

Analysis of Adolescent Health Service Implementation at Binuang Community Health Center, Serang Regency in 2024

¹Susilawati, ²Fajar Saputra

¹Progam Pasca Sarjana Studi Ilmu Kesehatan Masyarakat Fakultas Ilmu Kesehatan, Universitas Indonesia Maju,
²Dosen Progam Pasca Sarjana Studi Ilmu Kesehatan Masyarakat, Fakultas Ilmu Kesehatan, Universitas Indonesia Maju

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ABSTRACT

World Health Organization (WHO) which includes the adolescent group are those aged 10-19 years and demographically the adolescent group is divided into the 10-14 age group and the 15-19 age group. At first glance, adolescence is a relatively healthy period although free from danger because mortality at this time is relatively low but in the current era various adolescent behaviors can affect the quality of health and survival. The problem that arises is the still low achievement of Minimum Service Standards in Serang Regency and Binuang Health Center. So the implementation of the quality of service to adolescents is ideally carried out by Assessment using the National PKPR Standard which has not been optimally carried out with the SN PKPR Performance Tool, this will provide an overview of the level of Health Facilities in this case the Health Center measuring its ability in implementing Youth Care Health Services, especially at the Binuang Health Center. To find out in depth the Analysis of the Management of Adolescent Services at the Binuang Health Center, Serang Regency in 2024.: This study is a Qualitative study where data collection is obtained through interviews and direct observation, reporting documentation where 6 informants from the Binuang Health Center and 1 person from the Health Office. The results of the study on the assessment of the SNPKPR of the Binuang Health Center were 44%, where the HR standard was achieved by 42%, the assessment of Health facilities was 73%, Network cooperation had not been carried out and Health management was 37%, some of which required direct support, especially in strengthening networks or related stakeholders and advocacy involving the role of adolescents who needed to be strengthened further.

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Corresponding Author:

Susilawati,
Progam Pasca Sarjana Studi Ilmu Kesehatan Masyarakat Fakultas Ilmu Kesehatan, Universitas Indonesia Maju
susilawati22april@gmail.com

INTRODUCTION

World Health Organization (WHO) which includes the adolescent group are those aged 10-19 years and demographically the adolescent group is divided into the 10-14 age group and the 15-19 age group, while Law no. 35 of 2014 concerning amendments to Law no. 23 of 2002 concerning child protection groups everyone aged up to 18 years as a child, Based on projection data from 2010-2035 the proportion of the adolescent population aged 10-19

years in 2018 is around 17.03% of the total population or around 45 million people, Indonesia's golden age 2045 Indonesia will get a Demographic Bonus where the productive age is greater than the age of children and the elderly reach 69% of the total population, meaning this golden opportunity to increase social and economic development higher than in previous periods. With the Sustainable Development Goals (SDGs) indicators related to adolescents, the goal is 5 gender equality which includes the contents of female circumcision, access to Family Planning (KB), as well as Communication, Information and Health Education for pregnant women and adolescents.(1)

At first glance, adolescence is a relatively healthy period, although free from danger, because mortality during this period is relatively low. but in the current era, various kinds of adolescent behavior can affect the quality of health and survival, the government through Regulation no. 28/2024 challenges the implementation of the Health Law where adolescent health services include Adolescent Reproductive Health which is encouraged through communication, information and education regarding the reproductive system and process, maintaining reproductive health, risky sexual behavior and its impacts, as well as family planning and the ability to protect oneself and refuse unwanted sexual relations(2) where the adolescent service policy can meet the National Standards for Adolescent Health Care Services (SNPKPR).

Based on the Minister of Health Regulation No. 25 of 2014 concerning child health efforts, adolescents are a group of children aged 10 to 18 years with BPS data totaling 44.25 million adolescents. (3) with problems of nutritional status, personal hygiene and physical activity, emotional mental health, narcotics and road safety and reproductive health, young age of marriage with the risk of unwanted pregnancy 25%, with reasons of love 67%, economy 5% which actually this problem can be minimized if the quality of service in the facility can be optimized with maximum implementation of education for adolescents.(4)

