

Research Article

Health service by adolescents perspective in Magelang

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ABSTRACT

Background: Teenagers are very vulnerable to various threats risks, especially sexual and reproductive health. The government has held an Adolescent Friendly Health Services (AFHS). Carried out in health centers to address adolescent health issues, but have not accommodate the interests of teenagers.

Methods: This study was qualitative research using phenomenology approach. Participants were adolescents aged 10-19 years who have received health care services adolescents and health workers selected by purposive sampling. The collection of data using focus group discussions, observation and interview guideline. Analysis of data using the stage of Colaizzi.

Results: There is 3 group were involved in this study. Based on data analyses, the results found three themes related to the perception of adolescents based on the type of health services in the AFHS. The themes were positive response, negative response, adolescents expectation.

Conclusions: Adolescents have their own perception of the types of services provided and the expectations of the type of service in the future. The government by public health can added the type of service, there is counseling by utilizing adolescent as counselors and using social media to support communication and information on the teenagers. Health workers are expected to raise awareness and show better attitude in adolescents.

Keywords: Health service, Adolescents, Perspective

INTRODUCTION

Teens are in a transition period, they are unique in the stage of rapid growth and development physically, psychologically and socially. At this time, a time filled with shock and stress that the problems experienced by teenagers, looks so complex.¹ Adolescents are at risk of reproductive health problems that premarital sexual behavior, drug and HIV/AIDS.² Data from the teens and the elderly, adolescent health issues in Magelang tends to an increase in the number of 20 255 adolescents, as many as 92 pregnant teenagers, there are cases of sexually transmitted infections were 28 cases, teens who smoke some 594 cases, juvenile drug and alcohol users as many as 10 cases.³

Since 2003 the Ministry of Health has launched a program of health care adolescents (AFHS). Through AFHS at primary care level, teens can gain knowledge about health, a place to socialize, to get health care of the needs of adolescents so that health centers play a critical role in creating healthy adolescents.⁴

AFHS program has been implemented in Magelang since 2011 in 5 health centers parent. Results of a preliminary study on the health department to get the result that, in Magelang AFHS program has been run, but on the other hand the case of pregnancy, cases of disease sexually transmitted diseases, drug and alcohol dependency there is an increase in cases.³

One of the characteristics AFHS is the participation or involvement of adolescents (WHO, 2012). Teens need to be actively involved in the planning, implementation and evaluation of services. Ideas and real acts they will be hit in the planning and implementation of services because they understand the needs of their own, understand the "language" they, as well as understand how to motivate their peers.¹ Therefore, it is necessary program modifications AFHS received by adolescents with the participation of adolescents.⁵ Based on the above conditions, researchers are interested in exploring health care teens teen perspective in Magelang.

Adolescents is defined as the transition from child to adult stage phase.⁶ Definition teen used by the Health Department are those aged 10 to 19 years old and unmarried.¹ Adolescent Care Health Services (AFHS) is a health service that is intended and can be reached by teens, fun, receiving adolescents with open arms, value youth, confidentiality, sensitive to the needs related to health, and effective and efficient in meeting those needs. Adolescent health care services (AFHS) served in Puskesmas AFHS.

AFHS following characteristics refer to WHO (2003) which states that the Adolescent Friendly Health Services (AFHS) can be accessible to all classes of teenagers, feasible, acceptable, comprehensive, effective and efficient, requires: adolescent care policies, procedures adolescent care services, special officers who cares for teenagers, support workers who care adolescents, adolescent care health facilities, participation/involvement of youth, community involvement, community-based, reaching out to the outside of the building, and seeking peer services, services must be appropriate and comprehensive, effective service, service efficient. AFHS activities in accordance with the conditions and needs, carried out in the building or outside the building, types of activities include the provision of information and education, medical clinical services including investigation and reference, counselling, healthy life skills education (PKHS), training of peer educators and counsellors peer and referral services.⁶

AFHS program implementation in several health centers in Indonesia does not meet the criteria for adolescent health services as defined Health Department. It is a constraint in the implementation AFHS is: the condition of a limited number of executive power, the cost is not in accordance with the scope of the work area health centers, socialization program in adolescents who are still lacking, limited time implementation of the program of activities, lack of coordination between institutions and other programs that overlap activities. Factors that influence the formation of perception is a factor of cognitive, affective, personality, and culture of the individual who comes from the fact that there is in the environment, past experience, emotion and motivation of individuals.⁷

The purpose of this study was to determine the form of health care services from the perspective of a teenager teens in Magelang.

METHODS

The design used was a qualitative study with a phenomenological approach. Participants in this study were adolescents aged 10-19 years who have earned adolescent health care at health centers in the city of Magelang AFHS selected using purposive sampling method based on the diversity of cases.

