

EVALUATION OF YOUTH HEALTH PROGRAM ACHIEVEMENT IN TERNATE, NORTH MALUKU

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ABSTRACT

Background: The Youth Health Program is a type of school-based health program currently being implemented in Indonesia. The purpose of this study was to evaluate the achievement of the Youth Health Program in Ternate, North Maluku.

Subjects and Method: This was a qualitative study conducted in all Health Centres in Ternate, North Maluku. There were 3 informants of study: (1) Informant who manage the Youth Health Program at Ternate City Health Office; (2) The person in charge; and (3) The support unit for the Youth Health Program at the Health Centre in the City of Ternate. The variable was the implementation of the Youth Health Program. The data were collected by interview.

Results: There were 9 out of 11 Community Health Centers in Ternate that carried out The Youth Health Program. Health promotion had been carried out both inside and outside the room but had not been maximized. The Youth Health Program was classified into individual and community health efforts. The activities included the Integrated Youth Healthcare Posts and periodic health medical checks.

Conclusion: Nine out of 11 Community Health Centers in Ternate have carried out The Youth Health Program. The Youth Health Program activities have not been maximized and have never been evaluated.

Keywords: youth health program, evaluation, community health center

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BACKGROUND

Adolescence is a period of human growth and development that occurs after childhood and before adulthood, from the age of 10 to 19 years. Adolescents will go through age stages starting from early teens starting at the age of 12-15 years, middle teens aged 15-18 years and late teens, namely 18-21 years (Desmita, 2017). Adolescence is also a period in which individuals leave their childhood and begin to enter adulthood (Irsandef et al., 2018).

According to (World Health Organization, 2015) Adolescence is a period of transition from childhood to

adulthood, where there is the development of reproductive functions that affect physical, mental and role changes.

Adolescents experience puberty which is marked by starting to recognize sexual development and sexual behavior (Juliyatmi et al., 2018). Sexual behaviour is a form of behavior that is carried out to attract the attention of the opposite sex and involves touching the limbs between men or women so that it reaches the stage of intimate relationships. (Apsari and Purnamasari, 2018). Many adolescent sexual problems in Indonesia require

integrated handling involving various sectors and across programs (Sulastris et al., 2019).

The results of population projections show that the youth population will increase until 2030 (ONU, 2015). The era of globalization that has hit various sectors of life has also led to the development of adolescent reproductive health problems that occur in society. These problems are physical, psychological and psychosocial which include social behaviour such as early pregnancy, diseases due to sexual intercourse and abortion, as well as problems due to the use of narcotics, addictive substances, alcohol and smoking. One of the causes of the problem, possibly because of ignorance, is because teenagers do not get clear, correct and precise information about adolescent reproductive health and its problems. (Kemenkes RI, 2012)

Adolescent sexual behaviour is strongly influenced by internal and external factors, internally comes from within the adolescent itself and external is the physical and non-physical environment. Factors influencing adolescent sexual behaviour focus on peers, parents and family, rural/urban, youth, media and parenting styles (O'Dwyer et al., 2019)

Data from the 2012 Indonesian Health Demographic Survey (IDHS) shows that around 32.1% of girls and 36.5% of boys aged 15-19 years started dating when they were not yet 15 years old. The fact is that 0.7% of women and 4.5% of men aged 15-19 years have had pre-marital sex. The reason for the pre-marital sexual intercourse was mostly because of curiosity (57.5% of men), it just happened (38% of

women) and was forced by a partner (12.6% of women). Adolescent knowledge about reproductive health is not sufficient, only 35.3% of female adolescents and 31.2% of male adolescents aged 15-19 years know that women can get pregnant with one sexual intercourse. This evidence reflects that adolescents lack understanding of healthy life skills, the risks of sexual intercourse and the ability to refuse relationships they do not want (Kemenkes, 2014).

Based data from several studies, shows that teenagers still have high-risk sexual behaviour (Rahmah et al., 2017), adolescents are unable to make rational decisions, lack social responsibility, and often break the rules (Lubis et al., 2021), Knowledge and education are not related to STI risk sexual behavior (Helda and Muchlisa, 2021), Men may be more likely to have unprotected sex with more partners Men may be more likely to have unprotected sex with more partners (Pringle et al., 2017), the role of parents correlates with adolescent sexual behaviour and also the role of the media correlates too (Mulya et al., 2020).

