

Perceptions of Adolescent Health Care Services in The Era Society 5.0 for Darussalam Health Vocational School Students

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ABSTRACT

Adolescent care health services program are less equitable and optimal. Increasing human resources in the health sector, and health facilities are also needed to support this program. The research aims to determine the perceptions of adolescent healthcare services in the era Society 5.0. This type of research is quantitative descriptive, with a cross-sectional design. Sampling using the Slovin formula was 88 people. Data collection uses a questionnaire. The research results revealed that health workers have good knowledge about various adolescent problems, can help adolescents solve their health problems, and have a pleasant attitude when dealing with or serving adolescents. The health center provides a room to ensure adolescents' privacy, health workers will be able to recognize all the problems adolescents are experiencing, adolescents will feel comfortable, and adolescents can be served quickly. The community health center's suggestions can increase efforts to develop adolescent care health service programs through online service websites so that implementation targets are met in schools. Apart from that, adolescent empowerment efforts are also needed to support the success of the program.

Keywords: Adolescent, care, era society 5.0, health, program

INTRODUCTION

The transformation of primary health services must receive special attention and large health investments with a focus on promotion and prevention. Transformation can start with community health centers, supporting community health centers, village health posts, integrated service posts, and involving private health service facilities. The digitalization process in primary healthcare governance is being developed in tandem. Integration of primary health services is part of the transformation of primary services which focuses on three things, namely the life cycle as the focus of service integration, expanding health services through networks to the village and hamlet level, and strengthening monitoring of local areas through monitoring with health situation dashboards per village.¹

The emphasis on prevention efforts is to carry out regular health checks at health service facilities (health service facilities). Infrastructure for primary health services can be prepared immediately to provide maximum benefits for the community.² Based on existing data from 10,374 community health centers, only 54.9% of community health centers have nine types of health personnel, around 4.1% of community health centers do not have doctors, 43.71% of

community health centers have infrastructure according to standards, and 51.35% of community health centers have standard medical equipment.¹

Adolescence is an important time to lay the foundation for good health. Although considered a healthy stage of life, there is significant death, illness, and injury in adolescents. During this phase, adolescents form behavioral patterns, for example regarding eating patterns, physical activity, drug use, and sexual activity, that can protect their health and the health of others around them, or endanger their health now and in the future. To grow and develop healthily, adolescents need information, including comprehensive sex education appropriate to their age, opportunities to develop life skills, acceptable, fair, appropriate, and effective health services, and a safe and supportive environment.^{3,4} This is by Peraturan Menteri Kesehatan No. 25 Tahun 2014 concerning adolescent participation in the health sector and ensuring the availability of comprehensive health services for adolescents.

According to the United Nations International Children's Emergency Fund,⁵ the population of adolescents in Indonesia is 270.203.917, and 2/3 are of productive age. The number of women is 48% and men are

52%. Ages 10-14 years are 51% and ages 15-19 years are 49%. The distribution of the adolescent population aged 10-19 years is highest on the island of Java, namely West Java at 18%, East Java at 16%, and Central Java at 14%. The number of adolescents (aged 13-15) who use tobacco products is decreasing, but the number of adolescents who smoke cigarettes is increasing. The number of adolescents aged 13-15 years who smoked cigarettes in 2014 was 33.9%, increasing in 2019 by 35.5%. The cause of adolescent death occurs due to the increased risk of cigarette consumption, alcohol consumption, and thinking about suicide. Therefore, the government initiated Peraturan Pemerintah No. 109 Tahun 2012 concerning the implementation of safeguarding the use of tobacco products to protect children and adolescents. Apart from that, it is also supported by Peraturan Menteri Kesehatan No. 71 Tahun 2015 concerning smoking as a behavioral risk factor that can be changed.⁶

