

Problems Experienced by Adolescents in Tambakrejo Primary Health Care Surabaya, Indonesia

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Abstract-Health services for adolescents is one of the health development programs by Ministry of Health in an effort to solve various adolescents problems. Report from school-age children, adolescent, and elderly's program of Surabaya in 2016, most of the negative behaviors consists of smoking (58%), alcoholic drinks (18%), drug abuse (8%). This study aims to describe the program performance and service system of health services for adolescents from perspective of adolescents as target of the program. This study is descriptive with cross sectional design. Population is all adolescents in Tambakrejo Primary Health Care. Sample size is 314. Sampling technique with proportional random sampling. Study was conducted in Desember 2016 until May 2017. Data were collected using questionnaire. Results show that the most common problems experienced by adolescents in Tambakrejo Primary Health Care are consuming drugs (22.2%) and smoking (14.4%). In solving the problem, adolescents generally still trust parents (26.9%) and close friends (24.2 %). Their trust toward health services for adolescents is ranked at the bottom two (5.4%) of other choice. From these results was known that the low level of trust health services for adolescents in efforts to solve the problems of adolescents. This is because there are still many adolescents who don't know more about health services for adolescents and all the benefits that will be provided by the program. Health services for adolescents needs to hold socialization or marketing about health services for adolescents to all adolescents, so that it grows their trust toward health services for adolescents and can make the best use of the health services for adolescents program.

Keywords: youth, problems, health services for adolescents, social marketing

1. INTRODUCTION

Adolescents is a period of rapid growth and development such as physical, psychological and intellectual. Adolescents have great curiosity. Loves adventure, challenges and tends to act without being preceded by good judgment. If decisions taken in the face of conflict are not appropriate, the behavior will fall into risky behavior and may have to bear the short-term and long-term consequences in various health problems, physical and psychosocial. The existence of traits and behavior of adolescents require health services for adolescents.

Based on Law Number 23 in 2002 about Child Protection, that the target user of health services for adolescents is a group of adolescents aged 10-18 years. Adjusting teen age limit according to WHO is 10-19 year, hence Ministry of Health set target of service user of health services for adolescents including adolescent age 10-19 years regardless of marital status (1). Surabaya is the second largest city in Indonesia that became the reference of growth and development of city in the eastern region in Indonesia, especially in East Java. The population is the largest in East Java, which is 2,765,487 (2). People with a population of 10-19 years old is 426,786 or about 15% of the total population of Surabaya.

Based on the report of school-age children, adolescent, and elderly's program in Surabaya 2016, the first and second quarters found that negative behavior in Surabaya is smoking (58%), alcoholic drink (18%), pregnancy (6%), premarital sex (5%), and sexually transmitted infections (4%) and HIV (1%). This data is in accordance with the data obtained nationally from Indonesian Demography and Health Survey (Survei Demografi dan Kesehatan Indonesia) in 2012 and Basic Health Research (Riset Kesehatan Dasar) in 2013.

Health services for adolescents program in Surabaya is translated one of integrated service station of youth. In 2010, at the primary health care of Surabaya, there were only 3 that had integrated service station of youth such us Rangkah, Tambak Rejo, and Peneleh. In 2015, primary health care with health services for adolescents in Surabaya has grown to 15 unit. There are two main concepts in health services for adolescents, namely Concept Unit of Individual Health which is focused on health services for adolescents and Public Health Unit which is translated in Posyandu Remaja. Health services for adolescents is expected to overcome various problems that are often.

Tambakrejo Primary Health Care was chosen because in 2013-2014, it has the highest achievement of health services for adolescents service compared to 13 other primary health care, then decreased significantly in 2015 compared to 15 other primary health care. Tambakrejo Primary Health Care has a concern on health services for adolescents program, with the selection of health services for adolescents as the main innovation program (2). This study aims to describe the performance of health services for adolescents from the point of view of adolescents in helping solve the their problems they feel.

2. METHOD

This research type is descriptive with cross sectional design. The population is adolescents in Tambakrejo Primary Health Care. The sample size is 314. Sampling technique with proportional random sampling. The research was conducted in Desember 2016 until May 2017. The data were collected using questionnaire. Data analysis used univariate analysis with SPSS to see frequency distribution.

3. RESULTS

3.1 Characteristics of Respondents

The following is the frequency distribution of respondent characteristics based on age, sex, education level, and coverage health services for adolescents.

Table 1 Distribution of respondent's age in Tambakrejo Primary Health Care

Age	N	Percentage
10	3	0.96%
11	15	4.78%
12	13	4.14%
13	20	6.37%
14	41	13.06%
15	34	10.83%
16	46	14.65%
17	47	14.97%
18	95	30.25%
Total	314	100.00%
Mean	15,8	

Table 1 show that average age of respondents is 15 years and most respondents aged 18 years (30.25%).