Based on the description above, adolescent health problems are very important and the implementation of The Youth Care Health Service Program is currently one of the solutions to overcome these problems. Therefore, to support the program, it is necessary to evaluate the achievement of The Youth Care Health Service Program's role on adolescent reproductive health in Ternate City.

SUBJECTS AND METHOD

1. Study Design

This study uses a descriptive qualitative study design with data collection methods in the form of in-depth interviews, document review, and observation and quantitative data by obtaining secondary data, namely reports on the activities of the Youth Care Health Service Program carried out by each Health Centre.

2. Population and Sample

This research was conducted in the Ternate City Health Office Work Area in September 2021. In this study, there were 3 informants, namely the informant of the Youth Health Program Manager of the Ternate City Health Office, the Person in Charge of the Community Health Center Youth Health Program, and the support unit for the Youth Health Program of the Public Health Center in the City of Ternate.

2. Operational Definition of Variable

Implementation is defined as all Adolescent Health Program activities that have been carried out in the research area, while evaluation is defined as the extent to which the program has been successful

4. Study Variables

The variables in this study were divided into two, namely the implementation of the adolescent health program and the evaluation of the adolescent health program in the research area.

5. Study Instrument

The data collection tool is an interview guide as a reference to explore information related to existing inputs for The Youth Care Health Service

Program, which consists of health human resources, health facilities, youth, networks, and health management. It is also a reference for obtaining information related to The Youth Care Health Service Program implementation process, which consists of program planning, program organization, program implementation, and program supervision.

6. Data Analysis

Data analysis was carried out qualitatively, namely the process of matching data together, how to make the vague real, linking effects with causes (Morese, 1995).

RESULTS

The results obtained by The Youth Care Health Service Program for the city of Ternate were found in 11 public health centers and of the 11 public health centers that are active in implementing are 9 public health centers, namely public health centers Sulamadaha, Siko, Kota, Kalumata, Jambula, Kalumpang, Bahari Berkesan, Gambesi and Hiri, while the public health centers Moti and Mayau are still not active.

The implementation of The Youth Care Health Service Program in the city of Ternate which has been implemented since 2007 is expected to reach all youth in the working area, both youth at school and outside of school such as in the community, orphanages, youth organizations, shelter homes, correctional institutions, to teenagers with special needs. There are 6 activities in the implementation of The Youth Care Health Service Program, which consists of health counseling activities and the

provision of Communication, Information, and Education, medical clinical services including supporting examinations, health screening, adolescent counseling, formation and training of peer counselors, and referral service.

The Youth Care Health Service Program in 2018 only reached 32% with services to adolescents netted from all public health centres was 0.36%, reaching 54% in 2019 and declining again in 2013. 2020, which is 34.50%. This figure is a benchmark that it turns out that the youth care program has not been able to reach the youth as a whole in Ternate City. This figure is also an absolute number obtained based on comparisons obtained with juvenile detention in Ternate City. This is also a special concern for the Ternate city government because The Youth Care Health Service Program was formed to be accessible to teenagers, fun, accepting teenagers with open arms, respecting teenagers, maintaining confidentiality, being sensitive to their health-related needs and being effective and efficient (Arsani, 2013).

Public health centres in the implementation of The Youth Care Health Service Program are required to provide training to schools, but until now not all public health centres With The Youth Care Health Service Program have fostered schools. Several research results state that the level of education does not affect the utilization of The Youth Care Health Service Program services in schools. (Karina, Sandra and Herawati, 2020) (Laili et al., 2019).

DISCUSSION

1. The Youth Care Health Service Program service at the Public health centre of Ternate City

The results of the researcher's interview with the holder of the UKM program, namely Mrs Safitry, found that the Public health centres in Ternate City that were actively implementing The Youth Care Health Service Program were 9 out of 11 Public health centres

“The establishment of The Youth Care Health Service Program at the Public health centre of Ternate City was started by the Health Service which has a new program, namely The Youth Care Health Service Program and meets the minimum requirements for a Public health centre that implements The Youth Care Health Service Program, which also has guidelines, namely Standard National Guidelines for the Implementation of The Youth Care Health Service Program 2014”. (Safitri, holder of The Youth Care Health Service Program)

The Youth Care Health Service Program at the Public health centre has a team in which the formation consists of several Public health centre officers with expertise in their respective fields. The Youth Care Health Service Program is included in individual health efforts as well as public health efforts. Psychologists are only available in one Public Health Center, namely the Kalumpang Public Health Center to serve adolescent counselling at the Psychologist Polyclinic, while the others do not have psychologists according to their field of knowledge,

but they have officers who are ready to help and be trained.