In the 10 to 24-year age group, the lowest death rate occurred in adolescents aged 10-14 years, and the highest in young adults aged 20-24 years. Women generally have a lower death rate at that age than men. The pattern of deaths in the 10 to 24 year age group reflects the risk profile in that age group, whereas the 10 to 14-year age group is dominated by infectious diseases. Among older adolescents and young adults, there is a visible shift away from childhood infectious diseases, towards accidents and injuries, self-harm, and interpersonal violence. Differences in mortality rates by sex also become apparent in adolescents. This figure is higher in men due to the conditions mentioned above, accompanied by collective violence and legal intervention (war/conflict).^{7,8}

With a population of 46 million adolescents (10-19 years), improving the health and welfare of adolescents is very important for Indonesia to be able to reap the full demographic benefits. Several types of non-communicable diseases (NCDs) and their risk factors have become the main cause of death and Disability Adjusted Life Years (DALYs) in this population group. Key indicators including DALYs and mortality rates are presented for critical issues, such as tobacco use, mental health, and the impact of the COVID-19 pandemic on adolescent well-being. The highest-ranking causes of adolescent DALYs include injuries due to traffic accidents, skin diseases, behavioral disorders in children, tuberculosis, anxiety disorders, injuries due to traffic accidents, tuberculosis, violence between individuals, drowning, and diarrhea.⁵

Referring to Undang-Undang No.18 Tahun 2014 concerning realizing optimal levels of mental health for every individual, the government has promoted adolescent care health services. Adolescent care health services is one of the primary health service programs at community health centers in dealing with adolescent health problems.^{9,10} Every community health center is obliged to carry out an adolescent care health services program specifically for adolescents to improve the health of adolescents and minimize the negative impact on adolescents. Factors that influence the adolescent care health services program can be seen from 5 aspects, namely health human resources, health facilities, adolescents, networks, and health management. Adolescents are an aspect that is lacking, this is supported by a lack of interest and socialization regarding adolescent care health services.¹¹ The adolescent care health services program is very useful for adolescents to overcome all the problems experienced by adolescents.¹²

Technological developments in various aspects of human life are increasingly rapid. Digitalization to artificial intelligence has controlled almost all human life. We have entered a new civilization with the concept of intellectual progress called the Industrial Revolution 4.0. In anticipation of the disruption caused by the Industrial Revolution 4.0 which has the potential to reduce the role of humans and erode human identity, the concept of Smart Society 5.0 has also emerged.¹³ Adolescent health services in Darussalam Health Vocational School are less equitable and optimal. This is because community health centers can only make visits once a year to schools to monitor the condition of adolescents through officers in the school health business. Health education for adolescents is only carried out by gathering student representatives to provide health education at community health centers. This is because the number of resources is insufficient to cover the many and broad targets.¹⁴ From the description above, the researcher intends to conduct research regarding the perceptions of adolescent healthcare services in the era Society 5.0.

METHOD

The type of research used is descriptive quantitative to analyze variables by describing them as they are. Meanwhile, the research design used is cross-sectional where variable measurements are carried out at a certain time. This research was carried out in September 2024. The research location was carried out at the Darussalam Health Vocational School. The

population in this study was 680 students at the Darussalam Health Vocational School. The sample size of 88 people was determined using the Slovin formula. The selection of respondents used a simple random sampling technique, where those selected were participants who were willing to take part in this research. Research variables include human resources in the health sector (knowledge, competency of officers, counseling services), and health facilities (health service packages, procedures, management, implementation flow).

Primary data collection is obtained from the first research data source or research object. In this study, data collection was used using a standard questionnaire according to the national standard guidelines for adolescent care

health services published by Kementerian Kesehatan Republik Indonesia. The questionnaire was distributed using Google Forms media. The research instrument contains questions used to obtain data or information related to the transformation of the adolescent care health services program in the era Society 5.0 in improving health status. Secondary data collection was obtained from journal references, mass media, statutory regulations, and previous research that were in harmony and shared information relevant to the research. Univariate analysis aims to explain the research variables in detail based on their characteristics. This univariate analysis depends on the type of data you want to analyze. In this study, univariate analysis aims to see a picture of the frequency distribution of each variable.