The instrument used was a researcher himself or called human instrument. Researchers use the tools that the recorder, (voice recorder), a notebook, FGD guideline and interview guides. Data collection was conducted by Focus Group Discussion (FGD) in adolescents and in-depth interviews with elderly teencation, holder and head of health center programs. The initial phase is data collection, and researcher to process documentation to makea verbatim transcript of the form based on the results of focus group discussions, interviews and field notes (field notes). Before reading the authors analyzed the transcripts and field notes several times in order to understand the data well and can analyze the data with the data analysis stage by Colaizzi in 7 stages.

RESULTS

All participants amounted to 22 teenagers and everything has been getting health care teens at least 1 time. Researchers also perform triangulation and triangulation techniques to conduct interviews with informants. The Informant consists of three (3) members, namely nurses holder AFHS programs, Head of Health Center South of Magelang and Head of Youth Elderly in Health Department of Magelang.

There is 3 group were involved in this study related to the perception of adolescents based on the type of health services in the AFHS. The themes were positive response, negative response, adolescents expectation. Based on the results of Focus Group Discussion (FGD) obtained three theme in research on adolescent health care from the perspective of a teenager in Magelang as follows: Teens reveal various things that can be the evaluation of the services provided to adolescents in the future include: Socialization less AFHS program, services already provided to give a good impression, young people need health care teens, participant education/training is limited. Teens get counsellor training with a variety of topics, teens obtain medical examination, teenagers get a referral, another adolescent socialization limited knowledge, education and training providers less material master.

Adolescent desire is quirement that must be answered in order to service the expected teens met. Teen needs include: Health workers should prepare themselves,

teenagers want officers who understand teens, teens expect improved medical examination, and adolescents expect the involvement of other parties. The ministry expects the school teens and teens are in place, expect teens use social media, teens expect from professional services, teen want given health education on various topics, teens need health education/health training with varied media, teens want a comfortable room service.

DISCUSSION

This research resulted in three themes: Positive response, negative response, adolescent's expectation. Negative response includes AFHS less socialization program, the service that has been given a good impression, adolescents require adolescent health services, participant education / training is limited. Teens get counsellor training with a variety of topics, teens obtain medical examination, teenagers get a referral, another adolescent socialization limited knowledge, education and training providers less material master.

Respondents in this study suggest the importance of health care services for adolescent teens are looking for identity. According to WHO adolescents require adolescent health services to reduce death and disease in adolescents, reducing the risk of disease later in life, is an investment in the future health, guarantee human rights and protect the future of mankind.⁸

Teens understand AFHS programs as services concerned with the state of adolescence, which is focused on the problem of young people in terms of health or psychological or widely, from expert to adolescents. This is consistent with the notion AFHS which is aimed at health care and can be reached by teens, fun and receive adolescents with open arms, value youth, confidentiality, sensitive to the needs associated with the health effectively and efficiently in meet those needs.¹ Understanding these teens show that they are formed by the perception of cognitive and experience for adolescent health services.^{6,10}

Contributing factors in shaping adolescent patient dissatisfaction or mistrust among other HCWs to maintain good relations with patients, adolescents fear that if the results of the examination is known in general, lack of communication, and the perception that less well to the doctor. Fear of experiences they will encounter as unnecessary examination, physical examination in adolescents or treatment they would have become the most dominant factor.¹¹

Adolescent understandings of the program AFHS cause teens have the perception and assessment of whether or not a teen health services. Research Afrima states that students who received their PIK-KRR and have a positive attitude towards reproductive health will improve the utilization of PIK-KRR as much as 1.4 times compared to students who did not receive the PIK-KRR.¹²

Based on the experiences of the participants, teenagers do not get all the programs AFHS, obtained namely health education, training counsellor / teen cadres, and health checks. Meanwhile, according to information from the holder AFHS program, all program is already done, in addition to the above activities plus a healthy life skills training, counseling, and referral. According to the type of activity AFHS include counseling, medical clinical services including investigation, counseling, healthy life skills education (PKHS), training of peer educators (training cadre adolescent health) and peer counsellors (peer educators were given additional training interpersonal relationship and counseling), as well as referral services.¹

Socialization knowledge gained teenagers after attending counselling and training cannot be done by most participants. The obligation to deliver the science or knowledge gained should be done especially by those who are trained counsellor called juvenile or adolescent health cadres. Educator or counsellor is a mentor or advocate teen teenager. The increase in adolescent health services can be done by optimizing the role of juvenile counsellor.^{6,13}

