Efforts to Improve The Performance of Adolescent Health Care Service Program (PKPR) Based on Analysis of National Standard PKPR in Tambakrejo Public Health Center, Surabaya

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Abstract

Background: The Adolescent Health Care Program (PKPR) is a health program aimed at improving adolescent-specific health services. In the implementation, it needs cooperation between various parties that are integrated between programs and cross-sector. Methods: The objective of the study was to analyze the efforts to improve the performance of Adolescent Health Care Program (PKPR) based on the analysis of national standard of PKPR at Tambakrejo Public Health Center Surabaya. This research type is observational with descriptive design of institutional survey. Data were collected using questionnaires and study of data and then done scoring using the National Standard PKPR (SN-PKPR). The subjects were 8 people consisting of Head of Puskesmas, PKPR program managers and adolescents. Results: The results showed that the fulfillment of Health Human Resources PKPR Program is at 98%. The fulfillment of health facilities standards is at 98%. Fulfillment of adolescent standards PKPR program has a value of 100%. Fulfillment of the PKPR program networking standards has a value of 100% and the fulfillment of health management standards PKPR program has a value of 90%. Conclusion: level of fulfillment SN PKPR at Tambakrejo Public Health Center was good category that is score 332 or 97% from maximum score of 342.

Keywords: Adolescent Health Care Program, National Standards

I. INTRODUCTION

Teenagers are leaders of the nation in the future, but are often confronted with issues that can determine the quality of a nation (Depkes RI, 2005). According to World Health Organization (WHO), teenagers are population aged 10-19 years, according to Peraturan Menteri Kesehatan Indonesia No. 25 Tahun 2014, teenagers are population aged 10-18 years, and according to Badan Kependudukan dan Keluarga Berencana Nasional (BKKBN), teenagers are population aged 10-24 years and unmarried.

According to Suvei Demografi Kesehatan Indonesia (SDKI) in 2012 shows that 28% of girls and 24% of male teenagers have been drinking alcoholic drinks before the age of 15 years. Approximately 2,8% of teenagers aged 15-19 are involved in drug abuse, and 0,7% of women and 4,5% of men aged 15-19 years have had pre-marital sex (Pedoman Standar Nasional PKPR, 2014).

With various things happening to teenagers, in 2003 the Ministry of Health of the Republic of Indonesia has developed a model of health services called the Adolescent Health Care Services (PKPR). PKPR services provide counseling services and improvement of adolescent ability in applying Healthy Living Education and Skills (PKHS). So with the PKPR program in Public Health Center, teenagers can be fostered into creative teenagers who can then avoid the juvenile delinquency.

PKPR program can be implemented optimally if the formation of network integrated with cross program or cross-sector. As a primary health care center, Public Health Center have an important role in the implementation of PKPR. In addition to Public Health Center, PKPR activities can also be conducted in hospitals, schools, teenagers clubs, churches or other places where teenagers gather so that all of them can reach the service.

In 2017 the number of Public Health Center in Surabaya City amounts to 63 Public Health Center. The number increased from the previous year which amounted to 62 Public Health Center. All Public Health Center have implemented PKPR program. One of Public Health Center that has implemented PKPR program is Tambakrejo Public Health Center. The establishment of PKPR program is based on the number of drug use among teenagers and tend to behave less well in Tambakrejo area.

II. LITERATURE REVIEW

The PKPR program is a health service provided to teenagers, accessible to teenagers, fun, adolescent acceptance, respect for teenagers, maintaining confidentiality, sensitive to health-related needs and effective and efficient in meeting those needs. The PKPR program aims to optimize teenagers health services in Public Health Center working area.