Implementation of Health Services for Adolescents related to the Adolescent Care Health Services (PKPR) program in accordance with the Thesis research entitled Evaluation of the Implementation of the Adolescent Care Health Services policy at health centers in Gunung Kidul Regency conducted by Purwo Yuniarto stated that the implementation of adolescent health services is influenced by Management, Commitment of all parties, trained Human Resources, supporting facilities and infrastructure, access to adolescent services, and Communication, Information and Education for adolescents that are well facilitated. (5)

Regulation of the Minister of Health of the Republic of Indonesia Number 4 of 2019 concerning Technical Standards for Fulfilling Basic Service Quality at Minimum Service Standards (SPM) is the Minimum Service Standards in the Health sector, hereinafter referred to as SPM, which are provisions regarding the types and quality of basic services which are mandatory government affairs that every citizen has the right to obtain at a minimum. The Health Service Policy for adolescents closely intersects with the achievement of the Minimum Service Standards (SPM) for Basic Education (SPM in 2023 as much as 81.63%). The management of Adolescent Health services with SPM indicators has not yet reached the target of 100%, meaning that the standard achievement has not been optimally achieved at the adolescent age stage. (6)

Implementation of Adolescent Health Services at the Health Center is coordinated by the PKPR and UKS program managers, in accordance with the National Standard Guidelines for Adolescent Health Services (PKPR). Adolescent Health Services at the Serang District Health Office is a program that has benefits for adolescents, namely:

1. Providing education and information to teenagers about adolescent health
2. Medical Clinical Services
3. Counseling
4. Healthy Life Skills Education
5. Peer Education and Youth Counselor Training

Where Youth Services are focused on 2 services, namely services in the Building and outside the Building (Public Schools, Madrasahs, Islamic Boarding Schools) or teenagers in Karang Tarunam, Youth Red Cross (PMR), Saka Bakti Husada (SBH) or other youth groups.(1)

From the description above, it is necessary to conduct an in-depth study of the Standardization of Adolescent Health Services to see whether it is in accordance with the National Standards for Adolescent Health Services (SN PKPR) where there are 5 focuses, especially at the Binuang Health Center, namely Human Resources (HR) Standards, Health Facilities, Adolescents, Health Networks and Management with a System approach.

To find out in depth the Analysis of Management of Adolescent Services at the Binuang Health Center, Serang Regency in 2024. The results of this study as information material can be a reference for the development of science to answer the problem of health services for adolescents by answering the needs of adolescents so that there is an increase in services to the adolescent segment, so that adolescents no longer hesitate to come to health facilities.

METHOD

This study uses qualitative descriptive research using analysis, where this study aims to see the phenomenon of the management of adolescent health services in the work area of the Serang Regency Health Service, with the focus of the research at the Binuang Health Center. By following the National Standards for Adolescent Health Services (SNPKPR).

The research method used is qualitative descriptive, which according to Sugiyono (2018) describes the object being studied naturally where the researcher is the key instrument, data collection techniques are carried out by triangulation (combination) so that the meaning is more general or comprehensive where data and facts are presented in the form of written or spoken words from people and observed behavior. (7)

This selected research is to describe the Phenomenology that occurs naturally with the aim of describing the research object based on primary data with purposive sampling techniques. Data collection using observation methods and in-depth interviews focuses on the problem of managing adolescent health services in the work area of the Serang District Health Office with a focus on services at the Binuang Health Center so that it can provide valuable information for research (5)

Data collection techniques rely more on in-depth interviews, documentation and observation.(8)guided by a questionnaire that had been prepared by the researcher with a

total of 5 informants from the Binuang Health Center elements, then an in-depth interview was conducted with 1 person from the Health Service:

Table 1 Informant Identification

No	Informant	Amount	Information
1	Head of Health Center	1	Key Informant
2	PKPR Program Manager for Health Centers	1	Key Informant
3	Support Officer	1	Key informant
4	Teenagers (teenage cadres)	1	Supporting informant
	Total	4	

Then it was carried out specifically at the Binuang Health Center in full following the informant flow with the National Standard PKPR interview guidelines, namely (1)Limited monitoring instruments at the Binuang Health Center in the National Standards for Adolescent Health Services (SNPKPR) include 5 informants, namely:

