesia's Minister of Health Regulation number 25 of 2014, adolescents are residents in the age range of 10-18 years. Meanwhile, according to the National Population and Family Planning Agency (BKKBN), the age range of teenagers is 10-24 years and not yet married. The different definitions indicate that there is no universal agreement regarding the limits of the adolescent age group. However, adolescence is associated with the transition from childhood to adulthood. This period is a period of preparation for adulthood that will pass through several important stages of development in life. In addition to physical and sexual maturity, adolescents also experience stages towards social and economic independence, building identity, acquisition of abilities (skills) for adult life and the ability to negotiate (abstract reasoning) (WHO, 2015).

Adolescence is a transition from childhood to adulthood. Teenagers' lives are crucial for their future lives. Teenagers also have very complex

problems along with the transition experienced by adolescents. Complex teen problems such as education, friendship, love and one of them are unhealthy lifestyles. Unhealthy lifestyles among adolescents occur as a result of a transition period in adolescents characterized by physical, psychological, and social changes. This change makes adolescents seem emotionally unstable. This unhealthy lifestyle certainly raises various health-related problems and the emergence of juvenile delinquency. Adolescents experience health problems due to the influence of environmental factors on the incidence of risky behavior such as information that is easily accessible, harmful substances easily obtained and the decline in social values. The impact caused not only health problems, but the preparation of an immature adult such as low education due to dropping out of school due to premarital sex resulting in teenage pregnancy resulting in increased unemployment due to inadequate skills.

Based on data from the Ministry of Health of the Republic of Indonesia in 2017, Indonesia's population aged 10-19 years amounted to around 44 million people or around 20% of the total

population. This is in accordance with the proportion of adolescents in the world, where the number of adolescents is 1.2 billion or about 1/5 of the world's population. The large population of adolescents is an asset to the nation in the future. So they play a very important role in the future survival of their people. Therefore we need quality teenagers both in physical and spiritual health to make a nation develop and progress. Teenagers are a vulnerable age, where they have a high sense of curiosity and want to try new things.

The results of the 2018 Riskesdas show the prevalence of smokers in the population aged 10-18 years which is 9.1%. About 3% of the population aged 10 years and over have consumed alcoholic beverages with various types of drinks, such as whiskey, traditional drinks, mixtures, wine-wine, beer and so forth. Meanwhile according to the 2017 IDHS the percentage of men who smoke increases from 56% (IDHS, 2012) to 57%. About 31% (women) and 21% (men) in adolescents, smoking for the first time before age 13 years and half of the men smoke more than 10 cigarettes in 24 hours. The percentage of women who first drink alcohol at the age of fewer than 14 years is 27% higher than men 16%. Health Demographic Survey Results in 2017 Book Teenagers about attitudes toward premarital sexual relations, the percentage of teenage boys aged 15-19 years who agree with premarital sexual relations is 5.4% higher compared with young women which are 3%. The reason for premarital sexual relations is mostly because of curiosity or curiosity (57.5% of men), just happened (38% of women) and forced by a partner (12.6% of women). Among women and men who have had premarital sexual relations, 59% (women) and 74% (men) report having first sexual intercourse at the age of 15-19 years. The highest percentage occurred at the age of 17 years (19%), both men and women. This evidence reflects the lack of understanding of adolescents about the risks of sexual relations and the ability to reject relationships that they do not want.

The number of deviant behavior done by adolescents, of course, becomes a major problem in adolescent health. For this reason, special handling is needed for adolescents to reduce negative behavior. The Ministry of Health of the Republic of Indonesia has developed the Youth Health Care Program (PKPR) since 2003 at the Puskesmas. The PKPR program at the Puskesmas then promotes health to schools, youth clubs, and other youth groups. Puskesmas work closely with the UKS in every existing school. PKPR is a health service

aimed at and reached by teenagers with a pleasant impression, accepting teens with open arms, keeping secrets, counseling with needs related to adolescent health to meet those needs. With the PKPR program being implemented at the Puskesmas, adolescents are scouted into creative teenagers without a record of juvenile delinquency. Counseling services are a feature of PKPR considering that adolescent problems are not only related to physical but also psychosocial. Outreach efforts to adolescents are carried out through information and education communication and counseling to schools and adolescent groups.

Pulogadung Sub-district Health Center is one of the Community Health Centers that has conducted PKPR programs and works closely with schools in East Jakarta. The PKPR program at the Pulogadung District Health Center has run well but health services at productive age have not reached the target of 56.1% with the target supposed to be 100% according to the provisions set by the Puskesmas. As a result of the program that is not going well, the number of health problems in adolescents in the Pulogadung District Health Center is still high. Based on reports of visits to cases of adolescent health services in the Pulogadung District Health Center in 2018 namely 225 cases of obesity, 188 cases of smoking, 98 cases of pregnancy in adolescents, 70 cases of premarital sex, 49 cases of menstrual disorders, 39 cases of anemia, 26 cases of childbirth, 22 cases of problems psychiatric, 19 cases of alcohol, and 2,254 other cases such as tuberculosis, ARI, diarrhea, and others. This case can increase because not all cases are reported to the Puskesmas.

