



## ADOLESCENT HEALTH COUNSELLING IN ADOLESCENT HEALTH CARE SERVICE PROGRAM OF 4 ULU PUBLIC HEALTHCARE PALEMBANG

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### ABSTRACT

Adolescents who are unable to solve their problem tend to have deviated behavior, so teenagers need guidance and counselling. Counselling is one of the main activities in PKPR's program which indicated by health ministry to help their problems solving. This study is aimed to describe the implementation of adolescent health counselling in adolescent health care service program of public healthcare. There search used qualitative method with 20 informant, consisting two person of program organizer, manager of public health care, twelve students, two principals, one teacher, manager of PKPR program from health official, and one trained attendant PKPR. Primary data was taken by in-depth interviews on program organizer, manager of public health care, principal, and teacher. Then, focus group discussion on students, observation non-participants, and document review in BP and KIA's care. Counselling care in PKPR has not implemented like health ministry concept because officers not understanding yet counseling techniques and it does not have room for teens. Then, cause lack of fund, still doing conventional socialization which done one of year in school with the result this service is not famous in adolescent circle. Adolescent health counselling in public health care has not implemented. Should do training of trainer and use of social media to keep on maximized the socialization frequency about counselling service.

Keywords: Adolescent health care service program, adolescent health counselling, public healthcare

### Introduction

Adolescence can be defined as a period of transition from childhood to adulthood characterized by physical, emotional, and psychological changes.(1) The period of self-discovery and high risk for social problems is another definition of adolescence.(2) The teenage world is an enlightening world where teens are curious and often try new things.(3) Anything new that affects positive acts is not an issue, but if it affects negative acts, it causes various types of problems.(4) When facing a problem, adolescents usually need the help of others to solve the problem. The other is a person who can guide and help adolescents solve problems, known in psychology as a counselor.(5)The Indonesian government has tried to find several solutions to minimize the cases of adolescent problems, one of which is to establish the Adolescent Care Health Services (PKPR) Program. This program has been socialized since 2003 with the Public Health Center as the implementer. One of the services provided in this program is adolescent health counseling.(6)

Adolescent health counseling is a form of PKPR activity initiated by the Indonesian Ministry

of Health to help adolescents understand, overcome, and make decisions to solve their problems.(7) However, this service is not widely known, as evidenced by the initial survey of only one adolescent who had received counseling at Public Health Center 4 Ulu. If we look at the records of the Palembang City Health Office in 2015 and 2016, it was recorded that Public Health Center 4 Ulu was the health center with the second highest coverage of the adolescent population and adolescent problem cases in Palembang. Based on this problem, the investigator intended to research the implementation of adolescent health counseling in the PKPR program at Public Health Center 4 Ulu Palembang.

The aim of the study was to describe the implementation of adolescent health counseling in the PKPR program at the Public Health Center 4 Ulu Palembang and to determine the causes of insufficient adolescents utilizing counseling services in the PKPR program at the Public Health Center 4 Ulu Palembang seen from predisposing factors, reinforcing factors, and enabling factors.

## **Methods**

This research was conducted qualitatively, which means that it emphasizes the natural meaning that occurs in the field rather than generalization.(8) The research was conducted at Public Health Center 4 Ulu, Junior High School Muhammadiyah 5 Palembang, Senior High School Muhammadiyah 9 Palembang, and the Palembang City Health Office. The informants in this study were twenty people consisting of a head of Public Health Center, two PKPR program managers, one PKPR trained Public Health Center officer, two school principals, one guidance teacher, twelve youth, and one person in charge of the PKPR program from the health department. Data collection techniques included in-depth interviews with informants from the PKPR program manager and supervisor, a top leader at Public Health Center, school principals, and teachers. Then, focus group discussions were conducted with school adolescents, consisting of two groups of six people each, and indirect observation and document review at the BP and MCH service units of the Public Health Center. Triangulation was also conducted to ensure the validity of the data. Triangulation is the process of checking the validity of research data as well as the comparison of research data with other sources. In this study, triangulation was done through sources and methods. Data analysis was conducted using Miles and Huberman's interactive analysis model consists of four stages, namely data collection, data reduction, data presentation, and conclusion drawing/verification.