1. The Head of the Health Center is used to obtain information from the Head of the Health Center capable of implementing PKPR
2. Serang District Health Office Program Manager in managing the PKPR Program
3. PKPR officers are used to obtain information from health workers who manage PKPR at health centers.
4. Support officers are used to obtain information from registration officers, laboratory officers and other services.
5. Adolescents, used to obtain information from peer counselors and adolescents who have used PKPR services at the Health Center both inside and outside the Building (in the form of IEC)
6. Observation or observation guidelines are used to observe documents/observe facilities and infrastructure that support the information provided by informants.(1)

Data analysis in this study uses a model initiated by Miles and Huberman that the analysis is carried out interactively and continues continuously until complete so that the data is saturated, the activities in question are data reduction, data display, conclusion drawing/verification (drawing conclusions and verification).(7)

RESULTS AND DISCUSSION

Results

Input

Table 2 Identification of informants

Informant code	Role	JK	Age	Length of service	Length of service as a health worker	Informant
You	Head of the Center	P	49 years old	3 years	16 years	Key
Kindergarten	dr	L	39 years	4 years	7 years	Main

Informant code	Role	JK	Age	Length of service	Length of service as a health worker	Informant
PL	health workers	P	26 years old	3 years	4 years	Supporters
KR	Teenager	P	12 years old	0	0	Addition

Process

Table 3.Health Resource Standards of Binuang Health Center, Serang Regency

Informant	Indicator	Number of indicators		
		Yes	No	Amount
You	Health workers	3	3	6
	Youth Counseling Services	4	7	11
Kindergarten	Health workers	2	4	6
	Youth Counseling Services	4	7	11
PL	Health workers	1	0	1
	Youth Counseling Services	0	0	0
KR	Health workers	0	4	4
	Youth Counseling Services	3	6	9
Document	Health workers	1	4	5
/Observation	Youth Counseling Services	1	4	5

Information :

- a. Health workers
 - Maximum Score : 22
 - Score Achieved : 11
 - Level of fulfillment of knowledge and competency standards of officers : 50
- b. Youth Counseling Services
 - Maximum Score : 38
 - Score Achieved : 14
 - Level of fulfillment of knowledge and competency standards of officers : 37

The research results show a maximum score of 60, the score achieved was 25 with a level of fulfillment of Health Human Resources standards of 42%.

Table 4.Health Facility Standards of Binuang Health Center, Serang Regency

Informant	Indicator	Number of indicators		
		Yes	No	Amount
You	Service Packages	37	0	37
	Procedures for administration and service flow	1	5	6
	Service Packages	37	0	37

Informant	Indicator	Number of indicators		
		Yes	No	Amount
Kindergarten	Procedures for administration and service flow	1	5	6
	Service Packages	0	0	0
PL	Procedures for administration and service flow	1	5	6
	Service Packages	0	0	0
KR	Procedures for administration and service flow	1	5	6
Document	Service Packages	12	0	12
/Observation	Procedures for administration and service flow	1	5	6

Information :

- a. Service Packages
 - Maximum Score : 88
 - Score Achieved : 86
 - Level of fulfillment of knowledge and competency standards of officers : 98
- b. Procedures for administration and service flow
 - Maximum Score : 36
 - Score Achieved : 5
 - Level of fulfillment of knowledge and competency standards of officers : 14

The research results showed a maximum score of 124, the score achieved was 91 with a level of fulfillment of Health Human Resources standards reaching 73%.

Table 5. Teenage Standards of Binuang Health Center, Serang Regency

Informant	Indicator	Number of indicators		
		Yes	No	Amount
You	IEC activities	2	4	6
	Peer Counselor	1	3	4
Kindergarten	IEC activities	0	11	11
	Peer Counselor	1	3	4
KR	IEC activities	3	7	10
	Peer Counselor	0	10	10
Document	IEC activities	0	11	11
/Observation	Peer Counselor	1	8	9

Information :

- a. IEC activities
 - Maximum Score : 38
 - Score Achieved : 5
 - Level of fulfillment of knowledge and competency standards of officers : 13
- b. Peer Counselor
 - Maximum Score : 32
 - Score Achieved : 3
 - Level of fulfillment of knowledge and competency : 9

standards of officers

The research results show a maximum score of 70, the score achieved was 8 with a level of fulfillment of Health Human Resources standards reaching 11%.