2 METHOD

This research was conducted at the Pulogadung District Health Center. This study used descriptive qualitative method. The population is health workers who carry out the PKPR program at the Pulogadung District Health Center. Informants are selected based on the principle of the subject who mastered the problem, has data and is willing to provide complete and accurate information.

There are three types of informants in this study, namely key informants, key informants, and supporting informants. The key informants were the head of the Puskesmas, the main informants were health workers in the PKPR poly (program responsible, doctors, nurses) and supporting informants were UKS supervisors.

Data collection techniques used by in-depth interviews, observation and document review. Interviews were conducted based on the interview guidelines. Observations were made by researchers of the activities carried out in the implementation of adolescent health care programs carried out both within the puskesmas and outside the puskesmas. Data collection through document review was carried out by researchers with documents contained in PKPR, both planning documents, budgets, methods, and recording PKPR activities both within the puskesmas and outside the puskesmas.

In this research, triangulation is done, namely method triangulation, source triangulation, and data triangulation. Method triangulation is done by comparing information in different ways namely interviews, observation and document review.

The triangulation of sources is done by examining the results of several in-depth interviews with different informants. Data triangulation is done by comparing primary data obtained through in-depth interviews and observations with secondary data obtained through the document review process related to the PKPR program.

3 RESULTS

3.1 Overview of PKPR Input

3.1.1 Human Resources

Based on the results of research on human resources, it was found that the human resources in charge consisted of doctors, nurses and the person in charge of PKPR at UKS. Health workers have also received special training on youth as a condition of being PKPR officers. The problem that occurs in human resources is that the PKPR poly officers need psychologists and permanent doctors who only serve PKPR poly at the Pulogadung District Health Center.

3.1.2 Infrastructure

Based on the results of research on the infrastructure available in the Pulogadung District Health Center on PKPR that is good enough with a room that is already privacy with a separate room and soundproof from the outside and is designed as comfortable as possible for patients. However, the room is not available for media and materials for IEC such as posters and leaflets.

3.1.3 Method

Based on the results of the research obtained regarding the method or guidelines used are specific guidelines on adolescents that refer to the Ministry of Health's PKPR National Standards and a combination of several government regulations on adolescents. There is a disconnect between health workers in the PKPR policymakers regarding the socialization and review of the method used. This is because there are officers who are not familiar with the reviews and outreach carried out in connection with the PKPR program.

3.1.4 The Budget

Based on the results of research on the budget obtained that the budget comes from the government namely BLUD for puskesmas and BOP and BOS for schools. There are no restrictions on the use of the budget supported by the existence of the Work Plan and Budget report (RKA) and the School Activity and Budget Plan (RKAS).

3.2 Overview of the PKPR Process

3.2.1 Preparation

Based on the results of research on preparations in PKPR Puskesmas Pulogadung District, it is done once a year and is made one year later or planning is running. The expansion of the PKPR program that has been carried out by puskesmas is conducting health promotion to schools covering the working area of the Pulogadung District Puskesmas, conducting IEC activities and training students to become peer counselors.

3.2.2 Health Services

Based on the results of research related to health services consisting of health checks, treatment, counseling and counseling obtained from examinations in patients aged 10-19 years with any complaints. Then anamnesis was performed in the form of patient data and medical record data such as height, weight and blood pressure followed by counseling services in the form of complaints felt by patients. Treatment is done by treating clinically and referring to the agency needed by the patient if the problem cannot be handled by the health center. Counseling is carried out by nurses with questions asked to patients. Counseling is not done specifically for adolescents in the health center environment but is done through health promotion in schools.

3.2.3 Monitoring and Evaluation

Based on the results of research on monitoring and evaluation conducted every quarter through meetings called minilok. The meeting was attended by various cross-sectors in the community. The matter discussed was in the form of achievement and problem solving that occurred within the PKPR program.

3.2.4 Recording and Reporting

Based on the results of the study found that the recording is done to patients who visit by collecting data to patients. The recording is done manually and network systems. Enumeration was also carried out before and after PKPR activities in the school. After the recording will be reported to higher parties such as schools that report to the puskesmas then proceed to the health department.

3.3 PKPR Output Overview

Based on the results of the study it was found that the impact of the existence of the PKPR program both in health centers and schools provides a very good impact on adolescents. Apart from being a place for health examinations, PKPR is also a place to learn about adolescent health and a place for counseling in accordance with complaints that are often felt by adolescents.

4 DISCUSSION

4.1 Overview of PKPR Input

4.1.1 Human Resources

Based on the results of the study that the existing PKPR poly health human resources are quite good with officers who already have special training for adolescents as stipulated by PKPR officers and peer counselors who also receive training. The absence of permanent doctors in PKPR has led to the monitoring of every patient who needs a little problematic monitoring so that the high rate of juvenile delinquency around the Pulogadung District Health Center area.

