

Volume: 11  
Issue: 02  
Years: 2021

Research Article

## The Role of the PKPR Program (Youth Care Health Services) on Reproductive Health Youth in Bengkong District

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Editor: KS

Received: 09/06/2021

Accepted: 24/06/2021

Published: 30/06/2021

Available Article:

10.33221/jiiki.v11i02.2099

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Conflict of interest statement: The researcher states that this research is free from conflicts of interest, both individuals and organizations.

Funding: Personal funding.

### Abstract

**Background:** The implementation of the PKPR program in Indonesia is still not running as expected, the Youth Care Health Program is a health program aimed at teenagers and becomes one of the forums to solve the problems they face.

**Objectives:** The purpose of this study was to determine the role of the PKPR program in Bengkong District

**Methods:** The design of this research is a descriptive qualitative study with a phenomenological approach, conducted in Bengkong District in 2022, collecting data by Focus Group Discussion (FGD) and in-depth interviews with 5 informants and focus group discussions with 10 informants in order to obtain information regarding the implementation of the health care program. adolescents while data validation was done by triangulation of sources and triangulation of methods.

**Results:** The results showed that the implementation of PKPR in Bengkong District was guided by the guidebook issued by the Indonesian Ministry of Health, funds for the implementation of PKPR were sourced from DAK, BOK, and funding from UKS.

**Conclusion:** Conclusion Research on the existence of policies from the Bengkong District government and cooperation with all cross-sectors in providing health education so that the implementation of this program runs optimally.

**Keywords:** teenagers, PKPR, senior high school, bengkong district

### Introduction

In Indonesia, the government has implemented several strategies to solve problems related to adolescent reproductive health and other adolescent problems. One of the strategies is the Youth Care Health Service Program (PKPR).<sup>1</sup> PKPR is a program developed by the Ministry of Health of the Republic of Indonesia as an effort to improve the health status of adolescents with an emphasis on Puskesmas.<sup>2</sup> The definition of PKPR itself is a service that is aimed at and can be reached by adolescents, sensitive to their health-related needs, able to keep confidential, effective, and efficient in meeting these needs. In short, PKPR is a health service aimed at teenagers, where the services can be

accessed by all groups of teenagers. In particular, the objectives of PKPR are to increase the use of Public Health Centers by adolescents to obtain health services, to improve the provision of quality adolescent health services, to increase the knowledge and skills of adolescents in the prevention of health problems, to increase youth involvement in planning, implementation, and evaluation of adolescent health services. The targets of this program are men and women aged 10-19 years old and unmarried, both those who are in school and not in school. This program was established in 2003 and one of the routine activities carried out is screening for junior high schools, senior high schools, and youth associations such as youth organizations and youth mosques to provide adolescent reproductive health education.<sup>3</sup>

The initial formation of the PKPR program was adopted by Indonesia in 2002 based on existing programs in other countries, namely Kenya with a life planning Skills Curriculum program, Uganda with the program for Enhancing Adolescence Reproduction and America has a Youth Oriented Service program, where all of these programs are oriented towards youth health services. The purpose of this PKPR program is to reduce the problems experienced by adolescents such as juvenile delinquency, sexual behavior deviations, and risky sexual behavior.<sup>4</sup> Finally, in 2004, expansion of the reach and strengthening of the PKPR program was carried out in the form of increasing the skills of officers and adding material on violence against children (which includes sexual violence against adolescents) developing PKPR planning guidelines at the Regency / City level (District planning guidelines) as well as improving policies and national strategy for adolescent health in Indonesia, and this program is developing to date.<sup>4</sup> The implementation of PKPR has increased terms of its implementation, the National Standard for Youth Health Services (SN-PKPR) which came out in 2014 became a reference in its implementation. The ability and motivation of PKPR officers in implementing this program is quite good seen from the fulfillment of the coverage of school youth counselors in the working area of the Public Health Centers, but the lack of support from other related sectors is still experiencing obstacles to the implementation of PKPR so that it is not sustainable. There needs to be socialization with sectors related to program implementation so that there is feedback from related parties that support the success of the PKPR program. Peers are more effective in producing greater positive changes in adolescent health behavior than adult interventions.<sup>5</sup>