Table 6. Network Standards of Binuang Health Center, Serang Regency

Informant	Indicator	Number of indicators		
		Yes	No	Amount
You	Stakeholder mapping	0	2	2
	Youth participation	0	3	3
	Stakeholder mapping	0	2	2
Kindergarten	Youth participation	0	3	3
	Stakeholder mapping	0	0	0
KR	Youth participation	0	3	3
Document	Stakeholder mapping	0	2	2
/Observation	Youth participation	0	3	3

Information :

a. Stakeholder mapping

Maximum Score : 6
 Score Achieved : 0
 Level of fulfillment of knowledge and competency : 0
 standards of officers

b. Youth Participation

Maximum Score : 12
 Score Achieved : 0
 Level of fulfillment of knowledge and competency : 0
 standards of officers

The research results show a maximum score of 18, the score achieved is 0 with the level of fulfillment of Health Human Resources standards achieved at 0%.

Table 7. Health Management Standards of Binuang Health Center, Erang Regency

Informant	Indicator	Number of indicators		
		Yes	No	Amount
You	Advocacy	1	4	5
	Recording and reporting	4	0	4
	Supervision, monitoring and assessment	2	4	6
	References	3	6	9
Kindergarten	Advocacy	0	5	5
	Recording and reporting	4	0	4
	Supervision, monitoring and assessment	2	4	6
KR	References	3	6	9
	Advocacy	0	1	1
	Recording and reporting	0	0	0
	Supervision, monitoring and assessment	0	0	0
Document	References	3	6	9
	Advocacy	0	5	5
	Recording and reporting	4	0	4

/Observation	Supervision, monitoring and assessment	2	4	6
	References	3	6	9

Information :

c. Advocacy

Maximum Score	:	16
Score Achieved	:	1
Level of fulfillment of knowledge and competency standards of officers	:	6

d. Recording and reporting

Maximum Score	:	11
Score Achieved	:	11
Level of fulfillment of knowledge and competency standards of officers	:	100

e. Supervision, monitoring and assessment

Maximum Score	:	18
Score Achieved	:	6
Level of fulfillment of knowledge and competency standards of officers	:	33

f. Referral System

Maximum Score	:	25
Score Achieved	:	8
Level of fulfillment of knowledge and competency standards of officers	:	32

The research results showed a maximum score of 70, the score achieved was 26 with a level of fulfillment of Health Human Resources standards of 37%.

Output

Based on the results of the data above, it shows that the 5 assessment indicators based on the National Standards for Adolescent Health Services were obtained:

Table 8. Level of fulfillment of the National Standards for PKPR of the Binuang Health Center

Indicator	Maximum Score	Score achieved	Fulfillment rate (%)
Standard 1 Health Human Resources	60	25	42
Standard 2 Health Facilities	124	91	73
Standard 3 Teenagers	70	8	11
Standard 4 Network	18	0	0
Standard 5 Health management	70	26	37
National Standard PKPR	342	150	44

From the results of the National PKPR Standard assessment, an analysis of adolescent health management was obtained of less than <60% (Perfect if it reaches >80%, Optimal if it reaches 60% - 79.99 and Minimal if it reaches <60%).

Outcome

In the study on the analysis of adolescent health management at the Binuang Health Center, Serang Regency, it is an independent assessment in accordance with the quality standards of the Ministry of Health where this quality assurance can be measured, evenly distributed and stable, with the steps produced in accordance with the achievements of each indicator as follows:

a. Health Human Resources (HRH)

In this study, Standard 1 of Human Resources at the Binuang Health Center reached 42% with the Minimum standard with problems of the PKPR Team, division of tasks, trained health workers, and no counseling staff who have been specially trained in adolescent counseling.

Good Example: Always ready to provide counseling outside of the schedule by agreement and the adolescent counseling guidelines are always used in providing counseling services.

b. Health Facilities

Standard 2, namely Health Facilities with an achievement of 73% with optimal standards with problems of arranging flows for adolescents to prevent missed opportunities, managing medical records specifically for adolescents in order to ensure confidentiality, adolescent services are provided at special times outside of health center opening hours and adolescents are given faster services.