Table 2 Frequency distribution of adolescents by gender in Tambakrejo Primary Health Care

Gender	N	Percentage
Male	161	51.27%
Female	153	48.73%
Total	314	100.00%

Table 2 show that the most respondents are male (51.27%) with a balanced ratio of 1 compared to the number of female.

Table 3 Distribution of adolescents by education in Tambakrejo Primary Health Care

Educational	N	Percentage
Elementary School	41	13.06%
Junior High School	110	35.03%
Senior High School	156	49.68%
University	7	2.23%
Total	314	100.00%

Table 3 show that the most of respondents have medium education/senior high school is 172 respondents with a percentage of 51.5%.

Table 4 Distribution of adolescent respondents in obtaining health services for adolescents.in Tambakrejo Primary Health Care

Getting health services for adolescents	N	Percentage
Yes	71	21,3
No	263	78,7
Total	334	100,0

Table 4 show that the most respondents never get health services for adolescents, that is 254 respondents (80.89%).

The three most common problems experienced by adolescents are consuming drugs 74 (22.2%), smoking (13.1%), and lazy to study (13%). For drug problems, many adolescents complained their problem to police. The results showed that the average adolescents's need for health services was 4.31 which was classified as needed category. Below is a table about the level of adolescents needs for health services program. The three largest health services for adolescents needed are on HIV/AIDS prevention, detection and control, health counseling, STI prevention, prevention and control of drugs, and adolescent reproductive health where health concerns are concerned.

4. DISCUSSION

Adolescent is a person who continues to develop into adulthood, as a natural process of development, adolescent try different kinds of behavior which sometimes is a risky behavior (3). Some health problems that occur in adolescent

associated with risky behavior, such as consuming drugs, smoking, drinking alcohol, and premarital sexual intercourse (4). The risky behavior in adolescents refers to anything related to the development of social personality and adaptation of adolescents (1).

There are three factors that affect problems in adolescents, the first factor is predisposing factors or inherent factors or factors that motivate. This factor comes from within adolescents, which is the reason or motivation to do that behavior. Included in this factor are knowledge, believe, values, attitudes, age, gender, and education. The second factor is the enabling factor or the likelihood factor or the factors that drive a behavior can be accomplished. Examples such as residence, economic status, information access. The third factor is reinforcing or strengthening factors, including family, peers, health workers, and community leaders (5).

From the result of the research, it can be seen that the problems that are most felt by adolescents in Tambakrejo Primary Health Care are consuming drugs (22.2%) and smoking (13.1%). This happens because of the assumption that when adolescents can be considered adult when it has done the behavior, adolescents want to be recognized existence, not considered outdated and strengthen friendship relationship (6). Drinking alcohol and smoking is destructive. As a further series of advances, the use of consuming drugs is preceded by drinking alcohol and smoking; Alcohol, cigarettes and drugs precede other illegal drugs (including law offenses, cocaine, heroin, sedatives and tranquilisers) and the use of psychoactive drugs will be followed by other drugs. (7).

In an effort to solve the problem, in general, adolescents still trust parents (26.9%) and close friends. (24.2%) became the place to complain. If adolescents do not have a close relationship with their parents, it make teens will be closer to their peers. This can be a problem when adolescents can not select friends who can have a positive impact with friends who can plunge into adolescents problems. Because peers are one of the reinforcing factors that affect adolescents problems (8). Their trust toward health services for adolescents is ranked at the bottom two (5.4%) of other choice. Based on the results of the research also it can be seen that most respondents never get service health services for adolescents, that is 254 respondents (80.89%)The lack of widespread socialization of health services for adolescents is also a factor supporting adolescents's ignorance about the existence of health services for adolescents (9).

The health services for adolescents program has not been fully implemented in various Primary Health Care in Indonesia (10). In areas where there are only some health services for adolescents related information health services for adolescents does not reach the target of adolescents in the working area of

Primary Health Care with health services for adolescents. So this has an impact on not maximal service, counseling and counseling about adolescents health (11). The constraints that resulted in the unavailability of this information include, the conditions of executive staff, time and cost that are not in accordance with the coverage of the working area of Primary Health Care (12).

5. CONCLUSION

The existence of adolescent needs towards high health services for adolescents program is inversely proportional to the low level of adolescent confidence health services for adolescents in the effort of solving adolescent problems. This can be because there are still many adolescents who do not know and know more about health services for adolescents and all the benefits obtained. Health services for adolescents team needs to hold socialization or marketing about health services for adolescents to all adolescents residing in Tambakrejo Health Center work area, one of them by using social marketing method. Thus, adolescent knowledge about health services for adolescents is getting better so it is expected to increase adolescents' trust toward health services for adolescents and can utilize health services for adolescents program properly.

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