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ANALYSIS OF THE ACHIEVEMENTS OF THE IMPLEMENTATION OF THE ADOLESCENT REPRODUCTIVE HEALTH INFORMATION AND COUNSELING CENTER PROGRAM (PIK-KRR) IN THE CITY OF BUKITTINGGI IN 2023

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ABSTRACT

Adolescents have very complex problems and tend to behave unhealthy life youth and sexual drive are two things that are very related. Pik-remaja (adolescent information and counseling center) is a forum for governance activities from, by and for adolescents in the field of adolescent reproductive health, one of whose objectives is to provide information on adolescent reproductive health (KRR), improve understanding, attitudes and positive behavior of adolescents. This research seeks to understand the implementation of pik-remaja (youth information and counseling center) in high schools in Bukittinggi city in 2023.The type of research used in this research is qualitative with field research design (field research).Selection of informants or participants in this study using purposive sampling technique which amounted to 12 people.Data collection in the form of in-depth interviews and observations. Data analysis using collaizi technique. The results showed that the achievement of the implementation of the PIK-KRR program in Bukittinggi City is still low, especially the low interest of adolescents to participate and take advantage of the PIK-KRR program. This is influenced by the lack of commitment of policy-making parties and cross-sector program implementers so that schools do not require adolescents to actively participate in organizing the program, incompetent human resources make adolescents not receive guidance, especially in the program to increase reproductive health knowledge. Inadequate facilities and infrastructure for the implementation of youth counselling programs have led to a lack of interest in the program. This research is expected to be an input in guiding adolescents, especially in the reproductive health knowledge improvement program. The activities that can be carried out are counselling on adolescent reproductive health, teenage family counselling (BKR), so that the implementation of PIK KRR in schools can be utilized properly.

Keywords: PIK-KRR, Program outcomes

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Adolescents have very complex problems and tend to behave unhealthy life youth and sexual drive are two things that are very related. Pik-remaja (youth information and counseling center) is a forum for governance activities from, by and for adolescents in the field of adolescent reproductive health, one of whose objectives is to provide information on adolescent reproductive health (KRR), improve understanding, attitudes and positive behavior of adolescents.This research seeks to understand the implementation of pik-remaja (youth information and counseling center) in high schools in Bukittinggi city in 2023.The type of research used in this research is qualitative with field research design (field research).Selection of informants or participants in this study using purposive sampling technique which amounted to 12 people.Data collection in the form of in-depth interviews and observations. Data analysis using collaizi technique. The results showed that the achievement of the implementation of the PIK-KRR program in

Bukittinggi City is still low, especially the low interest of adolescents to participate and take advantage of the PIK-KRR program. This is influenced by the lack of commitment of policy-making parties and cross-sector program implementers so that schools do not require adolescents to actively participate in organizing the program, incompetent human resources make adolescents not receive guidance, especially in programs to increase reproductive health knowledge. Inadequate facilities and infrastructure for the implementation of youth counseling programs cause a lack of interest in the program. This research is expected to be an input in guiding adolescents, especially in the reproductive health knowledge improvement program. The activities that can be carried out are counseling on adolescent reproductive health, teenage family counseling (BKR), so that the implementation of PIK KRR in schools can be utilized properly.

Keywords: PIK-KRR, Outcome Program

INTRODUCTION

Reproductive health is an issue that should receive great attention from adolescents, parents, teachers, policy makers, as well as society in general. What is meant by reproductive health is not merely that a person is free from disease or disability in all aspects related to the reproductive system, but also a state of perfect health physically, mentally, and socially in all aspects that a person does related to the process of procreation.

Important issues regarding adolescent reproductive health (KRR) or with the term KRR Triad (Sexuality, HIV/AIDS, and drugs) as mentioned above are very actual issues today that require the attention of all parties. If this adolescent case is left unchecked, it will certainly damage the future of adolescents, the future of the family, and the future. To respond to these adolescent problems. The government (cq BKKBN) has implemented and developed the RHR program which is one of the main national development programs listed in the Medium-Term Development Plan (RPJM 2004-2009) which was approved through Presidential Regulation No. 7 of 2005.

One of the KRR program activities that develop strategies for the above problems is the activities carried out by PIK-KRR, which is a forum managed from, by, and for adolescents in providing information and counseling services on reproductive health. The existence and role of PIK-KRR in the adolescent environment is very important in helping adolescents to obtain sufficient and correct information and counseling services on reproductive health. It is known that the access and quality of management and services of PIK-KRR are still relatively low. Therefore, it is necessary to improve the development and management of PIK-KRR in order to improve access and quality.

The socialization of PIK-KRR is expected to increase public awareness and optimize its use. The presence and role of peer educators among adolescents is very important as a source of information on adolescent reproductive health (RHR) for their peers. Based on the report, until 2015, a total of 7,058 people have received PIK-KRR training, including peer educators. In 2016, the number of trained PIK-KRR personnel increased to 34,726 people, also including peer educators. However, this number is still considered inadequate, especially in terms of the quality of providing RHR information to adolescents.

