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HAVE THE ADOLESCENTS BE POWERFUL IN THE IMPLEMENTATION PROGRAM FOR THEM

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Abstract: The population of adolescents in Indonesia is almost 30% of the total population of Indonesia. This figure is quite large as a potential asset for the country. Today the percentage of adolescents who engage in high-risk behavior is quite high. Data of Health Ministry that show the number of HIV cases in productive age is increasing from year to year. Therefore, youth health programs are a national priority. Many teenage health programs have been conducted from various sectors. This study aims to identify adolescent perceptions on the implementation of youth health programs. Teenagers, in this case, are grouped into 2, namely as a peer educator and as the target program (user). This study looked at adolescent perceptions in relation to the strategic steps of adolescent health programs. This research is descriptive research by using a qualitative method, subjects of research is adolescent stakeholder which is consisting of school's teenagers, adolescent community, mosque teenagers and street teenagers. Data were collected through interviews with 10 peer educators (schools and communities), interviews of 2 teenage street users, 3 teenage mosque interviews, 24 FGD participants (2 FGDs in School and 2 FGDs in the community). The results showed that the adolescent group of providers and users are still categorized as 'observers' (support, weak power, and passive involvement) in the implementation of the strategic steps of youth health programs. There are even teenagers from community youth groups who have not been exposed to teenage health programs. Adolescent health programs should involve teenagers from planning until evaluation. Therefore, the existing program suits needs and abilities of adolescents (from by for teenagers).

Keywords: adolescent, health, program

Introduction

Teenagers in Indonesia are very large, almost twenty-seven percent (26.9%) of the population of Indonesia is classified as a teenage age group. According to the 2010 population census of Indonesia, shows that the age group is 30 percent of the population. The number of adolescents increased from 35 million in 1980 to more than 42.4 million in 2010 (BPS 2010; BPS 2004, 2007a; BPS 2007b). A large proportion can be used as an asset opportunity for the nation, but if the management is not optimal it will become a serious problem, especially health problems.

Today many of the risk behaviors cause health problems. The fact is the increasing number ofadolescents with HIV-AIDS, Sexually Transmitted Infections, unwanted pregnancy and drug abuse (Ministry of Health, 2016). According to data from BAPPENAS, UNFPA and BKKBN it is known that half of the 63 million people aged 10 to 24 years in Indonesia are vulnerable to unhealthy behavior. One of the most prominent among teenagers today is the issue of sexuality (pregnant out of wedlock, abortion, infected sexually transmitted diseases) as well as drug abuse (BKKBN, 2010). Meanwhile, from the results of several surveys from the Ministry of the Republic of Indonesia on research in 2014 it can be seen that adolescent knowledge about reproductive health is still low. Adolescents are faced with difficult times in development both mentally, socially, and culturally. This can be seen from the disharmony, emotional disturbance, and behavioral disorders as a result of the pressure experienced by adolescents. The existence of unconformity due to the

changes that occur in itself and due to changes in the environment and social life and families that rarely support youth to grow and develop.

The handling of adolescent problems in Indonesia has been pursued although there are still many shortcomings. Strategies to implement youth health policies are undertaken by the governments through cross-sectoral cooperation, basic health care and referrals, and intervention patterns. This strategy has been adjusted to the needs of the stage of youth growth process (Department of Health RI, 2003). Hence the need for a synergic health program from various sectors.

The strategy set to implement the policy is one of them is the implementation of adolescent health coaching conducted through the involvement of adolescents effectively and efficiently so as to achieve optimal results. Successful implementation of the program is influenced by the involvement of all parties, ranging from government as policy makers, program implementers, community and youth (Department of Health RI, 2005a). Adolescents should be fully involved in program implementation. Therefore, research that aims to identify the involvement of adolescents in the implementation of adolescent health programs through the method of stakeholder analysis. Stakeholder analysis aims to determine the extent to which stakeholder involvement and commitment, responses and stakeholder expectations on a teenage health issue will bring about changes to the problem. The result is a mapping, then will be reviewed stakeholder perceptions of the level of influence of power (power), the level of involvement (interest), and attitudes (attitudes) linked strategic steps of youth health programs

Method

The research used the qualitative descriptive method. The research subject is adolescent as user and provider. Teenagers as providers consist of peer educator schools, Peer Educator Youth Homes, peer educator Information and Counseling Center (PIK), youth peer educator mosque, and youth street volunteers. Stakeholder as a user consists of OSIS SMA, OSIS SMP, Chairman of Karang Taruna Kota Surabaya, Teenage School, Community Youth, Teenage Pondok Pesantren, and Street Teen Representative. Data collection was obtained directly from the research location (Kota Surabaya) through in-depth interviews and FGDs between researchers and relevant stakeholders. While data processing in this research is using the qualitative approach which in principle process by analysis of description (content analysis).

