

ABSTRAK

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Analisis Implementasi Program Pelayanan Kesehatan Peduli Remaja (PKPR) pada Remaja Tahun 2010

xiii + 105 halaman + 6 tabel + 5 gambar + 6 lampiran

Program Pelayanan Kesehatan Peduli Remaja (PKPR) merupakan pelayanan kesehatan kepada remaja melalui perlakuan khusus yang disesuaikan dengan keinginan, selera dan kebutuhan remaja. Meskipun program ini sudah disosialisasikan dan dilakukan berbagai upaya guna meningkatkan mutu pelayanan kepada remaja seperti pelatihan bagi petugas pelaksana, akan tetapi di puskesmas Kabupaten Tegal program ini belum terlaksana dengan baik. Tujuan penelitian ini adalah untuk mengetahui implementasi program PKPR di puskesmas Kabupaten Tegal.

Jenis penelitian ini adalah penelitian deskriptif kualitatif melalui wawancara mendalam dan observasi. Informan utama adalah tiga pelaksana program PKPR di puskesmas, informan triangulasi adalah remaja, kepala puskesmas dan kepala seksi anak dan remaja Dinkes Kabupaten Tegal. Data dikumpulkan dengan wawancara mendalam dan selanjutnya dilakukan analisa data dengan metode *content analysis*.

Hasil penelitian menunjukkan pelaksanaan program PKPR di Puskesmas Kabupaten Tegal belum memenuhi kriteria pelayanan remaja seperti yang ditetapkan Depkes RI. Semua puskesmas belum melaksanakan semua kegiatan puskesmas PKPR diantaranya pelatihan pendidik sebaya dan konselor sebaya, alur dan pelaksanaan pelayanan PKPR kurang sesuai, kurangnya cakupan layanan kepada remaja, dan kurangnya dukungan dari instansi – instansi lain yang terkait dengan program PKPR. Faktor penyebabnya adalah kurangnya sosialisasi program PKPR kepada remaja, pelaksana program PKPR dan Dinas Kesehatan Kabupaten Tegal kurang konsisten dalam program PKPR, petugas yang terlibat dalam pelaksanaan PKPR belum semuanya terlatih, kurangnya dukungan dana dan sarana prasarana. Sikap pelaksana program, remaja dan Dinas Kesehatan Kabupaten Tegal terhadap program sangat positif, namun tidak tersedia dana guna memotivasi pelaksana program dalam melaksanakan program PKPR di puskesmas. Dalam pelaksanaan program PKPR kurang adanya kerjasama yang baik antara berbagai pihak yang terkait program PKPR. Disamping itu belum ada SOP (*Standard Operational Procedure*) pelaksanaan program PKPR baik di puskesmas maupun di Dinas Kesehatan Kabupaten Tegal.

Berdasarkan penelitian ini maka direkomendasikan untuk tetap melanjutkan kebijakan PKPR namun perlu ditingkatkan sosialisasi program, pemenuhan sarana prasarana, meningkatkan kompetensi petugas yang terlibat dalam program PKPR, dukungan dana yang memadai dan meningkatkan kerjasama antar instansi yang terkait, serta perlu adanya SOP pelaksanaan program PKPR

Kata kunci : Implementasi program, Analisis Kebijakan, PKPR

Jumlah pustaka : 30 (1999 - 2011)

ABSTRACT

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Analysis on the Program Implementation of Adolescent Healthcare Service at Primary Healthcare Centers in Tegal District

xiii + 105 pages + 6 tables + 5 figures + 6 enclosures

Adolescent care health service program (PKPR) was a health service for adolescents that conducted special treatments according to the need and desire of the adolescents. Although this program had been socialized and tried to improve the service quality for the adolescents, such as training for the workers, however, this program had not been implemented well in the primary health centers in Tegal district. Objective of this study was to know the implementation of PKPR program in the primary healthcare centers of Tegal district.

This was a descriptive-qualitative study. In-depth interview and observation were conducted to collect data. Main informants were three PKPR program executors in the primary healthcare centers. Triangulation informants were adolescents, head of primary healthcare centers, and head of children and adolescent section of Tegal district health office. Data were collected through in-depth interview, and content analysis method was applied in the data analysis.

Results of the study showed that implementation of PKPR program in the primary healthcare centers in Tegal district did not fulfill the adolescent service criteria established by the Ministry of Health of Indonesian Republic. All primary healthcare centers did not implement all PKPR activities, such as peer educator and counselor training; ways and implementation of PKPR service was inappropriate; adolescent service coverage was insufficient; support from other institutions related to PKPR program was insufficient. Cause factors of these insufficiencies were that socialization of PKPR program to the adolescents was inadequate, executors of PKPR program and Tegal district health office were not consistence in implementing PKPR program; not all people in charge for the implementation of PKPR program were trained; funding and facility supports were insufficient. Attitude of program executors, adolescents, and Tegal district health office staffs toward the program was positive. However, funding for motivating program executors to implement PKPR program in the primary healthcare center was not available. In the implementation of PKPR program, collaboration among institution related to PKPR program was insufficient. In addition, standard operating procedure (SOP) for the implementation of PKPR program in the primary health care centers and in Tegal district health office was not available.

Based on this study, it was recommended that PKPR policies should be continued. However, program socialization, facilities completion, competency of workers involved in PKPR program, appropriate funding support, and collaboration of related institutions should be improved. SOP for the implementation of PKPR program should be provided.

Key words : program implementation, policy analysis, PKPR
Bibliography : 30 (1999 – 2011)