RESULT AND DISCUSSION

Health Human Resources

a. Officer Knowledge and Competence

Table 1. Officer Knowledge and Competence

No.	Question	Yes		No		Don't Know		Total	
		N	(%)	N	(%)	N	(%)	N	(%)
1.	Have used adolescent health programs inside and/or outside the health center building	46	52.3	23	26.1	19	21.6	88	100
2.	Health workers have good knowledge of various adolescent problems	85	96.6	1	1.1	2	2.3	88	100
3.	Health workers help solve problems	70	79.5	6	6.8	12	13.6	88	100
4.	Health workers have a pleasant attitude when dealing with or serving adolescents	79	89.8	3	3.4	6	6.8	88	100
5.	Satisfied with the services provided by health workers at the community health center	76	86.4	4	4.5	8	9.1	88	100

Source: Primary Data, 2024

Based on Table 1, 46 students (52.3%) have used adolescent health programs inside and/or outside the health center building. 85 health workers (96.6%) have good knowledge about various adolescents problems. Health workers helped students solve problems as many as 70 people (79.5%). 79 health workers (89.8%) had a pleasant attitude when dealing with or serving adolescents. As many as 76 students (86.4%) were satisfied with the services provided by health workers at the community health center.

A health center is a technical implementation unit that is responsible for carrying out health development in a work area,

including providing health services for adolescents.¹⁵ Adolescent integrated service post is an extension of the adolescent care health services program implemented by community health centers.¹⁶ Adolescent Care Health Services is a community health center adolescent health service program, which is expected to provide services that support the creation of a healthy young generation. To activate these services, schools need several adolescent health workers to support the adolescent care health services program at community health centers.¹⁷ Health workers are also expected to be able to develop and improve cross-sectoral collaboration with

schools so that the adolescent empowerment process can be further improved.¹⁸

The achievement of the minimum adolescent care health services program is due to the input, process, and output components not running optimally. It is better to further improve the quality of implementing staff and infrastructure, implementing activities according to guidelines so that they can be carried out well.¹⁹ There is a need for a management review of program implementation accompanied by ongoing monitoring and evaluation in collaboration with various parties to work together to innovate to realize program effectiveness.²⁰

To support adolescent care health services, it is necessary to have adolescent health cadres, where health cadres are adolescents who are selected to participate in and carry out some of the health service efforts for themselves, family, friends, and the community. To support the role of adolescent health cadres, tools are needed that can be used by health workers to provide material supplies to adolescent health cadres in carrying out their duties and functions.²¹ It is hoped that health workers will further increase the participation of adolescents involved in adolescent care health services activities through socializing these activity programs by utilizing social media such as Twitter,

Instagram, and Facebook as well as offering interesting, innovative activity programs according to the characteristics of adolescents who do not like certain activities monotonous and formal.²²

The era of globalization has resulted in increasingly tight competition in all fields, including the health sector. Public demand for the quality of health services has become a fundamental problem faced by most health services in various countries. Health workers in welcoming Era 5.0 must be able to increase professionalism and patient safety in providing health services. Every health worker is responsible for patient safety and service quality. Good and quality service will provide satisfaction to patients and will provide benefits for health services.²³ Health workers are at the forefront of health services and have a very high risk of work accidents in the field. As the spearheads in the field who risk their lives, it is appropriate that their welfare supports the effectiveness of their services. In Era 5.0, health workers are required to be technologically literate, apart from that they also have to be able to update health sciences which are increasingly developing day by day, but it seems that this is very difficult to do considering that there are still health workers' welfare in Health Service Facilities whose fate is still uncertain worrying.²⁴

b. Counseling Services

Table 2. Counseling Services

No.	Question	Yes		No		Don't Know		Total	
		N	(%)	N	(%)	N	(%)	N	(%)
1.	The health center provides counseling services in the building	36	40.9	7	8%	45	51.1	88	100
2.	There is a fixed schedule	27	30.7	18	20.5	43	48.9	88	100
3.	Can serve counseling requests outside the schedule by appointment	19	21.6	13	14.8	56	63.6	88	100
4.	Can serve counseling requests at any time without an appointment (suddenly)	18	20.5	10	11.4	60	68.2	88	100
5.	The health center provides counseling services outside the building	26	29.5	6	6.8	56	63.6	88	100
6.	There is a fixed schedule	20	22.7	11	12.5	57	64.8	88	100
7.	Can serve counseling requests outside the schedule by appointment	24	27.3	10	11.4	54	61.4	88	100
8.	Can serve counseling requests at any time without an appointment	23	26.1	9	10.2	56	63.6	88	100
9.	If necessary, health workers use audio-visual aids to provide counseling services	39	44.3	10	11.4	39	44.3	88	100