The implementation of the PKPR program in several health centers in Indonesia has not met the criteria for adolescent health services as determined by the Indonesian Ministry of Health.<sup>6</sup> The obstacles to implementing PKPR are the limited number of implementing personnel, costs that are not within the scope of the work area of the health center, insufficient socialization of the program for youth, limited time for implementing program activities, and lack of coordination between agencies and other programs so that overlap occurs. activity. The factors that influence the formation of perceptions are cognitive, affective, personality, and individual cultural factors that come from the reality in their environment, past experiences, emotions, and individual motivations.<sup>7</sup>

This study aimed to determine: 1) the role of the Puskesmas in the Youth Care Health Service Program (PKPR); 2) The implementation of the PKPR program on adolescent reproductive health; 3) The role of the PKPR program on adolescent reproductive health.

## Methods

This study was conducted to see the analysis of the Implementation of the Youth Care Health Program (PKPR) in Bengkong District in 2022. This type of research is a qualitative study with a phenomenological approach. Data collection by focus group discussion (FGD) and in-depth interviews. The place of this research is in Bengkong District. This research has been carried out in 2022, the population in this study is adolescents in Bengkong District, to see the implementation of the Informant Youth Care

Health Program (PKPR) qualitative research as many as 5 people consisting of the Head of the Sei Panas Health Center 1 person, the Head of the Family Health Section and KB Bengkulu District 1 person, PKPR Program holder 1 person, peer counselor 10 people, By taking samples using the Purposive Sampling technique, Data from this study were taken by interview. Data processing with analysis.

## **Results and Discussion**

### **Component Input**

Input in the implementation of a program is everything that is needed for the smooth running of the program.<sup>8</sup> The input components that will be discussed in this research include policies, funds, human resources, advice, and infrastructure.

#### **a. Policy**

The results of this study indicate that the policy towards the implementation of the PKPR Program is based on the guidebook on PKPR in the Bukittinggi City Health Office originating from the Ministry of Health which was followed by the initiative of the Head of the Puskesmas himself.

This PKPR implementation guidebook contains adolescent health problems, complete history taking on adolescent data, physical examination, supporting examinations including laboratory and x-rays, problems that adolescents complain about whether they already know about reproductive health, physical changes, problems that arise, and how to overcome them, and physical examination is related to identifying signs of anemia, signs of violence against women.<sup>9,10</sup> This is related to a large number of students, limited time, funds, and limited health personnel.

From several opinions and information and based on document review, it can be concluded that the implementation of PKPR already exists and is guided by the guidebook issued by the Ministry of Health of the Republic of Indonesia.<sup>11</sup> Public Policy can be in the form of laws, government regulations, provincial government regulations, City / Regency government, and decisions of Mayor / Regent Decrees. Based on this Ministerial Regulation Statement of Public Officials. This can be understood because public officials are also one of the policy factors that play a role.

According to PERMENKES No. 75 of 2014 Article 4, Public health centers have the task of implementing health policies to achieve health development goals in the work area in the context of realizing healthy sub-districts.<sup>12,13</sup>

#### **b. Fund**

Based on the results of the interview, it can be seen that the budget for the implementation of PKPR is already in the budget for the implementation of other health service activities sourced from the DAK, BOK, and indexation in the preparation of work plans and budgets of State ministries/agencies.

PMK No. 47 of 2017 concerning the preparation of work plans and budgets of state ministries or institutions and article 5 paragraph (2) of Ministerial Regulation No. 71/ PMK.02/2013 Regarding the guideline for cost standards, cost structure standards, and financial indexation number 71/PMK. 02 / 2013 Regarding funding from UKS, as well as in the strategic plan (Renstra) there is already a special budget for the implementation of this PKPR. PMK No. 47 of 2017 concerning the preparation of work plans and budgets of state ministries or institutions and article 5 paragraph (2) of Ministerial Regulation No. 71/ PMK.02/2013 Regarding the guidelines for cost standards, cost structure standards, and indexation in the preparation of work plans and state/institutional budgets as amended by the regulation of the minister of finance number 51/PMK. 02 / 2017 Regarding changes to the regulation of the minister of finance number 71 / PMK. 02 / 2013 Regarding guidelines for standard cost structures, and indexation in the preparation of work plans and budgets, state ministries/agencies

need to stipulate a regulation of the minister of finance regarding standard budget costs for 2018.