## **Results**

### **Overview of PKPR Program Implementation at Public Health Center 4 Ulu**

The Adolescent Care Health Services (PKPR) program at Public Health Center 4 Ulu Palembang has only been running since 2011 with the program's implementation inside and

outside the building. The PKPR program implementation inside the building is in the form of treatment services (clinical medical) and adolescent health counseling services. Services outside the building include training peer counselors in schools and providing health information and education through counseling. However, based on a document review of the four types of services provided, only reports on the implementation of PKPR program activities outside the building from 2011 to 2015 were found. Based on these documents, it was stated that the training of peer counselors and the provision of health information and education through counseling were carried out in schools, namely junior and senior high schools with the target of first and second-grade students. The implementation was carried out for three days with various health materials related to reproduction and drugs. However, PKPR activities in schools are not routinely carried out, namely only once a year with different schools each year.

In 2016, there were no reports of PKPR activities outside the building because there was a change in the PKPR program management officer at Public Health Center 4 Ulu Palembang. There was no continuity in the implementation of the PKPR program because the new officer did not really understand how to run the program. PKPR program implementation in this building in the form of adolescent medical clinical services and adolescent health consultation services is a service system that is still combined with other general patient services. This service is provided in the Treatment Center and the MCH Clinic, so the report on the implementation of its activities is still combined with the service report in the two clinics.

The source of funding for the implementation of the PKPR program at Public Health Center 4 Ulu comes from the Health Operational Assistance Fund (BOK). Based on the results of the document review, in the record of the proposed activity plan of Public Health Center in 2016, there are two types of services in the PKPR program funded by BOK, namely counseling services and peer counselor training. However, based on the results of observations and in-depth interviews with PKPR management officers in Public Health Center 4 Ulu, these funds are considered insufficient to optimize the implementation of this PKPR program because they are only sufficient for transportation and consumption costs.

### **Overview of the Implementation of Adolescent Health Counseling at Community Health Center 4 Ulu**

According to the results of the in-depth interviews in Puskesmas 4 Ulu, the PKPR officers understand the PKPR program, the types of activities to conduct, and the objectives of the PKPR program in Puskesmas. However, there is a lack of understanding of the technical operation of the software. Public Health Center 4 Ulu's PKPR program is limited to counseling and treatment only. For counseling services, PKPR officers feel unprepared because they do not have a background in psychology and have not been trained. As a result, the officers also find it quite difficult to become

a counselor and to carry out the counseling process. From the documents and the results of in-depth interviews, it can be seen that the management of adolescent clients receiving counseling is more informational and therapeutic. Then from the results of observation, the flow of services for adolescent patients in the MCH unit was also found. Based on the flow, counseling services are carried out only after the process of history taking and physical examination.

The existence of a misconception in the internal environment of the Public Health Center regarding the implementation of counseling due to a lack of understanding and training is the reason that treatment services are applied more than counseling itself. In addition, due to limited funding, school-aged youth, who are the main target of this program, receive socialization and implementation of peer counselor training activities only once a year. In fact, of all the schools targeted by PKPR, not all are intervened every year, but on a rotating basis. The lack of socialization conducted by Public Health Center 4 Ulu is reflected in the knowledge, attitudes, and perceptions of youth and schools as partners regarding counseling services in the PKPR program in Public Health Center.

Based on the results of interviews with school parties and FGDs with students at SMP Muhammadiyah 5 and SMA Muhammadiyah 9 Palembang, both teachers and students were not familiar with the PKPR program. The headmasters and teachers who had participated in the PKPR activities of Public Health Center 4 Ulu perceived counseling as a means to overcome the problems of the students through the provision of advice. Similarly, through FGDs conducted by researchers, students perceive counseling as the same as confiding and telling stories that they can do to friends without having to go to the Public Health Center. On the other hand, quite a few students still believe that the Public Health Center is a place for medical services, not for counseling. From these students' opinions, the researchers realized why the PKPR officers mentioned in their interviews that on average, the young people who come to the Public Health Center are seeking treatment rather than counseling.

Based on the results of the observations that the researchers conducted in both schools. In fact, counseling is a service that is needed by the students in these schools. The number of students' problems found as well as the lack of special counseling teachers and counseling rooms in the PKPR-supported schools in the working area of Public Health Center 4 Ulu makes it clear that the counseling services of Public Health Center 4 Ulu should be well utilized. However, the limitations of Public Health Center as an implementer in terms of resources, infrastructure, and funding are the cause of the non-implementation of the PKPR program in Public Health Center 4 Ulu in a comprehensive and continuous manner.

In addition to being untrained, the counselors at Public Health Center 4 Ulu also have a considerable age difference with the youth, which indirectly creates an effect of discomfort and fear for the youth to access this service at the Public Health Center. Adolescents as the target of this

program were found to be more comfortable talking about their problems with their peers than with their elders. In the implementation of counseling and PKPR programs at Public Health Center 4 Ulu, the parents of the adolescents also play no role. Thus, the only hope of being able to become a driver and an extension of the Public Health Center to report and help adolescents access this service is peers who are used as peer counselors.