As stated by the person in charge of the Ternate City Health Office *"Indeed, only one Public health centre has a psychologist, but the others are The Youth Care Health Service Program officers who are ready to serve in this field"*

This has become a polemic in Indonesia because based on statistical data in 2015 only 33.33 per cent of all public health centres in Indonesia provided The Youth Care Health Service Program. Of the 33.33 per cent of public health centres that implement The Youth Care Health Service Program, only 25 per cent have achieved the strategic plan target. (Kemenkes RI, 2016).

Health care services for adolescents at the Public Health Center in Ternate City have two activities, namely activities outside the Public Health Center building and inside the building. There are only 6 Integrated Healthcare Centers that have been fostered, and even that was only established in 2020. This should be of particular concern because according to (Ningsih, 2018) The Integrated Healthcare Center for Youth has a function as a forum, guidance and communication medium for adolescents so that they do not misinterpret their behaviour.

The Youth Care Health Service Program at the Public health centre of Ternate City has not fully run under these five standards, this was also conveyed by the person in charge of the Ternate City health office.

"Until now, indeed, we have not evaluated The Youth Care

Health Service Program Public health centre program following the guidelines"

Also there is no evaluation and assessment under the criteria of the 2014 The Youth Care Health Service Program Guidelines. This is a serious problem where there should be an ongoing program evaluation with the involvement of youth in The Youth Care Health Service Program, youth should be involved in various aspects from planning, implementation, to monitoring and evaluation (Muth-mainnah, 2013). This is in line with research conducted by (Afrianti et al., 2017) who said that a standardized evaluation and recording had not been carried out by the Public Health Center in the research area so that no outstanding data was obtained for future improvements. This should not happen because the Public Health Center already has an integrated recording and reporting system. The Public Health Center is an activity and reporting of general data, facilities, personnel and health service efforts in the community (Decree Menkes No. 63/Menkes/ SK/11/1981; Rajab, 2009). The Public Health Center Integrated Recording and Reporting System is a complete recording and reporting procedure for the management of the Public Health Center, covering the physical condition, personnel, facilities, and main activities carried out as well as the results achieved by the Public Health Center (Effendy, 1998).

2. Implementation of The Youth Care Health Service Program at the Ternate City Public Health Center

Youth care health services have national standards following The Youth Care Health Service Program guidelines. the following are the criteria for health facilities or public health centres.

1) Based on the results of the interview, there is only one Puskesmas with a psychologist, namely the Kalumpang Health Center which has implemented and carried out the provision of counselling services for adolescents who need counselling through the Psychology Poly with a person to person system, this is certainly very good because the role of psychologists is very important, according to (Agustini and Arsani, 2013)

To realize healthy adolescents, both physical and psychological attention is balanced. At least every public health centre that has The Youth Care Health Service Program should provide a psychologist and enter into a psychologist poly as stated in the study (Avilla, 2019) The Youth Care Health Service Program at the Dupak Public health centre is included in the Psychology Poly.

"Adolescents who want to consult at the psychological poly-clinic are carried out according to the schedule of the Public Health Center itself with predetermined hours so that teenagers do not get bored quickly and still feel comfortable and safe following the purpose of establishing The Youth Care Health Service Program, so try to have a place especially,

although not in all public health centres".

2) Conduct coaching at least one public school or religion-based school in one year. The guidance is to carry out Communication, Information And Education at least twice a year. The implementation of the Public health centre in Ternate City does not yet have a target school in the working area of each Public Health Center.

The results of the interview, namely that Communication, Information And Education were indeed carried out but not specifically in The Youth Care Health Service Program activities but integrated with other activities in the Public health centre. This is certainly a serious concern because the Communication, Information And Education program should be integrated with The Youth Care Health Service Program as stated in the Guidelines for Planning the Establishment and Development of a Public health centre The Youth Care Health Service Program (2008) which states that one of the services the minimum that must be owned by the public health centre The Youth Care Health Service Program is to carry out Communication, Information And Education activities (Anisah, 2020).

