



Health Officer Behavior in Adolescent Caring Health Services (Adolescent Care Health Services) at the Health Center

Ita Alman Andela^{1*}, Zahroh Shaluhayah¹, Antono Suryoputro¹

¹ Master Program in Health Promotion, Faculty of Public Health, Diponegoro University, Semarang, Jawa Tengah, Indonesia.

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Corresponding Author:

Ita Alman Andela

itaalmanandela92@gmail.com

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Abstract: Health problems in adolescents are so complex, one of which is unwanted pregnancies due to the low level of preventive promotive efforts in adolescents that must be carried out by health workers through the Adolescent Care Health Services program. This study aims to describe the behavior of health workers in implementing the Adolescent Care Health Services program at the Kapus. A qualitative method with a case study approach has been used in this study, researchers used interviews and observations to answer the research objectives. Interviews were conducted with informants who were determined through a purposive sampling technique, then observations were made to determine the completeness of the facilities and guidelines owned by the officers. This study found that the behavior of officers in Adolescent Care Health Services services did not meet the good standards of predisposing factors, reinforcing factors and enabling factors. Another problem is the double workload, geographical conditions which are in difficult territory. For this reason, it is recommended that apparatus and leaders form innovations to increase cross-sector collaboration as an effort to overcome geographical problems by providing infrastructure in the village, increasing youth empowerment, and conducting outreach regarding the Adolescent Care Health Services program specifically for youth.

Keywords: Adolescent care health services; Behavior; Health center; Health officers; Kapuas hulu district; Lawrence green

Introduction

Health problems in adolescents based on World Health Organization (WHO) data there are 10 million unwanted pregnancies each year in adolescents aged 15-19 years in developing countries, with 6.5 million maternal deaths, morbidity and long-term health problems (World Health Organization, 2019). In Indonesia, in 2017 there were 16.4% of adolescent girls aged 15-19 years who had experienced unwanted pregnancies (Pujiastuti et al., 2021).

West Kalimantan province has adolescent health problems such as sexual intercourse as much as 2.5%, with the age of first sexual intercourse is 17.5 years, and the rate of unwanted pregnancy (KTD) is 24.9% (Ramadhan, 2021). In addition, based on Cohort data in 23 Public Health Center in Kapuas Hulu, there is a 4.7% unwanted pregnancy rate, with the lowest age being 13 years. Unwanted pregnancy is caused by several things

as follows; pregnancy out of wedlock, maternal age too young, sex before marriage, rape, and pregnancy at school age (Akcaya et al., 2020).

With the health problems that occur in adolescents, the government is trying to take promotive and preventive steps through health centers by developing Adolescent Care Health Services programs aimed at serving school-age children and adolescents in order to improve their health through education and information. services provided by health workers and allow adolescents to be able to live healthy and responsible lives (Sammon et al., 2017). Public Health Center as Adolescent Care Health Services service providers have duties and functions in providing health services to adolescents in the form of counseling services, coaching Posyandu adolescents which includes the provision of KIE, health services that must be accompanied by health workers (Karina et al., 2020).

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The government targets 40% of Public Health Center to be able to carry out Adolescent Care Health Services services in each district (Violita et al., 2019). While Kapuas Hulu Regency has not met the national achievement target with a percentage of Adolescent Care Health Services implementation of only 13.04%. This condition occurs inseparable from the role of health workers, there is a statement that health workers have a very important role in the successful implementation of the Adolescent Care Health Servicesprogram (Muzaky et al., 2021).

This study is important to describe the behavior of health workers in implementing the Adolescent Care Health Servicesprogram at the Health Center. In contrast to previous studies that have been conducted, in this study health workers became the subject of research. This study was also conducted in order to provide insight for health workers in providing promotive, preventive, curative and rehabilitative services that must be carried out comprehensively for adolescents both inside and outside the building. In previous

studies, it was also recommended to be able to conduct research on health workers to dig deeper into the contribution of health workers to the success of the Adolescent Care Health Servicesprogram at Public Health Center (Muzaky et al., 2021).

Method

This study uses a qualitative method with a case study approach to explore and assess a person's condition according to the subjects in this study are health workers who are the person in charge of Adolescent Care Health Serviceswith 6 main informants in charge of Adolescent Care Health Servicesin Public Health Center, triangulation informants consisted of 6 Heads of Public Health Center, Sub Coordinator of Family Health Section, Head of Health Office Kapuas Hulu Regency and 4 teenagers active in the service of Posyandu teenagers as cadres and recipients of services at least 8 times a year have visited.