The two schools in which the study took place, however, have been receiving peer counselor training from Public Health Center 4 Ulu for several years. According to the person in charge of the PKPR program at the Health Office, Public Health Center 4 Ulu actually has a PKPR officer trained by the center, but after triangulation in the field, it was found that the officer was no longer in charge of Public Health Center and had moved since 2016. This is supported by the observation and document review that the last activity report available for the peer counselor training was the 2015 activity report. Since then, there has been no continuity in the training of peer counselors in the schools. Thus, peer counselors have not yet realized the expectation of peers as an extension of hands in accessing counseling services in Public Health Center.

It is also considered that the facilities and infrastructure to provide counseling services are minimal. The counseling room at Public Health Center 4 Ulu is still combined with other general patient service units, namely the Treatment Center and the MCH Clinic, although the regional regulation requires a separate room for counseling services. What distinguishes adolescent patients from other general patients is not only the service space, the flow of registration services for adolescent patients, and the reports of counseling services, but also the patient service card. Adolescent patients have a pink service card. There are no specific media or tools used to implement adolescent health counseling at Public Health Center 4 Ulu, based on the findings from the field. Counseling services in the building, only use a guidebook.

Based on the results of the FGDs, almost all of the students do not have a problem with the distance to the health center because the average student lives within the working area of Public Health Center 4 Ulu. Only one student lives outside the Public Health Center service area. Similarly with the cost of services, based on the results of the interviews with Public Health Center 4 Ulu, the cost of counseling services and other PKPR is free for youth who want to use these services as long as they bring an identification card, which can be a family card (KK) or identity card (KTP). However, the problem lies in the time of service. The opening hours of the Adolescent Health Counseling Service are the same as the opening hours of the Public Health Center. This limits the students' access to counseling services at Public Health Center 4 Ulu because the service time is the same as their school time.

## Discussion

### Implementation of the PKPR Program at 4 Ulu Public Health Center

The Public Health Program for Adolescents (PKPR) is a program initiated by the Ministry of Health to minimize adolescent problems in one Public Health Center work area since 2003.(9) As a prevention program, there are five types of services that can be accessed by teenagers, namely; providing health information and education, medical clinical services, health counseling services teenagers, healthy living skills education, and peer counselor training. (10) However, based on findings in the field, the PKPR program at Public Health Center 4 Ulu which has been running since in 2011 with counseling, treatment, counseling and counselor training services peer. If we refer to the types of activities in the PKPR program, there is one activity that has not been completed carried out by the Public Health Center 4 Ulu, namely education in healthy living skills.

The PKPR program run by Public Health Center 4 Ulu is also still limited and does not exist among adolescents. This is due to limited funds, limited understanding of PKPR officers, and the lack of frequency of socialization and implementation of activities, which has an impact on the low utilization of counseling services at the PKPR Public Health Center. While conducting research at Public Health Center 4 Ulu, researchers have not found adolescents who come to utilize counseling services. This is supported by the patient visit book records at Public Health Center 4 Ulu, where there was only one person who had done counseling at the Public Health Center with a case of menstrual disorders in 2017. In addition, the management carried out by officers cannot be categorized as counseling activities but rather curative activities.

Adolescent health counseling is one of the services in the PKPR program, as a form of prevention activity that is characterized by a professional relationship between aims to recognize and understand the potential shortcomings of adolescents and provide guidance so that the problems faced by adolescents can be resolved through counseling interviews.(11) In realizing the expectations of the Ministry of Health, Public Health Center 4 Ulu has made innovations to introduce this counseling service to adolescents by opening counseling sessions during peer counselor training in schools. However, this activity has limited development as it is only conducted once a year and there is no continuation of peer counselor training in schools at present.

### Implementation of Adolescent Health Counseling at 4 Ulu Public Health Center

Adolescent health counseling services at Public Health Center 4 Ulu Palembang have not been implemented according to the concept launched by the Ministry of Health of the Republic of Indonesia. The resource who becomes a counselor should be someone who directly manages PIK Remaja has attended operational training and uses modules with a predetermined curriculum.(12)Operational counseling techniques are tips that are carried out in providing

counseling services to adolescent clients known as "GATHER". GATHER is an acronym for get, ask, tell, help, explain, and return.(13)The lack of trained counselors at Public Health Center 4 Ulu causes a lack of understanding of counselors to provide counseling services. Based on the findings in the field, the management provided is more about treatment services. In addition, the flow of services for adolescent patients in the MCH unit indirectly explains that counseling services are only carried out after the history and physical examination process.