Result

Subject Characteristics

Tabel 1. Subject Characteristic Based on Age, Sex, Education Level

Variable	Number of Respondents (Interview)	Number of Respondents (FGD)
Age Category (years)		
10-14	3	9
15-20	11	8
21-24	1	7
Total	15	24
Gender		
Male	7	13
Female	8	11
Total	15	24
Education Level		

Uneducated	2	0
Elementary School	1	0
Junior High School	5	6
Senior High School	4	9
College	3	9
Total	15	24

Teenagers as a user are teenagers who become the target of the program, covering adolescent school and adolescent outside school (Street Children, Pondok Pesantren, Karang Taruna, student). The teenager has a position as Chairman of OSIS, Vice Chairman, and coordinator. Groups of users who participated in the FGD consisted of teenagers, community youth, and adolescent pesantren. Teenagers as providers in this study consisted of Peer Educators, PIK, PE Community, PE teenagers, and Street Boy Volunteers Foundation "X". Based on this research can be seen that most stakeholders in a group of providers have a position as 'observers'. Most informants in this stakeholder group support, have a weak and passive influence on program implementation.

PIK Kota is a communication container of PIK-KRR all districts in Surabaya City. Based on the results of the interview it is known that the forum is conducting community-based youth services, including health information services, counseling, entrepreneurship. Actually, this forum has a 'rescue' position in implementing the program strategic steps. This is because of the forum supports, has strong influence and is actively involved in identifying problems in adolescents from all sub-districts, policy advocacy, coordination, provision of IEC, counseling. However, the implementation of monev, recording, and reporting of this forum has a position as 'observer' this is because this forum is still new this year and so far this forum requires evaluation not formally but made the format by from and for adolescents. This can be shown from the following statement :

"...so sar we have monitoring and evaluating but it is just discussions, we don't want it to be formal, there is a specific format report, we make it ourselves, we fill it ourselves..."

"...to know the result whether it is visible or not, the active year is tis year so it's never been done, we never ordered to make reports..."

Peer Educator at school is a school adolescent who gets peer educator training from Health Department. PE's position is as 'observers' in implementing the program. This is because PE already knows and support the implementation of the program but PE has not been involved in the implementation. This can be shown from the following interview :

Socialization question: *"...yes, miss, I know if there is counseling in the Puskesmas, I know it from the training at Dinas Kesehatan but after that I've never asked, I'v prompted to make some promotions to friends..."*

Peer Education question*: "...peer educators are so important, so I can tell my friends which one is right, when a friend asks I can answer it ..."*

"...Puskesmas have come to give counseling, but Puskesmas never tell us about the program..."

Monitoring and evaluating question: *"...We PE friends are never again contacted by Dinas Kesehatan, their advice to not having sex before marriage..."*

Last Stakeholder provider is Teenage Street Volunteers. These volunteers have a position as 'observers' in the implementation of health services in street adolescents. Although these volunteers are not yet aware of the

program, these volunteers have realized the importance of adolescent reproductive health services in street adolescents. This is because volunteers have identified the condition of street adolescents. This can be shown from the following interview:

"...Indeed very necessary for the condition of street adolescents…"

"...we went to observed, a 6 years old children is already like an adult, we've also met a girl around 12 years old asking for money to Daihatsu driver, but there is a condition, she have to agree that he want to touch their genitalia, she agreed, their mind was already sets that the important things is to gain some money…"

"...which we know that tere are street teenagers that down to the road by themselves wanna be free because ther is a problem with their family, they were sent by their parents may be due to their parents mindset who just rely on their child, there is the coordinator when the money is collected they must hand over the money…"

"...Such counceling also needs to be given to street adolescents, the assosiaciont of the street adolescents is very risky, free sex, even I know there is 4-year-old boy is swiping his genitals with his friend…"

Teenagers as users in this study consisted of OSIS SMP, OSIS SMA, Karang Taruna Kota, and the coordinator of street adolescents. Based on this research can show that user stakeholder group has the position as 'observer'. All informants in this stakeholder group support in the implementation of the program but the influence of these stakeholders is still weak and their involvement is still passive.