No.	Question	Yes		No		Don't Know		Total	
		N	(%)	N	(%)	N	(%)	N	(%)
10.	Health workers have a pleasant attitude when providing counseling services	67	76.1	5	5.7	16	18.2	88	100
11.	The information provided by health workers during counseling services is useful and in line with expectations	70	79.5	2	2.3	16	18.2	88	100
12.	Audio-visual aids (leaflets, posters, flip sheets, puppets) used in counseling services are attractive and appropriate to the needs	60	68.2	6	6.8	22	25	88	100
13.	It is quite easy to obtain counseling services	51	58	8	9.1	29	33	88	100

Source: Primary Data, 2024

Based on Table 2, 45 students (51.1%) did not know about the provision of counseling services in the building. 43 students did not know the fixed counseling schedule (48.9%). There were 56 students (63.6%) who did not know about the counseling service requested outside the schedule by appointment. There were 60 students (68.2%) who did not know about the service requesting counseling at any time without an appointment (suddenly). 56 students (63.6%) did not know about the provision of counseling services outside the building. 57 students did not know the fixed counseling schedule (64.8%).

Furthermore, 54 students (61.4%) did not know about the counseling service requested outside the schedule with an appointment. 56 students did not know about counseling services at any time without an appointment (63.6%). 39 health workers used audio-visual aids in providing counseling services (44.3%). 67 health workers (76.1%) had a pleasant attitude when providing counseling services. The information provided by health workers during counseling services was useful and met the expectations of 70 people (79.5%). Audio-visual aids (leaflets, posters, flip sheets, dolls) used in counseling services were interesting and suited the needs of 60 people (68.2%). It is quite easy for 51 students (58%) to obtain counseling services.

Adolescent is a time of storm and stress because adolescents experience many challenges both from themselves (biopsychosocial factors) and the environment (environmental factors). If adolescents cannot face these various challenges, they can end up with various complex health problems as a result of their risky behavior.²⁵ Adolescent is a period where physical, psychological, and intellectual growth and development occur

rapidly. Adolescents tend to be very curious, when they make the wrong decision, they will be trapped in a risky situation. One solution to overcome adolescent problems is through adolescent care health services.²⁶ Adolescent care health services is a health service that is aimed at and can reach adolescents and has a pleasant impression, accepts adolescents with open arms, respects them, keeps them confidential, is sensitive to needs related to adolescents health, and is effective, efficient and comprehensive in meeting these needs. Activities carried out to organize adolescent care health services for adolescents can be carried out through counseling, adolescent counselor training, adolescent cadre development, counseling, and medical services.²⁷

States that by synergizing the adolescent care health services program through an online web-based consultation information system, it becomes a forum for information for adolescents in services regarding health counseling and healthy living skills education which is delivered in a way fun while still respecting and maintaining confidentiality.²⁸ The use of health counseling is still very low, possibly because information regarding adolescent care health services and its services is not evenly distributed. Adolescents perceptions about having to spend more time on health counseling can encourage adolescents not to undertake health counseling. Therefore, community health centers need to carry out outreach and education about adolescent care health services, and services in adolescent care health services to all adolescents by collaborating with schools and adolescent organizations and creating counseling schedules outside of school hours.²⁹