PKPR program there are 5 aspects that aim to improve the quality of PKPR services in Public Health Center called the PKPR National Standards, which consists of:

- 1. Human Resources Health, with output criteria is the formation and functioning of a competent PKPR team that has knowledge, attitudes and skills to implement PKPR in accordance with applicable standards and guidelines,
- 2. Health facilities, with output criteria available and functioning of health facilities capable of PKPR with appropriate health services for teenagers needs, teenagers-friendly procedures, and supported facilities and infrastructure, including adequate equipment and medicines,
- 3. Adolescents, with output criteria of obtaining information needed by teenagers to be able understanding the needs of healthy and productive life and can utilize various types and places of health services as needed,
- 4. Networking, with output criteria is formed and functioning networks between teenagers, community groups, cross-program, cross-sector and non-governmental organizations in the provision and utilization of PKPR,
- 5. Health Management, with output criteria is availability of policies and management systems that are able to guarantee the improvement of the quality of PKPR

III. METHODS

The type of this research was descriptive study. Research subjects were Head of Public Health Center, 1 PKPR program manager and 8 teenagers. The study was conducted in August 2016.

IV. RESULTS

Table 1. Fulfillment of Health Human Resource Standards PKPR Program at Tambakrejo Public Health Center
August 2016

		Score		Level of Fulfillment
No	Standard 1: Health Human Resources	Maximal	Achieved	(=Achieved Score /
		Score	Score	Maximal Score * 100%)
1.	Knowledge and Competencies of Officers	22	22	100
2.	Counseling Services	38	37	97
	Total	60	59	98

Based on Table 1, it is known that fulfillment fulfillment of health human resource standards PKPR program at Tambakrejo Public Health Center was 98%, which means that the fulfillment of human resource standard was in good category.

Table 2. Fulfillment of Health Facilities Standards PKPR Program at Tambakrejo Public Health Center August 2016

		Score		Level of Fulfillment
No	Standard 2: Health Facilities	Maximal	Achieved	(=Achieved Score /
		Score	Score	Score Maximal * 100%)
1.	Service Package	88	88	100
2.	Procedures, Governance and Service Flow	36	34	94
	Total	124	122	98

Based on Table 2 it can be seen that fulfillment of health facilities standards PKPR program at Tambakrejo Public Health Center was at 98% which means that standard was in good category.

Table 3. Fulfillment of Adolescent Program Standards of PKPR at Tambakrejo Public Health Center August 2016

	Standard 3: Adolescent	Score		Level of Fulfillment (=Achieved Score / Score Maximal * 100%)	
No		Score Achieved			
		Maximal	Score	Score / Score Waximar · 100%)	
1.	IEC activities	38	38	100	
2.	Peer Counselor	32	32	100	
	Total	70	70	100	

Based on Table 3, it can be seen that fulfillment of adolescent program standards of PKPR at Tambakrejo Public Health Center had a value of 100% which means that standard was in good category.

Table 4 Fulfillment of PKPR Program Network Standards at Tambakrejo Public Health Center August 2016

	Standard 4: – Networking	Sk	cor	Level of Fulfillment
No		Score	Achieved	(=Achieved Score / Score
		Maximal	Score	Maximal * 100%)
1.	Stakeholder Mapping	6	6	100
2.	Adolescent Participation	12	12	100
	Total	18	18	100

Based on Table 4, it can be seen that the fulfillment of PKPR Program network standards at Tambakrejo Public Health Center had a value of 100% which means that the standard was in good category.

Table 5 Fulfillment of Health Health Management Standard for PKPR Program at Tambakrejo Public Health Center August 2016

	Standard 5: Health Management	Score		Level of Fulfillment
No		Score	Achieved	(=Achieved Score / Score
		Maximal	Score	Maximal * 100%)
1.	Advocacy	16	15	94
2.	Recording and Reporting	11	11	100
3	Supervision, Monitoring and Assessment	18	18	100
4	Network and Referral System	25	19	76
	Total	70	63	90

Based on Table 5, it can be seen that fulfillment of health health management standard for PKPR program at Tambakrejo Public Health Center had a value of 90% which means that the standard was in good category.