Stakeholder users of school adolescents have a position as observers in strategic steps of advocacy, coordination, preparation, external socialization, implementation, monev, recording and reporting of youth health programs. Stakeholder users of school adolescents have a supportive attitude but do not give authority and less actively involved in the implementation of youth health programs.

"...that program…I've heard about it but not in detail. We've never got this socialization…"

"...as we know going to Puskesmas is for sick people. I usually go to Puskesmas to get a health certificate for a competition…"

"...we have got the counselig from Dinas Kesehatan but it was 2 years ago. This activity should be done annually. It is not bad to increase knowledge…"

(High school Intra-School Student Organization Indepth Interview)

"...the form of media counseling usually using PowerPoint miss, our suggestion is it can be comics, TV shows that educate…"

"...It is necessary to be equal to the lcal schools, it happens that this school is downtown so we often get the facilities from the government…"

"...Our counseling usually to BK teachers, we confide the lessons problem, Intra-School Student Organization activities, opinion issues between our parents and us…"

(Junior high school Intra-School Student Organization Indepth Interview)

Based on the statement can be that it is known that stakeholders have never familiar with specific adolescent health programs, stakeholder knowledge about Puskesmas is a service for treatment, Counseling has been obtained from the Health Office but not done routinely. Stakeholder users expressed their hope to be carried out extensively and evenly throughout the school, the media are expected to be audiovisual media and media

that attract teenagers like comics, educational shows via TV. In addition, stakeholder users also stated that the implementation of counseling in schools is the responsibility of BK teacher.

Karang Taruna Kota also has a position as 'observer' towards the implementation of the program. This shows that Karang Taruna has a supportive attitude, but its influence is weak and its involvement is passive. Karang Taruna has never known a youth health program. Karang Taruna has received an HIV counseling invitation from LSMPKBI. Karang Taruna has a supportive attitude when it is involved in youth health program, it can be shown from Karang Taruna statement which is willing to form PIK-KRR in Karang Taruna. The activities of Karang Taruna during this time is to arrange the race of 17 August, to be involved in sports activities like futsal competition between sub districts.

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The last user stakeholder is the Street Teen Coordinator. Based on the results of the interviews it is known that informants do not know the health program for teenagers and informants also stated that street adolescents have never received health information. This can be shown from the following statement:

"...we can never be like that, we know money is for buying foods..."

"...what is HIV, miss? We've never got that health info..."

"...usually, yes from Puskesmas sometimes they come here, just to check our health. And telling us just like a socializayion, but most of us kinda know it from the missus like this..."

(Street Adolescents Coordinator Indepth Interview)

Based on the statement is known that the activities of street adolescents are making money through singing. Researchers can not identify their attitudes, influence, and involvement in implementing the program. Based

on the observation, it is known that street adolescents have an age range of 10 to 22 years. Even researchers directly know the risk behavior done by street adolescents, namely smoking, dating with risky behavior, drinking liquor.

Triangulation is done by researchers through FGD method with the adolescent of school, community youth, and adolescent of Islamic boarding school. FGD result shows all adolescents in school, community, and Islamic boarding school needs youth care service starting from reproductive health information, counseling, educator and peer counselor, Communicative IEC media, and medical examinations. This is because teenagers have been aware and aware of the high adolescent problems as indicated by the following statement:

"…She was pregnant when she is at second year on High School. The story began when she hasn't been in period and it continues that she has sex with her boyfriend many times, rent a boarding hous for both of them, there is an attempt to abortion starting from young pineapple juiced with pepper, jogging, jumping, but still can't because the baby's resistance is strong. She is already out of school, resigned. Now she has married…"

"…Her parents were divorced my friend is now being a harlot…"

"…there was once in m dorm, caught meetings outside…then he is not in my dorm anymore he is renting a boarding house…"

But most teenagers have not received reproductive health information, even in Pondok Pesantren have never been visited by health workers to provide health information. Teens of pesantren congregation expect routine counseling about health has given once a year when new shantri receipt. The shantri know that there should be health services in Pondok Pesantren like UKS called POSKESTREN (Pesantren Health Post).