Good Example: In-building services are in accordance with the guidelines, in-building and out-of-building service packages are in accordance with the guidelines. The following is the quality of the recruitment carried out in accordance with the expectations of the youth.

c. Teenager

Standard 3 Adolescents with an achievement of 11% with a minimum standard with the problems found are that IEC activities have not identified adolescent needs, have not shared roles with health workers in one work team, there has been no special allocation of funds, have been trained in IEC specifically, there has been no training for adolescent counselors

Good Example: Even though they have not been trained, they have followed the Counseling manual according to standards.

d. Network

Standard 4 Network with a standard assessment of 0 has not yet been implemented, with stakeholder mapping standards that focus on adolescents, adolescent involvement

Good Example: none yet

e. Health Management

Standard 5 Health management with a standard assessment of 37% with minimal standardization, findings of problems with the absence of commitment from the results of advocacy carried out, no operational guidelines, no documents and participation of adolescents in advocacy, no routine procedures specifically for adolescents, periodic

monitoring of SN PKPR to measure the progress of changes.

Good Example: Recording and reporting are appropriate and carried out in a hierarchical manner, routine evaluations have been carried out.

Adolescent Health Service Implementation

Adolescent health services are known as Adolescent Care Health Services (PKPR) which can be accessed by adolescents and are memorable and enjoyable for adolescents, there is appreciation, openness, maintaining confidentiality, being sensitive to adolescent needs and being served comprehensively.(9). General objective: To organize quality PKPR and other youth service centers, which are able to respect and fulfill the rights and needs of youth as individuals, in an effort to realize optimal health, growth and development levels in accordance with their potential. (1)

According to the World Health Organization (WHO), the age limit for adolescents is 10-19 years, while the Ministry of Health has set the target for PKPR service users to include adolescents aged 10-19 years regardless of marital status, where the focus of PKPR services is the adolescent group, including:(10)

- a. School youth, including public schools, madrasas, Islamic boarding schools, and special schools.
- b. Youth outside of school, including youth organizations, Saka Bakti Husada, youth organizations, shelters, and religious groups.
- c. Young women as prospective mothers and pregnant teenagers without regard to marital status.
- d. Adolescents who are vulnerable to HIV transmission, adolescents who are already infected with HIV, adolescents affected by HIV and AIDS, adolescents who have become orphans due to AIDS.
- e. Teenagers with special needs, which includes groups of teenagers who are victims of violence and victims of trafficking.

Where those who serve adolescent health at the Community Health Center are doctors, midwives or nurses who have been trained.(11). The adolescent health service package that is appropriate to the needs includes promotive, preventive, curative and rehabilitative services that must be provided comprehensively in all places that will provide services with a PKPR approach, the interventions of which include:(12)

- a. Adolescent reproductive health services (STDs/HIV and AIDS including sexuality and puberty)
- b. Prevention and management of teenage pregnancy
- c. Nutrition services (anemia, malnutrition and excess nutrition) including counseling and education
- d. Adolescent growth and development
- e. TT status screening in adolescents
- f. Adolescent mental health services, including psychosocial problems, mental disorders and quality of life
- g. Prevention and control of NAPZA
- h. Detection and handling of violence against adolescents

- i. Detection and treatment of Tuberculosis
- j. Detection and treatment of worms

PKPR services in health centers throughout Indonesia run individually without any standards, so their implementation depends on the situation and conditions of the health center, so it is natural that the quality standards vary, so the Ministry of Health has developed standards that all adolescent health services have in common, so the reference or guideline is the National Standard for Adolescent Care Services (SN PKPR).(13)

Implementation Steps:

1. Develop understanding together with stakeholders about:
 - a. Adolescent health and existing responses in legislation, policy documents, national strategies and action plans
 - b. Understanding the problems and risky behavior of adolescents, behavior in utilizing health services, barriers in utilizing health services and the importance of networks.
 - c. Opportunities and challenges in implementing initiatives to improve the quality of health services nationally
2. Determining the desired impact of adolescent health services and setting priorities, identifying the types and locations of services and health commodities related to the priority impacts of adolescent health that are desired to be achieved, including providing information, counseling services, clinical services and referrals.
3. Formulating the problem statement, namely the gap between the current situation and the desired ideal. This step involves stakeholders who have an interest in adolescents.
4. The formulation of the Standard statement is the desired condition, meaning the situation after the action has been carried out successfully.
5. Main criteria selection
 - a. Input criteria are things that must be available at health centers and other service locations.
 - b. Process criteria are the way health workers interact at service locations with adolescents and with community leaders/adolescent parents.
 - c. Output criteria (output) desired results for target adolescents who use health services and other community figures
 - d. Identify the actions/activities required to achieve the criteria.
 - e. The selection of criteria to be used in monitoring is limited to determining the results of implementing standards.
 - f. Development of additional facilitative monitoring and supervision tools integrated with existing supervision systems.
 - g. Integration of standards into planning and RR (reporting-recording) mechanisms for PKPR that already exist in the Regency/City