Table 6 Recapitulation of Fulfillment of the National Standard for Adolescent Health Care Services (SN PKPR) at the Tambakrejo Community Health Center in August 2016

No	Standard	Maximal Score	Achieved Score	Level of Fulfillment
1	Health Human Resources	60	59	98
2	Health Facilities	124	122	98
3	Adolescents	70	70	100
4	Networking	18	18	100
5	Health Management	70	63	90
	National Standard of PKPR	342	332	97

Based on Table 6 it can be seen that the level of fulfillment of the national standard of health care service of adolescents (SN PKPR) in Tambakrejo Public Health Center reaches score 332 or 97% from 342 mximal score which means that in fulfillment to 5 standard, Tambakrejo Public Health Center was categorized well.

V. DISSCUSSION

Based on the level of fulfillment of health human resources standard, Tambakrejo Public Health Center is categorized well. It is supported by a team of PKPR that has been formed, Public Health Center officers have been trained PKPR so that has good knowledge related to adolescent problems, Public Health Center routinely carry out internal socialization, Public Health Center already have an adequate audio visual aid and can be used for counseling services adolescents. In addition, Public Health Center Tambakrejo also has guidelines in adolescent counseling services. However, there are obstacles related to health human resources standards where in the case of adolescent psychology, PKPR officer have no authority because it is considered to be done by a psychologist.

For the fulfillment of health facility standard, Tambakrejo Health Center is categorized as good. This is supported by the availability and functioning of Public Health Center Public health facilities in the implementation of adolescent health services. Although the health facility standard has been fulfilled, the implementation of the PKPR program is only held every Saturday due to the narrow location of Tambakrejo Public Health Center and the limitations of the room so that other poly spaces in the Public Health Center are double. Therefore, it has been determined the schedule of each service to meet other health services. Another effort that has also been done is to coordinate with the Surabaya City Health Office in the expansion of the land by advocating to the police.

The level of fulfillment of adolescent standard fulfillment in the implementation of PKPR pawn program at Tambakrejo Public Health Center is categorized as good. This is supported by the implementation of IEC activities

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and peer counselors. In addition to organizing IEC activities, Tambakrejo Public Health Center also conducts training or orientation in youth coaching to become adolescent counselors.

The level fulfillment of networking standards, Tambakrejo Public Health Center is categorized as good. This is supported by the implementation of stakeholder mapping and adolescent participation. The network comes from the District, Police, and School. Nevertheless, there are constraints from the networking aspect where the unavailability of land to promote or market the creativity of adolescents. So the product can not be marketed maximally by teenagers.

The level fulfillment of health management standards, Tambakrejo Public Health Center is categorized as good. This is supported by advocacy activities carried out by the Public Health Center to various stakeholders such as Surabaya City Health Office, cross-sector and cross-program for teenagers health. In addition, what supports the fulfillment of health management standards is the recording and reporting of youth activities, supervision, monitoring and assessment of the implementation of the PKPR at the Public Health Center, and the establishment of networks and referral systems with other agencies in terms of medical referral, legal references and social referrals.

VI. CONCLUSION

The fulfillment of the National Standards for Adolescent Health Care Program (SN-PKPR), Tambakrejo Health Center has been included in the good category with a total value of 97%.

References

- 1. Dinkes Kota Surabaya, 2015. Profil Kesehatan. Surabaya: Dinas Kesehatan Kota Surabaya.
- 2. Ediastuti and Manikam, 2010. *Determinan Remaja Melakukan Hubungan Seks Pranikah. Dalam Keluarga Berencana dan Kesehatan Reproduksi*. Yogyakarta: Pustaka Belajar dan Pusat Studi Kependudukan dan Kebijakan.
- 3. Kemenkes RI, 2014. *Pedoman Standar Nasional Pelayanan Kesehatan Peduli Remaja (PKPR)*. Jakarta: Kementerian Kesehatan Republik Indonesia.
- 4. Kemenkes RI, n.d. *Situasi Kesehatan Reproduksi Remaja*. Jakarta Selatan: Pusat Data dan Informasi Kementerian Kesehatan Indonesia.
- 5. Nasional, B.K.d.K.B., 2016. Remaja dan Informasi Kesehatan Reproduksi. Apa Keterkaitannya? 6 September.
- 6. Supriyanto and Djohan, 2011. *Metodologi Riset Bisnis dan Kesehatan*. Banjarmasin: PT Grafika Wangi Kalimantan.