The younger generation has an important role in supporting digitalization with a new concept, namely society 5.0. The younger generation is no stranger to technological developments, starting with the existence of the internet which makes it easier to access information wherever and whenever you are. The use of technology in the health sector is considered quite important to support improving the level of health in Indonesia.³⁰ Media-based health literacy is an attractive health promotion effort to influence adolescents and garner support as a prevention strategy. Media literacy

in adolescents is an effort to prevent non-communicable diseases through behavior such as diet and physical activity. This is less explored so it is very important to have an individual approach to healthy behavior.³¹ Technological developments have led to an increase in social media users. Social media is a technology that can search for and share information in the form of text, images, audio, video, and location. Information-seeking behavior starts from a person's need to obtain information. The type of information that many people are looking for regarding health.³²

Health Facilities

a. Health Service Packages

Table 3. Health Service Packages

No.	Question	Yes		No		Don't Know		Total	
		N	%	N	%	N	%	N	%
1.	Have ever used health services (for example, because of illness or health problems) at a community health center	73	83	11	12,5	4	4,5	88	100
2.	Satisfied with the health services provided by the health center	66	75	9	10,2	13	14,8	88	100
3.	Ever had a health screening carried out outside the community health center building	46	52,3	19	21,6	23	26,1	88	100
4.	Satisfied with the health screening held outside the building	46	52,3	7	8	35	39,8	88	100

Source: Primary Data, 2024

Based on Table 3, the use of health services (eg due to illness or health problems) was 73 people (83%). 66 students (75%) were satisfied with the health services provided. As many as 46 students (52.3%) had received health screening carried out outside the health center building. As many as 46 students (52.3%) were satisfied with the health screening held outside the building.

Adolescent is a transition period from childhood to adulthood. During this period, adolescents experience several changes that occur both physically, mentally, emotionally, and socially. Along with these changes, there are problems faced by adolescents such as active smokers, alcohol drinkers, deviant sexual behavior, drug abuse, learning difficulties, role confusion, premarital sex, and unwanted pregnancies.³³ Adolescents as the future of the nation must receive proper education and be physically and mentally healthy. The large number of adolescent health problems prompted the government to form a program as well as the government's obligation to protect

adolescents, namely the adolescent care health services program.³⁴ The initial survey showed that no evaluation had been carried out on the adolescent care health services program, so the percentage of success achieved in the adolescent care health services program was not known.³⁵

Seeing the very large number, of adolescents as the nation's next generation need to be prepared to become physically, spiritually, mentally, and spiritually healthy people. Health center as the lowest health service center and closest to the community has an important role in optimizing adolescent care health services at the health center.³⁶ The government has formed adolescent care health services to deal with teenage problems, but there continues to be an increase in problems among adolescents. The initial survey showed that no evaluation had been carried out on the program, so the percentage of success achieved by the program was not known.³⁵ Educational program innovation is needed to increase the acceptance and

involvement of adolescents because it is by the unique characteristics of adolescents. So it is necessary to identify problems regarding supporting and inhibiting factors related to the implementation of the program.³⁷ Adolescent care health services requires cross-program and cross-sectoral support, creating monitoring and evaluation schedules, socializing standard operating procedures for adolescent care health services to community health centers, learning & growth perspectives by holding training for program managers, and forming adolescent care health services program management forums.³⁸

There are so many fields that are important for human beings, and healthcare is

one of those fields, because having a healthy and fit body allows people to do their daily well. Health technology that exists today will have an increase in the next era, i.e., Society 5.0 era which initiated by Japan. The enhancement of healthcare technology in the coming years aims to improve our personal health standards, leading to better overall well-being for humanity at large scale.³⁹ The era of Society 5.0 creates new challenges in various sectors of life, one of which is the health sector. Health development is directed at realizing optimal health degrees. To achieve this goal, it is necessary to manage various resources so that efficient, quality and affordable health services can be available.⁴⁰