Table 1. Charateristics of the Main Informat

Informant Code	Gender	Age Years	Status Staffing	As Acting Adolescent Care Health Services	Last Education
IU 1	P	33	ASN	2 Year	D4 Midwifery
IU 2	P	25	Power Apprentice ship	1.8 Year	DIII Midwifery
IU 3	P	49	ASN	4 Year	DIII Midwifery
IU 4	P	28	ASN	1.2 Year	DIII Midwifery
IU 5	P	32	ASN	1 Year	D 4 Midwifery
IU 6	P	31	Archipelago Healthy	1 Year	DIII Midwifery

Data collection was conducted by means of structured in-depth interviews conducted face-to-face and oral communication to obtain information openly about the opinions, experiences, perceptions, knowledge of informants on the problem under study (Sugiyono, 2015). And observations using observation sheets referring to Adolescent Care Health Services national standard guidelines used to observe facilities and guidelines owned by health workers. Data collection activities were carried out from September to November 2022 (Harahap, 2020). Data analysis was carried out using the Miles and Huberman model (Suparman, 2020), namely analysis was carried out at the time of data collection, then Data Interpretation was continued by giving meaning to the data that had been collected (Sugiyono, 2013).

Result and Discussion

Lawrence green in his theory states that there are 3 factors that can influence a person's behavior, namely the presence of predisposing factors, reinforcing factors and enabling factors (Leftwich et al., 2017). In this study, predisposing factors include informant characteristics, knowledge and attitudes, while reinforcing factors

include peer support and leadership support, followed by enabling factors including health facilities, guidelines and financing. carried out in an integrated and comprehensive manner in order to obtain a strong understanding of the subject or individual being studied for the problem or case under study (Samsu, 2017). Subjects in this study were determined using purposive sampling technique with criteria of health workers who have active SK as.

Predisposing Factors

Predisposing factors are factors that can facilitate the occurrence of behavioral changes in a person. In the research that has been done, researchers explore the characteristics of informants, knowledge, attitudes and practices related to Adolescent Care Health Services services in health centers.

The main informants listed in Table 1 are 6 people, all female, at least 25 years old with the status of interns (volunteers) who have served in Adolescent Care Health Services for 1.8 years and have the last education of diploma III in midwifery. Furthermore, the highest age is 49 years with employment status as a state civil apparatus, having been in charge of Adolescent Care

Health Services for 4 years with a background in diploma III Midwifery Education.

Table 2. Characteristics of Triangulation Informants

Informant Code	Gender	Age (Years)	Education	Work
ITKP 1	P	36	D4 Midwifery	Head of Health Center
ITKP 2	P	42	S 1 Nursing	Head of Health Center
ITKP 3	L	38	D III Nursing	Head of Health Center
ITKP 4	P	50	D4 Midwifery	Head of Health Center
ITKP 5	L	53	D III Nursing	Head of Health Center
ITKP 6	L	36	D III Nursing	Head of Health Center
ITSK	P	46	D III Midwifery	Sub Choir
ITRS 1	L	16	High School	Cadre
ITR 2	P	15	Junior High School	Cadre
ITR 3	L	18	High School	Cadre
ITR 4	P	13	Junior High School	Cadre

Informants triangulation in this study are listed in Table 2 which illustrates that there are 11 informants triangulation with the most informants are women, namely 6 people and 5 men, while the highest age owned by informants triangulation is 53 years who served as head of the health center with a Diploma III nursing education background. While the informant with the lowest age is 13 years old, junior high school students and cadres of Posyandu teenagers in the working area of the Local Health Center.

Furthermore, to determine the predisposing factors of behavior change in a person, knowledge, attitudes and practices of informants will be explored in the implementation of Adolescent Care Health Services programs at Public Health Center.

Knowledge possessed by a health worker as well as by informants triangulation involved in this study can give an idea of how the behavior of a health worker in running the Adolescent Care Health Services program at the Health Center. Related Adolescent Care Health Services program at the Health Center said so:

"...What I know is that Adolescent Care Health Services is an activity for young people, that's how teenagers are, aaa also has many activities such as counseling, Posyandu is also there for them (teenagers)..." (IU 1).

" ... It's a program for teenagers, if here the target is 10-18 years old, according to the results of training according to the direction of the Health Office, we usually go to school and there is screening for new students..." (IU 4).