**c. Human Resources**

Based on the results of interviews, it was found that the staff who support the implementation of health care services for adolescents according to the PKPR implementation instructions include doctors, midwives, and nurses, but currently, at the Puskesmas level implementing PKPR, they are also members of the UKS and youth program holders for counseling.

Berdasarkan PMK No 44 Manajemen sumber daya dan mutu merupakan satu kesatuan sistem pengelolaan Puskesmas yang tidak terpisah satu dengan yang lainnya, yang harus dikuasai sepenuhnya oleh Tim manajemen Puskesmas dibawah kepemimpinan Kepala Puskesmas dalam upaya mewujudkan kinerja yang bermutu mendukung tercapainya sasaran dan tujuan penyelenggaraan upaya kesehatan dipuskesmas.<sup>14,15</sup> Adequate resource support is needed both in type, quantity and function and competence according to the standards set and available on time according to when it will be used in conditions of limited availability of resources, then the available resources are managed as well as possible, can be available when needed. used so as not to hinder the service to be carried out. From the results of the interviews above, it can be seen that the supervision of the implementation of PKPR services has been optimal in Bengkong District.

**Output Component**

**a. Minimum 1 School Per Year Coaching**

From the results of in-depth interviews so that the opinion of the informant about fostering at least 1 school per year is obtained, the following opinions are:

- IF 1 *"All targets have been achieved, God willing, and because the program has been achieved, the youth center is focused on schools"*
- IF 2 *"Already"*
- IF 3 *"Has it been achieved?"*
- IF 4 *"We are new to knowledge"*
- IF 5 *"We have just carried out coaching to junior high school, and we will only do it in 2021"*

From the results of in-depth interviews, it was found that school coaching at least 1 time per year has been carried out by each Puskesmas. The implementation of this PKPR is based on document review, observation, and in-depth interviews.

**b. 10% Of School Students Can Become Peer Counselors**

From the results of interviews that have been carried out 10% of target school students can become counselors

- IF 1 *"We are conducting training for PKPR program holders"*
- IF 2 *"We have done counseling and school counseling 2 times a year"*
- IF 3 *"We make school visits at least 2 times a year"*

IF 4 *"For implementation, there is already a PKPR room, so you can directly enter the Youth service room"*

IF 5 *"For the implementation of PKPR, this is good, so if young people have a problem and can't solve the problem, it will be able to create new problems, it's good for this activity, hopefully, this PKPR activity can help"*

**c. IEC Activities At Least 2 Times A Year**

After conducting in-depth interviews about recording and reporting After conducting in-depth interviews about the PKPR program, the following are the opinions of the informants. From the results of interviews conducted about implementing IEC at least 2 times a year, the following are the opinions of informants about this activity:

IF 1 *"Health services are not only carried out in schools, but we also carry out activities in playgrounds, so this is an input for the school extracurricular program, activities are not necessarily carried out in schools but are still coordinated by the school for adolescent health problems with us forming Peer Counselors in the form of Peer Counselors"*

IF 2 *"We have done counseling and school counseling 2 times a year"*

IF 3 *"We make school visits at least 2 times a year"*

IF 4 *"For implementation, there is already a PKPR room, so you can directly enter the Youth service room"*

IF 5 *"For the implementation of PKPR, this is good, so if young people have problems and can't solve the problem, it will be able to create new problems, it's good for this activity, hopefully, this PKPR activity can help teenagers' health problems with us"*

**Tabel. 1** Triangulation Matrix of Assistance Coverage Implementing IEC

Topics	Document	Observation	Interview	Triangulation
Scope of peer counseling students	There are already health centers that already have documents for implementing IEC	Conduct implementation activities on IEC at least 2 times a year	The achievement of PKPR activities in guiding schools for a minimum of 11 years	It is maximum to carry out IEC 2 times a year in the implementation of PKPR