From the results of this process, five groups of problems were determined which would be intervened in relation to:

1. Quality of Human Resources
2. Implementation of PKPR related to Health Facilities
3. The gap between information received by adolescents and services that do not meet

their needs

4. The need for networking between stakeholders and community groups as well
5. The need to strengthen service management

So the SN PKPR includes 5 standards (HR Standards, Health Facilities, Youth, Health Networks and Management), so from these five, quality monitoring will be verified through limited monitoring with the provisions: (1) The selected criteria must contribute meaningfully to the fulfillment of the SN PKPR (2) The selected criteria must be easy to monitor using limited devices.(1)

Discussion

Human resources Health

The National Standard of PKPR on Standard 1 of Human Resources at the Binuang Health Center, Serang Regency has reached 42% with the Minimum standard with the problem of the PKPR Team not being formed, the management of the new PKPR Program is carried out by the PKPR manager and has not been formed into a Work Team so that the arrangement of the management of PKPR is still not optimal, this is seen as there is no clear division of tasks, there are no trained health workers, there are no counseling staff who have been specially trained in adolescent counseling to become the management of the Implementation of the PKPR program is not optimal in addition to that the program manager is also responsible for other programs.(9)

With the standard that is still minimal, it opens up opportunities for health workers to participate in PKPR training and encourages them to submit to the Health Office to hold training with the National Standards for Youth Care Health Services (SN PKPR). Training is a means to improve staff competence and can train abilities, skills and knowledge in order to carry out services effectively and efficiently to achieve the goals of a company. In this study, the Health Center was an institution.(14)With the presence of trained officers, it is hoped that the expected standard deficiencies such as program management and the PKPR team will be formed following the SN PKPR.

There is a good example that is done in the Binuang Health Center, namely Always ready to serve counseling outside the schedule with an agreement and adolescent counseling guidelines are always used in providing counseling services. The good example that has been done can be made a routine so that it attracts teenagers to interact more with officers.

This is in accordance with research by Siti Nur Anisah (2020) entitled Adolescent Health Care Service Program at the Health Center, stating that at the Muntilan Health Center, the PKPR Team was not running where the management of the PKPR program was not only responsible for PKPR but there were other programs. So that it affects the quality of services provided(9)

Health Facilities

Analysis of Adolescent Health Service Management at the Binuang Health Center, Serang Regency Standard 2, namely Health Facilities with an achievement of 73% with optimal standards with problems Arranging the flow for adolescents to prevent missed opportunities, managing special medical records for adolescents in order to ensure confidentiality, adolescent services are provided at special times outside the health center's

opening hours and adolescents are given faster services, services for adolescents in this optimal Health facility standard are in accordance with research conducted by Purwo Yuniato entitled Evaluation of the Implementation of the Youth Care Health Service Policy at the Health Center in Gunung Kidul Regency (2024) it was found that the Health Center had not provided health facilities that supported PKPR services, especially consultation rooms and service flows. Management of special medical records for adolescents and separate rooms is a form of increasing comfort and privacy so that adolescent involvement and quality of service according to adolescent needs can be carried out optimally, so that it is hoped that with a sense of comfort in adolescents, this will encourage active participation and constructive feedback so that adolescent problems can be resolved.(5)

This has been optimally carried out by the Health Center with this achievement can be further improved. Good example: Services in the Building are in accordance with the guidelines, service packages in the Building and outside the Building are in accordance with the guidelines. The following is the quality of the screening carried out in accordance with the expectations of adolescents. Service standardization follows the SN PKPR guidelines which are appropriate so that services can be carried out optimally.