This statement is in line with the results of interviews obtained from triangulation informants who stated that Adolescent Care Health Services in Public Health Center is an activity for adolescents with a target age of 10-18 years, but the program not only provides services in the building but services outside the building. Buildings such as posyandu remaja are expected to be able to touch all adolescents, not only in schools but also

services for adolescents who are outside the scope of schools.

" ... If we convey to the Health Center that adolescents aged 10-18 years and no matter whether they are married or have not gone to school or have dropped out of school, adolescents at that age should be given all services in this Adolescent Care Health Services..." (ITSK).

From some of these statements, it is known that there are still Public Health Center that have not provided services outside the Public Health Center as stated by the main informant above. As for some types of services or activities that have been carried out by health workers at Health Centers related to Adolescent Care Health Services programs such as services for adolescents in schools that are carried out for students every new teaching.

"...We have screening, give FE tablets, check HB, if there are no people for Health Promotion, give counseling, it is certain that every teaching is new because the school asks for it, so it is an opportunity for groups. From the health center to do some programs, if often down nutrition, KIA same Promkes... oh lab officer also if there is a blood check... " (IU 2).

"...Indeed, that is what happened to us, in my opinion, these officers are less innovative, they do what they have been doing for a long time, why Adolescent Care Health Services is not felt in Public Health Center, it seems that if there is no new teaching, there is no I see their program..." (ITKP 1).

Public Health Center leaders stated that Public Health Center officers do not have innovations in developing Adolescent Care Health Services programs at Public Health Center so that the activities carried out are not monotonous only for teenagers who attend school. In connection with these conditions, the researchers asked whether there is a division of duties between health workers in health centers to provide health services to adolescents.

"...There is a decree, indeed the Adolescent Care Health Services team has several officers, I also forgot..." (ITKP 6).

"...if I'm being honest, I don't think I've ever been in a situation like this before, but I don't know who we are and what we're all about. it is so" but we do not know clearly, for sure we work as we do, so far..." (IU 6).

Based on this statement, there are health workers who do not know exactly their duties and responsibilities as the person in charge of Adolescent Care Health Services, and do not even know who is the team in the implementation of PKRP at the Public Health Center. In connection with these conditions, the researcher asked whether there had been internal socialization about Adolescent Care Health Services to all supporting personnel in the Public Health Center in order to know all the services contained in the Adolescent Care Health Services program and the role that can be performed by each individual. or health workers at the Health Center.

"...It is really necessary to socialize so that others also know and want to help if there is a problem so that it does not become a burden on themselves, usually if there is an opportunity we will inform you once a month. postpone first to inform if there is an activity plan, there is no special socialization for Adolescent Care Health Services first when I was a pj it was difficult to make special activities like that, because I also picket for hospitalization at the hospital..." (IU 5).
 "... Once we were given the opportunity to invite everyone to talk about their respective programs, but if specifically for socialization yet, need more money to collect the other, there is a cost of eating, at least if you have to use time outside of working hours, sometimes they also work together with other jobs, such as midwives who have to be hospitalized or help family planning..." (ITKP 3, ITKP 4).

From the interview, It was known that Public Health Center had never socialized among health workers in Public Health Center, it was stated that the time the officers had was quite difficult because they had to carry out other responsibilities in accordance with their profession, namely serving inpatient care or services in the main program as a midwife. Responding to this, the researcher also wanted to know how the attitude of informants towards Adolescent Care Health Services program in Public Health Center.

"...I don't think it's socialization to fellow Public Health Center residents because we have the decree, it's clear where each task and responsibility is written, maybe other officers also know what Adolescent Care Health Services activities are like..." (IU 6).

Socialization that is not done in the internal Public Health Center and even external Puskesmas eventually lead to ignorance of adolescents to the program and the types of services contained in Adolescent Care Health

Services in Public Health Center as the results of interviews obtained from informants triangulation adolescents as follows.

"...I don't know, brother, if you've ever heard the word Adolescent Care Health Services even heard..." (ITR 3).

"... oh, sorry I do not know..." (ITR 6).

"...You know, sis, I happened to participate in activities from the Health Center at school, at that time he said Adolescent Care Health Services for young people, but I do not know what activities..." (ITR 4).

There are adolescents who do not know or have never heard of Adolescent Care Health Services, while adolescents involved in this study are adolescents who are active in the implementation of Posyandu adolescents which is one of the activities contained in the Adolescent Care Health Services Health Center program. what activities are included in it.