Anamnesis and physical examination are steps in curative efforts that certainly have a big difference with counseling. When referring to the "GATHER" counseling implementation technique, it can be concluded that anamnesis is almost the same as the letter "A" in "GATHER" which is an acronym for "Ask", namely both finding out and identifying client problems. However, ask and anamnesis have different end goals. Ask aims to find out the reason why the client came for help, by knowing in depth about the feelings of the adolescent client in order to help find a way to solve the problem, while anamnesis aims to establish a diagnosis of the disease.(13)(14)The existence of a misconception in the internal environment of the Public Health Center regarding the implementation of counseling is the reason that treatment services are more applied than counseling itself because it is the stages of curative action that are first carried out to adolescent patients.

Similar findings were also found in other PKPR-related studies. In the working area of Public Health Center Kota Magelang, there were several obstacles found in the implementation of PKPR, including the implementation of the program could not be carried out according to the guidelines because there were still officers who did not have a maximum understanding of PKPR and there were still officers who had never read the available PKPR guidelines.(15) Although to deal with this, the Indonesian Ministry of Health has provided several PKPR operational guidebooks in each Public Health Center and several Public Health Center already have trained officers including Public Health Center 4 Ulu. It is considered useless because the books have not been optimally utilized. In addition, the non-permanence of PKPR implementing officers at the Public Health Center and the lack of retraining for other Public Health Center officers by trained officers is due to the large workload of PKPR officers at Public Health Center 4 Ulu. The PKPR officer at Public Health Center 4 Ulu is a multitasking officer, in addition to serving as a PKPR implementing officer and youth counselor, the officer is also a coordinator of the Maternal and Child Health program. This is indirectly one of the factors inhibiting the implementation of PKPR at the health center.

In addition, program funding remains a problem that was also found in this study. Funds to carry out counseling services and PKPR activities at Public Health Center 4 Ulu come from the Operational Cost of Activities, which according to the officer's statement is budgeted only for consumption, transportation, and the need to implement PKPR outside the building. The lack of

funds is because the PKPR program is still incorporated into maternal and child health efforts so the funding for activities is still combined and divided for the implementation of other programs. In line with previous research conducted by other researcher, so far the PKPR program funding in the work area does not have special funds but comes from the residual results of other Maternal and Child Health programs because there is no specific budget for the PKPR program. This has an impact on the lack of infrastructure and supporting facilities for PKPR.(16)

The limited funding was also the reason why school adolescents who were the main targets only received socialization and implementation of peer counselor training activities once a year. In fact, of all PKPR target schools, not all are intervened every year but alternately. The lack of socialization conducted by Public Health Center 4 Ulu has resulted in the lack of existence of the program in the eyes of adolescents reflected in the knowledge, attitudes, and perceptions of adolescents and schools as partners regarding counseling services in the PKPR program at Public Health Center. Counseling is still unfamiliar to students in PKPR-assisted schools. Both students and teachers still have the perception that counseling is only a place to vent and give advice. Henni in his book on counseling guidance states that counseling is a one-on-one meeting between the client and the counselor that contains a straight, unique, and humanist effort carried out in relation to the problems faced by the client.(17)Counseling is not only limited to a way to overcome student problems through giving advice, it is precisely what is blamed. Counseling is a way to regain a shaken person to then, try to face reality by adjusting to the existing obstacles and finally find a way out of the problem.

On the other hand, not a few students still have the assumption that Public Health Center is a place for treatment services, not counseling services. From the students' opinions, the researcher realized why the PKPR officer of Public Health Center 4 Ulu in his interview mentioned that adolescents who came to the Public Health Center on average used treatment services rather than counseling services. This is indeed a misperception in the community. The function of Public Health Center is not only limited to a place to get treatment services, but Public Health Center also has a function to provide promotive and preventive services.(18)

Lack of understanding and misperceptions of counseling trigger hesitation and fear among adolescents to utilize counseling services at Public Health Center. This may arise because adolescents have a poor understanding of adolescent health care services or the types of problems that can be counseled. So far, adolescents tend to talk about their serious problems with their peers, rather than with their parents and teachers because they feel that they can understand them better.(19) In addition, based on the findings in the field, the counselors at Public Health Center 4 Ulu also have a considerable age difference with adolescents, which indirectly creates an effect of feelings of discomfort and fear in adolescents to access this service at the Public Health Center. Adolescents as the target of this program were found to be more comfortable talking about their



problems to their peers rather than older people. This is because adolescents interact and spend more time with friends. So that it is not only a comfortable figure to tell stories, sometimes friends for adolescents are often also used as a figure to be imitated in determining self-concept.(20)