**d. There Is Recording And Reporting**

After conducting in-depth interviews about the recording and reporting of the PKPR program, the following are the opinions of the informants

IF 1 *"Our records are there because we will report to the higher Health Office"*

IF 2 *"Yes, report"*

- IF 3 *"Recording and reporting is available, in the form of a report on the results of activities"*
- IF 4 *"For record keeping and reporting we exist, in the form of activity and financial reporting"*
- IF 5 *"Record is done"*

From the table above, it can be seen that the scope of implementation of PKPR services has been optimal in Bengkong District. The following is a triangulation matrix of the scope of PKPR implementation based on document review, observation, and in-depth interviews. From the table above, it can be seen that the reporting and recording of PKPR activities have been carried out

### **Results Of The Focus Group Discussion (FGD) On The Implementation Of The PKPR Program**

Based on the results of the focus group discussion (FGD) conducted on adolescents, information regarding adolescent health services in the city of Bukittinggi was obtained as follows:

- IF 1 *"For this PKPR, we just found out, what we know is that PIK-R and our school already have peer counselors. According to Hafiz, peer counselor activities are very useful activities where we can help people, and being a peer counselor is a form of effort to help solve problems and the role of peer counselors. Peer counselors here how to help solve problems, find solutions, and after we get a solution we can also take lessons from the events that have occurred"*
- IF 2 *"We are still not very exposed to PKPR, because what we know is that PIK-R and activities in our peer counselors exist, and have been formed, we get counseling and training, and to go to training we just send messengers from school, and after we get the training, we share it with other peer counselors, and for the training, there are those in Beengkong District and some in Tanjung Pinang, and those who hold the training are usually from the BKKBN Office"*
- IF 3 *"For PKPR, it has not yet been formed, we have just formed PIK-R and it has only been done for 2 years, and we have only received reproductive health counseling, and the counseling is from the BKKBN"*
- IF 4 *"Yes, we just had PIK-R, and usually we get counseling and training, and that's from BKKBN people. For facilities and infrastructure, we have obtained infocus, and laptops, from BKKBN people"*
- IF 5 *"At SMA 3, the focus was only on counseling about HIV and AIDS. For PKPR we were Alun ado, the new one was UKS, and PMR was a member of PMR. All UKS members and we got material about wound care and if Ado's friend was sick, we just got it. from sister tingkek, and counseling on HIV/AIDS was not available from the BKKBN, and for example, we were invited to hold an HIV AIDS counseling event, our representatives come to fulfill the invitation, madam"*
- IF 6 *"At school, there are only PMR and UKS, so we know that this is another PKPR activity, sis because the counseling we get is from the BKKBN"*
- IF 7 *"We just found out about this program, so far we have only had UKS and PMR programs, and at PMR we immediately received guidance on UKS"*

- IF 8 *"I even just found out that there is a youth program called PKPR because no one has told me, maybe the class knows, and we are here, Sis, in groups between PMR and UKS members and to get the training we go there or PMR officers come here, Sis. "*
- IF 9 *"I only found out about this PKPR after listening to my sister's explanation. The problem is that friends still don't want to solve their problems with peer counselor members, maybe there is still a sense of shame. The latest event is the selection of Genre Ambassadors Because we are members of PIK-r and that's our job. As a peer educator, and as a peer counselor, the inhibiting factor is not being open to new people. We think this PKPR is important, bro, because this is also a community program that cares about teenagers, and is also one of the GENRE programs, so we hope that we can help deal with adolescent health problems and can improve the character of youth towards a good*
- IF 10 *"For this PKPR, in my opinion, Sis is the same as Adam said, I hope it can help solve problems for teenagers, and we are in SMA 5, Sis, whatever extracurricular forms we are given facilities, and when we first entered school, Sis, we had socialization, Sis from the police regarding the dangers of drugs, and we have also formed a forum to help friends who want to talk to their peer counselor"*

### **Conclusion**

Implementation of the Youth Care Health service program (PKPR) at the Riau Islands Health Office. It has been quite well implemented from input, process, and output.

### **Conflict of Interest Declaration**

The researcher states that this research is free from conflicts of interest, both individuals and organizations.

### **Acknowledge**

Thank you to all those who have helped with this research.