Teenager

Analysis of the Management of Adolescent Health Services at the Binuang Community Health Center, Serang Regency Standard 3 Adolescents with an achievement of 11% with a minimum standard with the problems found are that IEC activities have not been identified for adolescent needs, have not shared roles with health workers in one work team, there has been no special allocation of funds, have not been trained in IEC specifically, there has been no training for adolescent counselors. From the findings of the researcher, this can have an impact on the low quality of service where the effectiveness of information dissemination is not accurate because the IEC provided is not in accordance with the needs of adolescents so that the information is inaccurate, so that adolescent participation is low which ultimately there is a lack of trust in health facilities, because the team has not been formed, so optimizing the role of health workers makes work inefficient

There are several things that can be done by the Health Center to encourage adolescent problems related to IEC, namely conducting IEC Training for officers and forming a work team at the Health Center. Good example: Although not yet trained but already following the Counseling guideline book according to standards. This can be continued with OJT through the internal mutual learning guideline book

IEC involving adolescents in the education and information process can meet specific needs and help in dealing with adolescent health problems so that the management of adolescent programs by bringing IEC closer to adolescents through peer counselors is an effective solution if this is carried out by the Binuang Health Center, this is in accordance with the research conducted by Laila (2021) with the title Evaluation of the Adolescent Care Health Service Program at the Andalas Health Center, Padang City, which is not in accordance with the PKPR national standards, especially in IEC services for adolescents, namely the absence of peer counselors who are extensions of health workers in delivering health education information to adolescents, so that the IEC needs for adolescents are not optimal.(15)

Network

Analysis of the Management of Adolescent Health Services at the Binuang Health Center, Serang Regency at Standard 4 Network with a standard assessment of 0 has not yet been carried out, with the stakeholder mapping standard that focuses on adolescents, the involvement of adolescents can be encouraged to be carried out by building network cooperation in the work area.

Strengthening the network in terms of expanding access to information about Adolescent Health Care Services on the stakeholder mapping indicator that focuses on adolescents and network cooperation has not been carried out. This is in the early stages. Socialization can be carried out first to related stakeholders in the Binuang Health Center work area so that networks that care about adolescents can be formed and encourage adolescent involvement in it. This is expected to be in accordance with research conducted by Lindsay A. Ewan (2016) that the involvement of various stakeholders in developing a support system aimed at adolescents requires effective collaboration between adolescents, parents, and related stakeholders to develop adolescent care service programs that refer to effective and relevant solutions according to adolescent needs. So that the roles of networks in their involvement are very important.(16)

The Binuang Health Center hopes to network on how to carry out effective and efficient cooperation with the involvement of related stakeholders to support the program by directly involving adolescents, namely through adolescent Posyandu activities and networking during visits to schools by optimizing UKS so that existing activities receive support from existing networks such as UPT Education, UPT DP3AKB, BNN extension officers and others.

Health Management

Analysis of Adolescent Health Service Management at Binuang Health Center, Serang Regency at Standard 5 Health management with a standard assessment of 37% with minimal standardization, findings of problems with the absence of commitment from the results of advocacy carried out, no operational guidelines, no documents and participation of adolescents in advocacy, no routine special sufas for adolescents, periodic monitoring of SN PKPR to measure the progress of changes.

Creating technical guidelines for conducting advocacy so that advocacy can run well through musrembang or through personal relationships with stakeholders concerned, there are good things about recording and reporting according to and carried out in stages, routine evaluations have been carried out.

Advocacy is very important in the implementation of adolescent health services where effective advocacy is more responsive to the specific needs of adolescents so as to increase the overall achievement of adolescent visits to the Health Center, therefore, implementation guidelines are needed, commitment and direct involvement of adolescents. This is in accordance with the results of research conducted by Beena Nitin Joshi (2017) on Operationalizing Adolescent Health Services at Primary Health Care level in India.(17).

CONCLUSION

Identification of informants in the implementation of adolescent health services at the

Binuang Health Center, Serang Regency consists of 4 informants, namely the Head of the Health Center, program manager, supporting health workers and adolescents and overall the achievement of SN PKPR is 44%. Health resource standards have been achieved 42% with minimal standards in the implementation of adolescent health services at the Binuang Health Center, Serang Regency. Health facilities have been achieved 73% with optimal standards in the implementation of adolescent health services at the Binuang Health Center, Serang Regency. Network cooperation has not been carried out for adolescent health services at the Binuang Health Center, Serang Regency. Service management standard assessment of 37% with minimum standardization of adolescent health services at the Binuang Health Center, Serang Regency.

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