Based on the FGD results it is known that 1 in 10 teenage school participants know the teenage health program specifically. This is because this participant has attended peer educator training in Health Department. While the FGD participants of adolescent community and Islamic boarding school adolescents do not yet know this program. FGD participants know the Puskesmas as a service to seek treatment for the sick. 2 of 7 community teenagers, 2 out of 10 school adolescents, and 1 out of 10 pesantren adolescents have visited the health center because of illness.

"In addition to health checks it should also be given counseling about health, especially adolescent health so there is an additional provision for teenage school"

"perhaps enhanced coaching for UKS cadres, if necessary there is receptacle for counseling fellow friends"

The needs and expectations of the same pesantren (poskestren) health post are expressed through one of the Poskestren cadres that they want the formation and coaching of peer counselors to become peer educators and help solve problems for their friends.

"In here (poskestren) counseling is often, sometimes from puskesmas sometimes from outside as well. Maybe more like personal approach, so if anyone who vent it would be nice"

School counseling activities are provided to student representatives such as OSIS, two-person representatives, even only to students attending extracurricular courses related to peer educators. Meanwhile, counseling activities at schools are conducted through BK teachers, but BK teachers according to some FGD participants have never provided information on reproductive health. Counseling was given by BK teachers when the teenagers were troubled such as often not attending school without permission, declining performance, wearing school uniforms that were not matched with the school rules. This is shown from the following statement:

"...If there ia any problem we confide it to our friends... it is rare to confide to BK teachers if we were not called because there is a problem... if there is a problem we've been venting tou BK teachers but we wouldn't dare to tell it overtly... most of BK teachers are fussy, fierce so we are lil bit prevent it to vent to them... when they are rambling it will be never finished, so scary..."

"...BK teachers are more creative, understanding better, balanced well with teenager, following teenagers activities, familiar"

"...We were counseling about college to BK teacher when we are at school...taking science or social class...often to called because skipping class, my uniform is to short..."

Based on the statement, it is known that teenagers expect to have a friendly, kind, communicative, and understanding BK teacher. Characteristics of BK teachers who understand their students will make students more open and believe to exclude all the things that experienced by students (can share all the problems). All FGD participants expressed the importance of being formed peer educators and peer counselors. This is because teenagers have the character to share to their fellow friends. FGD participants stated that the need for the involvement of adolescents, government, teachers, and parents in realizing adolescent health.

The need for adolescents about adolescents health programs is that they want innovative, creative, non-monotonous and always new activities. In order to attract the attention of teenagers to continue to improve their health status. In addition, the activities carried out also not only about medical activities or tend to be curative. According to WHO, the notion of health covers not only covers but also includes mental and social aspects. Adolescents want an increase in promotive and preventive activities. Such activities can be done by counseling, socialization, education or education. Health education is any effort planned to influence others, whether individuals, groups, or communities so that they do what is expected to maintain and improve the health of conductive health promotion (Notoadmojo, 2012). So then that, big hope and desire of teenagers to activity of this PKPR to improve adolescents health degree.

Conclusion

Stakeholder teenagers are still categorized as 'observers' (support, weak power, and passive involvement) because not knowing the task to be executed, there has been no follow-up or sustainability of stakeholders decision maker. Even only 1 out of 12 stakeholders who know the program, due to ever get the program socialization from the Health Department during Peer Educator training. Though youth involvement is the key to the program. Puskesmas need to involve teenagers in the implementation of strategic steps such as involving adolescents in the implementation of problem identification (teen describes health problems based on personal experience and from their peer's experience) to program evaluation.

During this time only Youth as the object of the program has not been the subject. Though adolescents have been aware of the risky behavior, the impact so that adolescents feel the need of teenage health programs but teenagers do not know there is a program Because teenagers have never been involved. Adolescents should be the pioneers of teenage health programs (from by and for adolescents) so that adolescents need to communicate to stakeholders (decision makers and providers) that there are teenage issues whether experienced personally or in the experience of others, the need for teenage health programs, the availability of adolescents to be actively involved In program implementation.

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