This condition occurs because the attitude of officers who do not support the program at the Health Center as the results of the following interviews show that there are informants who state that socialization is not necessary because it is considered to be contained in the decree on the duties and responsibilities of each, but the conditions on the ground are different because the informant previously said that his duties and responsibilities as the person in charge of Adolescent Care Health Services have not been clear and so far only carry out routine activities from the previous Adolescent Care Health Services. responsible. In addition, there are also informants who do not support the Adolescent Care Health Services program in Public Health Center, such as the following statement.

"...There is no need for us at the Public Health Center to make this Adolescent Care Health Services because we are confused about what to do for the officers, let alone the budget must be related to other parties such as the village, as we have not walked. two years now, only on paper now..." (ITKP 6).

The results of this study indicate that there are several factors that can be a factor driving changes in the behavior of officers in providing Adolescent Care Health Services services in the Health Center in terms of behavioral theory L. Green is Predisposing factors, there is a statement that one of the factors that can make it easier to change one's behavior is age (Badan Kependudukan dan Keluarga Berencana Nasional Direktorat Bina Ketahanan Remaja, 2012). There are also research results which state that the productivity of a person is also influenced by a person's age where as they get older, work productivity will decrease (Judge, 2016). Furthermore, the gender of all main informants (6 people) is female, female workers were found to be able to influence high absenteeism rates due to the roles they had and women were found to have lower performance appraisals than men (Robins et al., 2013). Another thing that is considered as a part that can affect a person's

behavior is the level of formal education that is considered to affect the quality of work and behavior in providing services where it is stated that the higher the education possessed by an employee, the better the ability to complete the work that is his responsibility (Shaluhayah et al., 2013). The status of Education held in general will be in line with the status of personnel owned, the status of employees is divided into 2 types, namely permanent employees consisting of State Civil Servants (ASN) and government employees with performance agreements (PPPK), then the status of non-permanent employees is not permanent employees or non-permanent employees (Republic of Indonesia, 2014) in this study there is a person in charge of Adolescent Care Health Services with the status of personnel as interns or freelancers. The results of previous research stated that a person's employment status negatively affects a person's performance, meaning that the higher the difference in a person's employment status, the performance of his activities will decrease. In addition, there are results of previous studies that state that a person's employment status does not affect performance (Suharman et al., 2020). The results of a literature review of several studies on personnel status show that the better the personnel status, the more it will encourage the person to have a good performance (Manalu, 2021).

Another predisposing factor that predisposes is the knowledge possessed by a person, the findings in the research that has been carried out show that there are still informants who do not know in detail about Adolescent Care Health Services programs such as targets, types of activities contained in them. This certainly affects the sustainability of the Adolescent Care Health Services program. in Public Health Center, as the results of research conducted stated that Adolescent Care Health Services are ineffective and far from the established standards due to lack of knowledge and skills of a person (Rohmah et al., 2016). From the lack of knowledge, it was also found that there were informants who had unfavorable or Contra views on the existence of Adolescent Care Health Services in Public Health Center, these conditions showed an attitude of not being open to updates which had an impact on closed responses due to the involvement of the emotions concerned such as feelings of displeasure, disagreement, considering that it was not a good thing that would eventually manifest a behavior or action that was also not good someone to behave (Irwan, 2017).

The tendency to behave that is presented from one's attitude in the face of a situation will be a manifestation of behavior that will be seen from the practice or action carried out by someone. Research has shown that the practice of health workers in carrying out Adolescent Care Health Services in Public Health Center is still not appropriate, as illustrated by the findings of interviews that have been conducted with

officers. The existence of these actions will certainly also have an impact on the low achievement obtained in Public Health Center to districts, as well as health workers are expected to be able to carry out the practice of programs or activities contained in Adolescent Care Health Services in the form of conducting counseling services. for teenagers, conduct peer counselor coaching, conduct adolescent posyandu services, provide medical referral services, periodic health checks, health counseling and KIE. Some of these activities cannot be fully carried out by health workers at the Public Health Center.

According to the findings of the study, the behavior of the services provided by the officer is not fulfilled, one of them is because of the dual roles that officers have such as carrying out scheduled curative and rehabilitative services in hospitalization, this dual responsibility is considered a factor that makes officers unable to maximize their performance. carrying out their responsibilities in the Adolescent Care Health Services program, this condition is in line with the results of research that has been carried out which states that double assignment to a health worker or staff will have an impact on the less optimal service provided (Pesiwarissa et al., 2019).