Limitations in health care workers, according to teenagers who become participants in this study is the lack of control in terms of the material from the source at the time of counselling/health training, the attitude of health workers in poor health checks and limitations of the service time. Based on interviews with holder AFHS program, officer shave received training teen counsellors, and other officers get are freshening material, but in the implementation of activities, they have a bottle neck in terms of human resources are limited in number, other tasks outside AFHS activities that take their time. In accordance with research there are obstacles in implementing adolescent health care: their task a lot and are not compatible with their basic training, supervision and management of less optimal, too little time for patients, lack of privacy and accuracy, lack of opportunities for further education.¹⁰

Based on data analysis, FGD, this study resulted in a theme, there are adolescents expectation that is appropriate to the health care needs of adolescents which include: type of health care that is expected to be a health education adolescent adolescents with a variety of topics, adolescent health worker training is done with the right media, medical examination with officers were communicative, and that has not been implemented according to which the existence of counselling teenagers teens. Reproductive health education can increase knowledge of the importance of adolescent reproductive health, so that teens can be responsible for decisions regarding their sexual behaviour. Sexual education can improve knowledge, skills, and values to make responsible decisions on adolescent sexual behavior.¹⁴

The results of this study indicate that adolescent counsellor training has been provided by health centres. Therefore, future efforts are needed to increase the role of counsellors in order to carry out counselling on adolescent peers. Teens should be a pioneer adolescent health program (of by and for teens) so that teens need to communicate to stakeholders (decision makers and providers) that there are problems experienced by adolescents either personally or experience of others, the need for adolescent health programs, the availability of teenagers to get involved active in the implementation of the program AFHS.¹⁶

Nature or expected behaviour by adolescents demonstrated by health workers that they were concerned, many smiles, friendly, able to communicate, such as friends, understand the teenage characters in order to provide health care services teenagers. Based on WHO guidelines, youth-friendly health care providers are competent technicians in the specialized field of adolescent problems. According to Alizadeh, et al. to improve the productivity of the first adolescent services necessary interventions include the needs of pre-service education, health worker training before performing service on teenagers, and then to supervise and have management support, provided sufficient educational materials, simplifying bureaucracy or administration, pointing staff or special youth team.^{8,14}

Good service is needed teenagers so that they would take advantage of existing service facilities. Counselling and training as well as direct medical clinical examination is expected to reach teens can enjoy including the media, the use of information technology, multimedia and social media as well as a means of convenient services. Media is one of the facilities that must exist in the counselling/education or training teenagers. Material IEC (Information Education Communication) needs to be provided, should be brought home leaflets about various tips or adolescent health information, it is useful to provide knowledge through reading materials and promotional presence AFHS to peer who participated read. Research by Purwidiyanti on reproductive health education learning tools such as the preparation of modules, multimedia presentations and interactive CD developed mastery learning results PKR (> 86) and an increase in students' perception of significant reproductive problems.¹⁷

Effective services by adolescents can be done with the use of information technology (IT) through the use of social media such as Facebook, twitter or using short messages via BBM, SMS so that health workers and youth are not hindered by limited time. Blogs, social networking and wikis is a form of social media most commonly used by people around the world. Utilization of social media as a medium of learning due to the media closer to the real situation, so that students are more interested in participating in the learning process.¹⁸

According to the Depkes in AFHS characteristics include a variety of things including a special officer who care adolescents, support workers who care adolescents, their supporting infrastructure. Utilization of health center personnel in the service to be very important for adolescent teens want to take advantage of AFHS.^{5,6}

Teens need a convenient service that closed room, cozy atmosphere, the secret can be maintained, the service can be done in places that teens are in school at a time that suits teenagers, can also outside of school where there are teenagers on the spot. Characteristics of reproductive health services for adolescents are a dream made up of several dimensions: 1) Privacy includes physical privacy that is not seen by others, confidentiality is assured and exclusive teen 2) Gets satisfaction with services that are friendly 3) comfort. The same service time with school hours will impede access to services, services hours of free time to adjust teens make counselling and other services can be implemented relaxed no rush and problem solving can be given.^{6,19}

Service rendered effective with adolescents will involve a variety of elements that adolescents themselves should be involved, the family in this case the parents, the school guidance counsellor and the UKs foremost, as well as within the community adolescents living. According Setiasih to provide a supportive environment, policies should be able to improve the quality of health care delivery teenagers, strengthen cooperation between institutions and NGOs, strengthen family and community participation, and ensure the active participation of adolescents for the implementation of this program.¹⁹

CONCLUSION

Adolescents have their own perception of the types of services provided and the expectations of the type of service in the future. The government by public health can added the type of service, there is counselling by utilizing adolescent as counsellors and using social media to support communication and information on the teenagers. Health workers are expected to raise awareness and show better attitude in adolescents.

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