### **Funding**

Personal funding.

### **References**

1. Hapsari, Anindya. Buku Ajar Kesehatan Reproduksi Modul Kesehatan Reproduksi Remaja. 2019.
2. Sari, Nurul Desita, Syamsulhuda Budi Musthofa, and Bagoes Widjanarko. Hubungan Partisipasi Remaja dalam Kegiatan Pelayanan Kesehatan Peduli Remaja (PKPR) dengan Pengetahuan dan Persepsi Mengenai Kesehatan Reproduksi di Sekolah Menengah Pertama Wilayah Kerja Puskesmas Lebdosari. *Jurnal Kesehatan Masyarakat (Undip) 5.5 (2017): 1072-1080.*
3. Kementerian Kesehatan Republik Indonesia. Profil Kesehatan Indonesia Tahun 2018. Jakarta; 2019.
4. Supriadi S, Washudi W. Laporan Akhir Program Ipteks Bagi Masyarakat (IbM): Pemberdayaan Tim Pelayanan Kesehatan Peduli Remaja (PKPR) Puskesmas Garuda Dan Kelompok Remaja Garasi (Gerakan Anak dan Remaja Andir Beraksi) Dalam Pola Hidup Sehat Remaja Sebagai Bagian Dari Gerakan Masyarakat Hidup Sehat (Germas) di Wilayah Puskesmas Garuda Kota Bandung. 2019.

5. Mellanby, Alex R., John B. Rees, and John H. Tripp. Peer-led and adult-led school health education: a critical review of available comparative research. *Health education research* 15.5. 2000: 533-545.
6. Friskarini, Kenti, and Helper Sahat Manalu. Implementasi Program Pelayanan Kesehatan Peduli Remaja (PKPR) di Tingkat Puskesmas DKI Jakarta. *Indonesian Journal of Health Ecology* 15.1 (2016): 66-75.
7. Catharina, Niken. Hubungan Persepsi Terhadap Pola Asuh Demokratis Dengan Tingkat Kematangan Emosi Remaja Usia 15-16 Tahun. Diss. Universitas Muhammadiyah Gresik, 2016.
8. Nuralina, Rita, Tintin Sarianti, and Arif Karyadi. Studi kelayakan bisnis. PT Penerbit IPB Press, 2018.
9. Agustini, Ni Nyoman Mestri, and Ni Luh Kadek Alit Arsani. Remaja sehat melalui pelayanan kesehatan peduli remaja di Tingkat Puskesmas. *KEMAS: Jurnal Kesehatan Masyarakat* 9.1 2013: 66-73.
10. Rohmah, Izzatun Nurul. Implementasi Program Pelayanan Kesehatan Peduli Remaja (PKPR) di Puskesmas Alun Alun Kabupaten Gresik. *Publika* 4.8. 2016.
11. Suciana, Sri, and Evi Hasnita<sup>2</sup> & Nurhayati. Evaluasi Pelaksanaan Program Kesehatan Peduli Remaja (PKPR) di Sekolah Menengah Atas Kota Bukittinggi.
12. Mujiarto, Mujiarto, Djoko Susanto, and Rizki Yudha Bramantyo. Strategi Pelayanan Kesehatan Untuk Kepuasan Pasien Di UPT Puskesmas Pandean Kecamatan Dongko Kabupaten Trenggalek. *Jurnal Mediasosian: Jurnal Ilmu Sosial Dan Administrasi Negara* 3.1 2019.
13. KM, Irwan S. Etika dan Perilaku Kesehatan. Absolute Media, 2020.
14. Sulistyawati, Dewi, John Suprihanto, and Jazuli Akhmad. Evaluasi Implementasi Manajemen Puskesmas di UPTD Puskesmas Pejagoan Kabupaten Kebumen Tahun 2016-2018. Diss. STIE Widya Wiwaha, 2018.
15. Ulfatiningsih, Dwi, Wahyu Purwanto, and Achmad Tjahjono. Evaluasi Manajemen Puskesmas Di Puskesmas Klirong I Kecamatan Klirong Kabupaten Kebumen Tahun 2019. Diss. STIE Widya Wiwaha, 2019.