Reinforcing Factors

Leadership support, namely the head of the Public Health Center based on the findings in this study shows that there are still leaders who do not provide sufficient support to officers in running Adolescent Care Health Services programs at Public Health Center, of course this will affect health workers in running the program.

The support obtained from the leadership of the officers in carrying out Adolescent Care Health Services in Public Health Center is needed so that the positive behavior of the officers can run consistently in line with research that has been done which states that one of the efforts that can be done is carried out by Public Health Center is in implementing new practices or program actions must also include (Hallum-Montes et al., 2016). In addition to the importance of a leader's support in changing the behavior of a health worker, it also requires support from colleagues, namely other health workers who are in their work environment.

Implementing Adolescent Care Health Services activities at Public Health Center should ideally consist of several health workers at Public Health Center such as doctors, nurses, nutrition workers, health promotion, kelling and so on (Kementerian Kesehatan RI, 2020). In addition, health workers outside the Adolescent Care Health Services team can support the implementation of Adolescent Care Health Services at Public Health Center, such as counter or registration officers,

laboratory officers, pharmacy officers, cleaners to security officers at Puskemas (Kementerian Kesehatan RI, 2018).

The existence of support and the role of other health workers who devote themselves to Adolescent Care Health Services at Public Health Center, in addition to maximizing the performance of the person in charge, can also be a factor in enabling the personal resilience of adolescents (Khotimah et al., 2016). Another theory states that the support of health workers can affect the self-confidence possessed by adolescents and have an impact on the good acceptance of adolescents to the existence of health workers through interactions conducted by each health worker which further fosters the understanding of the adolescent's condition both physically and psychologically getting better (Ertiana, 2020).

Enabling Factors

The results of research related to Enabling factors that have been carried out in this study, namely the facilities in Adolescent Care Health Services health services in health centers, it is known that all health centers that are the subject of research do not have special health care support tools in the Adolescent Care Health Services program and service packages owned by the UKS program through the UKs KIT. In addition, officers cannot provide optimal services, especially in adolescent counseling services, because 5 out of 6 Public Health Center do not have adolescent counseling rooms. The informant's statement is also supported by the results of observations made by researchers.

The condition that occurs is the same as the results of previous studies which found that one of the problems in Adolescent Care Health Services in health centers is the lack of facilities such as the absence of adolescent health care flow, if the health center can meet the needs of adolescents in Adolescent Care Health Services services can have an impact on satisfaction. service recipients, because optimal facilities also affect optimal service (Afrianti et al., 2017). Other research also states that Adolescent Care Health Services programs in Public Health Center cannot be implemented properly by officers and this is not in line with expectations due to the lack of infrastructure in Public Health Center (Muthmainnah et al., 2014).

Suboptimal services also occur because officers have not implemented the program in accordance with the guidelines or standards that have been set, as the findings in this study conducted based on the results of interviews and also observations that there are still health centers that do not have guidelines that can be used as a reference in running Adolescent Care Health Services in Health Centers for both officers as implementers and for adolescents as recipients of services.

Conclusion

This study found that the factors that influence the behavior of health care workers in terms of Lawrence Green's behavioral theory include Predisposing factors, Reinforcing factors, and Enabling factors. The findings suggest that informants, health workers, adolescents, and Public Health Center leaders do not know thoroughly about the programs and types of services contained in Adolescent Care Health Services Public Health Center, and that service to adolescents is not optimal. Research has found that Adolescent Care Health Services services have not been maximally provided due to lack of facilities, lack of ownership of guidelines, lack of support from leadership and other health workers, and geographical conditions. To address these issues, health workers should socialize and innovate in Adolescent Care Health Services services, policy makers should increase cross-sector cooperation, and community empowerment should be improved.

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Author Contributions

Conceptualization, Data Curation, Formal Analysis written by Ita Alman Andela who is the correspondent. Funding acquisition by the Health Human Resources Development and Empowerment Agency (BPPSDM Health). Investigation, Methodology, Project administration, Resources, Software by Ita Alman Andela. Supervision, validation by Ita Alman Andela, Zahroh Shaluhiah, Antono Suryoputro. Writing-original draft by Ita Alman Andela. Writing-review & editing by Ita Alman Andela, Zahroh Shaluhiah, Antono Suryoputro.

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Conflicts of Interest

The author states that there is no conflict of interest that occurs in this research.

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