b. Procedures, Management, and Implementation Flow

Table 4. Procedures, Administration, and Implementation Flow

No.	Question	Yes		No		Don't Know		Total	
		N	%	N	%	N	%	N	%
1.	The health center provides rooms for services that guarantee privacy	55	62.5	6	6.8	27	30.7	88	100
2.	The health center provides services outside of opening hours	19	21.6	26	29.5	43	48.9	88	100
3.	The health center makes arrangements so that it can be served quickly	48	54.5	10	11.4	30	34.1	88	100
4.	Health workers will be able to recognize all the problems experienced when being served at the community health center	44	50	17	19.3	27	30.7	88	100
5.	Health workers at the community health center can maintain the confidentiality of the problems experienced	66	75	3	3.4	19	21.6	88	100
6.	Privacy is well maintained when being served at the health center	63	71.6	5	5.7	20	22.7	88	100
7.	Feel comfortable when receiving services at the health center	74	84.1	2	2.3	12	13.6	88	100
8.	Served quickly at the health center	56	63.6	16	18.2	16	18.2	88	100

Source: Primary Data, 2024

Based on Table 4, the community health center provides rooms to ensure privacy for 55 students (62.5%). 43 students (48.9%) did not know about the provision of services outside opening hours. The health center made arrangements so that 48 students (54.5%) could be served quickly. When being served at the health center, health workers will be able to recognize all the problems experienced by 44 students (50%). Health workers were able to maintain the confidentiality of problems experienced by 66 students (75%). When being served at the community health center, 63

students privacy (71.6%) was well maintained. When receiving services at the health center, 74 students (84.1%) felt comfortable. 56 students felt they were served quickly at the health center (63.6%).

Adolescent care health services is a program by Kementerian Kesehatan Republik Indonesia to overcome increasing problems in adolescents is implemented in community health centers capable of administering adolescent care health services using a national adolescent care health services standard.⁴¹ The role of the community health

center as a provider of health services is to increase adolescents skills and knowledge regarding preventing health problems.⁴² Stated that even though the adolescent care health services program has been implemented, there are still various shortcomings such as difficult access to services, less strategic location of the community health center, lack of adolescent information, and there are still services that are not adolescent friendly.⁴³ Many community health centers fail to implement adolescent health service programs by national guidelines despite extensive efforts. Many community health centers are experiencing a decline in health services, which is also hampering the effectiveness of current health programs such as adolescent care health services.⁴⁴

Another thing that needs to be formed is a special adolescent care health services team so that it can create standard operating procedures and make plans based on problem data from the community health center and the community.⁴⁵ Every community health center is obliged to carry out an adolescent care health services program specifically for adolescents to improve the health of adolescents and minimize negative impacts on adolescents. The research results show that the factors that influence the adolescent care health services program can be seen from 5 aspects, namely health human resources, health facilities, adolescent, networks, and health management. Adolescents are an aspect that is lacking, this is supported by a lack of interest and socialization regarding adolescent care health services.⁴⁶

The digital era 5.0 has had a major impact on the health service sector. Increasing competition between community health centers is one of the reasons for the need for innovative marketing strategies to maintain the loyalty of community health center patients as consumers.⁴⁷ Along with advances in science and technology, it has become the center of world attention. So humans are required to create sophisticated equipment for the latest technology. This technology has brought changes to equipment that previously worked analog and began to be developed digitally, and even those that worked manually are now being developed automatically, and measurement readings have also been developed into digital techniques.⁴⁸

CONCLUSION

The adolescent health services program is a health service aimed at and accessible to adolescents and all groups of adolescents. This program has been implemented both at community health centers and visits to the Darussalam Health Vocational School. Health

workers have good knowledge about various adolescent problems, can help adolescents solve their health problems, and have a pleasant attitude when dealing with or serving adolescents. The health center provides a room to ensure adolescents privacy, health workers will be able to recognize all the problems adolescents are experiencing, adolescents will feel comfortable, and adolescents can be served quickly.

Health centers can increase efforts so that implementation targets are met and health centers can develop the perceptions of adolescent health care services in the era Society 5.0. Increasing human resources in the health sector (knowledge, competency of officers, counseling services), and health facilities (health service packages, procedures, management, implementation flow) are also needed to support this program. The solution taken to increase competency and prevent adolescent health problems is optimizing adolescent care health services through socializing the adolescent care health services function for coaches and managers, carrying out peer training for adolescents/peer counselors, and developing the adolescent care health services program through the online adolescent health service website.

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