This characteristic of adolescents who are closer and more open with their friends is a natural thing but also has multiple effects on the lives of adolescents themselves. Peers are people who can be considered the same age and are in a phase of psychosocial change and unstable emotional turmoil.(21) This condition will certainly have a fatal impact if the solution provided is not correct due to a lack of ability to understand a problem. Actually, to anticipate this problem, there are other activities in the PKPR program, namely peer counselor training activities.(9) Peer counselors are a form of extension of the Public Health Center to help problematic friends and convey adolescent problems at school.(13) However, because PKPR officers at the Public Health Center do not understand the technical operation of this training activity, there is no continuity in the implementation of the PKPR program in schools. In addition, although peer counselor training has been conducted by PKPR-trained staff in the past, it has not had a major effect because it is only conducted once a year with different schools each year.

Facilities and infrastructure to implement counseling services were also considered minimal. Although the regional regulation states that there must be a special room to provide counseling services, the counseling room at Public Health Center 4 Ulu was still combined with other general patient service units, namely at the treatment center and MCH clinic. Not only the service space, but the low of adolescent client registration services, and counseling service reports are also still equated with other general patients. Counseling should be done in a special room that is comfortable, quiet, safe, and able to maintain client privacy so that it can create a positive atmosphere.(13) A positive atmosphere is needed during the counseling process because it can help adolescents to be more open to the counselor during counseling sessions. Counseling services at the BP clinic and MCH clinic at Puskemas 4 Ulu were certainly not in accordance with the concept of counseling services in the PKPR program. Similar things were also found in PKPR research at other Public Health Center. According to Letxya from the results of her research in the Kerinci district, it was mentioned that the non-optimal implementation of the PKPR program in some Public Health Center was due to the unavailability of a special room for adolescents who wanted to consult, the counseling room was still combined with the KIA room.(22) Based on the findings in the field related to facilities and infrastructure, there are no special media or tools used to carry out adolescent health counseling at Public Health Center 4 Ulu. Counseling services only refer to and use the guidebook. The guidebook alone is considered insufficient to assist counselors in providing counseling to adolescents. Counselors also need media that can help them such as leaflets and props to provide counseling, because the use of media in guidance and counseling can streamline the quality of information provision and overcome the passivity of adolescents so that it can

facilitate the learning process.(23)

The ease of accessing adolescent health counseling services in the PKPR program is important to achieve healthy adolescents.(24) Students generally have no problem going to the Public Health Center both in terms of distance and cost. However, service time was found to be the main obstacle that students complained about because Public Health Center have the same service hours as school hours. According to other research, the coincidence of service time with adolescents' school time is one of the factors that cause PKPR services at the Public Health Center to not be well utilized.(25)Obstacles in terms of service time can actually be overcome if counselors are willing to take the time to help adolescents. Based on the adolescent health counseling guidebook, there are many things that PKPR counselors can do to help adolescents carry out counseling. Counselors can utilize social media facilities such as those available today to open counseling sessions. In addition, counselors can also utilize online counseling and other social media networks that are currently growing and easily accessible through smartphones.(26)

## **Conclusion**

The implementation of adolescent health counseling at the Public Health Center has not been carried out in accordance with the concept that should be. Starting from the lack of understanding of officers and limited funds, it has limited effects on the implementation carried out. The management carried out by counseling officers also still leads to curative services. The existence of errors at the internal level of the Public Health Center is also in line with the knowledge, attitudes, and perceptions of adolescents regarding counseling services and PKPR at the Public Health Center. Facilities and infrastructure to implement counseling services are also considered minimal and are the cause of the non-optimal implementation of counseling services provided.

The suggestion of this study is that there should be training of new PKPR officers by previously trained PKPR officers known as training of trainers and it is necessary to develop media for disseminating information about the PKPR program and adolescent health counseling services at Public Health Center, by making banners containing PKPR slogans in front of the entrance of each PKPR Public Health Center or by utilizing social media.

## **Acknowledgement**

The researcher are grateful to The Research and Community Service Institute of Sriwijaya University which has provided full funding for this research process. The researchers also said thanks you to the team of enumerator, educational institutions and Public Health Center 4 Ulu where data have been collected.

### Funding

This study was fully funded by DIPA Budget Sriwijaya University for Public Service consideration year 2017 No. SP DIPA-042.01.2.400953/2017 on 5th of Desember 2016 in accordance with the reference from The Rector of Science Technology and Art Research Number: 0568/UN9/PP/2017 on 17th of July 2017.

### Conflict of Interest

The authors declare that they have no conflict of interest.

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