Communication, Information and Education are also not carried out at the regional public health centre in this study. (Sukaedah & Suhartini, 2017). 3) Train peer counsellors in schools; a minimum of 10% of the total number of students in the target schools. The implementation in Ternate City has implemented peer counsellors, but its implementation,

was combined during training activities for adolescent health cadres, this was carried out by the Ternate City Health Office because it wanted to try to continue to hold peer counsellor training and was carried out in 2017. In principle, peer counsellor training should be carried out by the program section of The Youth Care Health Service Program and included in THE Youth Care Health Service Program activities, this is as described in the study (Sari et al., 2017; Dewi et al., 2020).

Once the large role of peer counsellors should make this program a priority, several studies have shown that it is effective as an effort to stop smoking behaviour (Kurwiyah, 2019), problem solver (Astiti, 2019), guider (Prasanti and Pebriani, 2018), improve discipline (Widayat, 2016), prevent pregnancy in adolescents (Adyani et al., 2019), reduce and solve learning problems within the scope of boarding school (Hotifah, 2014).

3. Evaluation of the Implementation of The Youth Care Health Service Program based on the 2014 National Standard The Youth Care Health Service Program

Evaluation of the implementation of The Youth Care Health Service Program based on the 2014 National Standards published by the Ministry of the Republic of Indonesia, by looking at the standard achievements of the implementation of The Youth Care Health Service Program or activities at the Public health centre level. The Youth Care Health Service Program's National Standard regulates 5 aspects. The results of observations and

interviews with related officers are described as follows:

a. Health Human Resources

Officer Knowledge and Competence; The public health centre in Ternate City has formed The Youth Care Health Service Program team located at each head of the Public health centre.

b. Medical facility

Service Packages; Public health centres have provided promotive, preventive, curative, and rehabilitative service packages. Procedure, Procedure and Service Flow. Public health centres have their procedures, and service flows, especially in buildings because they are intended to maintain confidentiality, privacy, convenience, and speed.

c. Adolescent

Communication, Information And Education Activities; Communication, Information And Education activities have not been fully organized both outside and inside the building following the needs of adolescents, namely following the service package according to the standard guidelines of The Youth Care Health Service Program 2014.

d. Network

Stakeholder Mapping; The public health centre has carried out activities in the field of adolescent health in the Kalumpang Public Health Center area by involving the National Narcotics Agency of North Maluku Province as a speaker. For other cross-sectors, it has not run optimally

Youth Participation; Youth participation is still limited to determining the schedule of activities and has had discussions that have helped the

overall planning process of The Youth Care Health Service Program itself but not in the last one year period. This is based on the results of the interview with Mrs Safitry's statement which can be shown from the following statement,

"Ternate City Office, this year has never involved youth in planning, implementation, or mone activities, but in 2017 held youth counsellor training and asked for input related to The Youth Care Health Service Program."

e. Health management

Advocacy; Until now, the Health Office has never conducted advocacy to various cross-sectoral and cross-programme stakeholders needed for youth health programs.

Recording and Reporting and Referral System; all guidelines from advocacy to recording reports use internal guidelines, in these internal guidelines the format for recording and reporting is written and the format used in recording and reporting. The results of recording reports are submitted every month to a higher level.

Youth care health service activities are only carried out in 9 health centres out of a total of 12 health

centres, by conducting health promotions, both inside and outside the building. The activities of health care services for adolescents are classified as individual health efforts with counselling and community health activities by establishing an integrated health centre for adolescents. The Puskesmas has also used the 2014 National Standard for Adolescent Health Services as a guideline for the

implementation of the Adolescent Health Service Program, but in practice, some implementations have not been maximized due to several factors. These factors are that not all activities can attract youth as a whole, partners are not maximized by adding cooperation from parties (non-government organization, health Corporate Social Responsibility) that can support and strengthen the activities of the Youth Care Health Service Program.

AUTHOR CONTRIBUTION

Muhlisa and Hetty Astri builds concepts, designs, and searches for literature searches, data collection, manuscript review, and manuscript finalization.

FUNDING AND SPONSORSHIP

No Financial Support and Sponsorship in this research.

ACKNOWLEDGEMENT

The author thanks the public health centre and the Health office of the city of Ternate for being ready to share data.

CONFLICT OF INTEREST

Muhlisa declares that there is no conflict of interest

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