4.1.2 Infrastructure

Based on the results of the study note that the PKPR poly room is placed in a separate room with another

poly. But in the room, there are no restrictions between doctors and nurses to separate the examination and counseling services that are conducted and IEC media that are not available.

4.1.3 Method

Based on the results of research related to the method or guidelines, it is found that the guidelines used to refer to the Ministry of Health's SN-PKPR and regulations from the government. The method of socialization was still minimal by the Pulogadung District Health Center because there were still health workers who did not know of the review in the guidelines. This can cause health workers to not understand the existing guidelines.

4.1.4 The Budget

The budget used in PKPR comes from the government and before making a budget request a budget planning is made to clarify the use of the budget so that there are no problems that can interfere with the implementation of the PKPR program.

4.2 Overview of the PKPR Process

4.2.1 Preparation

Good preparation is done once a year at the beginning and end of the year to determine the setting of goals and strategies on PKPR in order to run the program and produce good output. To develop PKPR, puskesmas need to expand to adolescents to increase PKPR access in the future.

4.2.2 Health Services

Based on the results of research that a clear path makes it easier for patients to visit and be handled quickly in patients aged 10-19 years. And if the problem cannot be handled by the health center will be referred to the agency required by the patient. Patients will then be counseled about complaints that are felt and given counseling individually in accordance with the issues that are proposed. In addition to individual counseling, the puskesmas also conducts group counseling to schools that work together with the Pulogadung District Health Center.

4.2.3 Monitoring and Evaluation

Based on the results of research that monitoring and evaluation have been well done to monitor the

implementation of PKPR to achieve the target or not. But there are still officers who are not aware of the monitoring and evaluation activities carried out. This shows that if socialization is still not maximized and can cause health workers not to understand the progress and targets to be achieved by PKPR.

4.2.4 Recording and Reporting

Based on the results of research that recording and reporting in accordance with the existing National Standards PKPR and run well even though there are problems in the form of a network system that is sometimes an error.

4.3 PKPR Output Overview

Based on the results of research that teenagers still do not know clearly the actual PKPR program even though they have participated in several activities included in PKPR. The unclear information about the use of PKPR supports why teenagers do not use the service.

5 CONCLUSIONS

1. PKPR Poly does not have a permanent doctor program that handles specifically PKPR Poly and psychologists in handling counseling issues.
2. Still lack facilities and infrastructure in PKPR poly in the form of poly space and IEC media location.
3. Lack of socialization on standard operating procedures to other PKPR health workers.
4. The budget used in the PKPR program comes from the government so that there are no restrictions on the use of PKPR activities in puskesmas and schools.
5. The Puskesmas has carried out planning activities on the PKPR program to determine targeted activities and expansion of the programs carried out to improve PKPR access in the future.
6. PKPR poly health services with a clear examination flow, treatment and referral activities, counseling services and counseling services through health promotion in schools.
7. Monitoring and evaluation conducted by POL PKPR through the Minilok meeting with the aim of monitoring the achievement targets of the PKPR program and solving problems that

occur to improve service quality in the next period.

8. Recording every PKPR activity carried out both inside the puskesmas and outside the puskesmas aims to obtain data on adolescent health in the puskesmas area and planning interests, the results of the recording will be reported to the higher-level agency.
9. Poly PKPR provides great benefits for adolescents because of special services provided to adolescents. The benefits of PKPR include information about health and how to look after it and a place for a consultation.

6 RECOMMENDATION

1. It is hoped that the puskesmas will establish a special doctor program in PKPR to facilitate the monitoring of patients who need follow-up and add a psychologist to help solve psychological problems in patients.
2. It is expected that the PKPR poly room is placed in a separate place and access to the poly does not go through other poly poles and the addition of insulation in the room between inspection and counseling. The addition of IEC media such as leaflets is also very needed for teenagers to find out information or information about adolescent health problems or about PKPR policymakers.
3. Good socialization is needed for all health workers regarding the standard operating procedures and how to review them. This is done so that health workers can carry out services in accordance with established standards that will make the service have good quality in the eyes of patients.
4. To develop poly PKPR better known by adolescents, puskesmas are expected to expand their activities to PKPR. This can increase access to PKPR in the future so that more teenagers will know and know about polyclinics that provide adolescent health services.
5. Puskesmas are expected to carry out special youth counseling conducted at the puskesmas so that adolescents will know that the PKPR poly is not only dealing with sick patients and reducing the number of existing adolescent health problems.
6. It is expected that the puskesmas will conduct socialization of every monitoring and evaluation activity to other health workers so

- that health workers understand the progress and targets to be achieved in the PKPR poly.
7. Enumeration conducted by the UKS is expected to guide the UKS to monitor when counseling has been done so as not to forget in recording the results of counseling that will be reported to the puskesmas.
 8. It is expected that the puskesmas will conduct socialization to adolescents and involve youth in the implementation of PKPR to improve and introduce that the PKPR poly is not only dealing with sick people.

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