According to the results of Indonesia's 2015 population census, the total population reached 255,461,686 people. As many as 27.6% of this number, or around 70.4 million people, are adolescents aged 10-24 years (BPS, 2015). Based on the results of a survey by Komnas Anak in collaboration with the Child Protection Agency (LPA) in 2020, it was revealed that 93.7% of children admitted to having kissed, petting, and oral sex and as many as 62.7% of adolescents

studied admitted that they were no longer virgins, while 21.2% of adolescents surveyed had had abortions and 97% of adolescents surveyed admitted to watching pornographic films.

In the 2017 Adolescent Reproductive Health Survey, the dating behavior of unmarried adolescents showed that 25.9% of male adolescents and 6.2% of female adolescents had groped or stimulated their partners. As many as 41.8% of male adolescents and 29.3% of female adolescents have kissed lips, while 79.6% of male adolescents and 71.6% of female adolescents have held hands with their partners (Ministry of Health, 2017). This reflects adolescents' lack of understanding of healthy life skills, including the importance of maintaining stable relationships, understanding the risks of sexual relationships, and the ability to reject unwanted relationships. This condition demands special attention from all parties, including the government.

The management of PIK-KRR also affects the level of utilization of PIK-KRR itself. According to research at MAN II Yogyakarta, of the 60 students studied, 70.3% had sufficient KRR information and 65.9% of them utilized PIK-KRR well (Karolina, 2015). Other research shows that students' perceptions related to their role in the PIK-KRR program are also influential. Preliminary studies in the field of Child Reproductive Health (KESRA), BKKBN, and the Bukittinggi City Health Office show that although PIK-KRR activities are already taking place in several schools and youth organizations in Bukittinggi City such as Bina Keluarga Remaja (BKR) and PIK Remaja / Student, the presence of PIK-KRR is not evenly distributed in every school. There are only 8 PIK-KRRs in SMA/SMK/MA in Bukittinggi City, and their implementation has not been optimal in some schools. Therefore, the focus of this research is "Analysis of PIK-KRR Program Implementation in Bukittinggi City," given the uneven implementation of this program in all youth groups in the city.

RESEARCH METHODS

This type of research is descriptive qualitative with a field research design, where researchers actively observe and understand phenomena directly in the environment being studied. Selection of informants or participants in this study using *purposive sampling* technique, namely sampling techniques based on certain considerations made by the researchers themselves, namely people who are considered to know best about what the researchers expect or make it easier for researchers to explore the object or social situation under study as follows:

1. Informants are people who are considered to know the most about what the researcher is studying.
2. Informants are people involved in the formulation and implementation of SMK3 at PT PLN (Pesero) Padang Area.

Based on the above considerations, there are 7 informants for this research, namely:

Table1
Research Informants

No.	Participants	Total
1.	UKS and PKPR Program Manager Dinas Bukittinggi City Health	1 person
2.	Functional Officials of DP3SP2KB Bukittinggi City	1 person
3.	Person in charge or program holder PKPR at the Puskesmas level in Bukittinggi City	2 people

4.	Person in charge of PIK-R program at school Senior High School in Bukittinggi City	2 people
5.	Youth posyandu cadres in Bukittinggi City	2 people
6.	PIK-R members in senior high schools in Kota Bukittinggi	2 people
7.	Youth posyandu members in Bukittingg City	2 people
	Total	12 people

The data analysis process in this study used *Collaizi's* nine-step method (Crosswell, 2013 in Sugiyono, 2017). The method was chosen because the steps of data analysis according to *Collaizi* are quite clear and detailed, namely; Describing the phenomenon under study, Transcription, Reading the entire description of the phenomenon of inference, making categories, interpretation, verification, developing descriptions, compiling reports.

RESULTS AND DISCUSSION

A. Input

1. Policy

Table 2
Policy Triangulation Matrix

Variables	In-depth interview	Observation	Document review	Conclusion
Policy	Based on the results of the interviews, the informants stated that the policy for implementing the PIK-KRR program in Bukittinggi city in 2023 refers to: **1.** Health Office a. The 1945 Constitution, article 28B paragraph 2 and article 28H paragraph b. Health law number 36 2009 in particular Article 136 and Article 137. c. Child protection law number 23 of 2002. d. Minister of Health Decree Number 1457/MENKES/SK/10 2003 on service standards	Based on observations made, the policy for the achievement of the implementation of the PIK-KRR program in the Health Office, DP3AP2KB, Puskesmas and Schools already exists and has been socialized to all relevant levels.	Existence of documents: a. 1945 Constitution, article 28B paragraph 2 and article 28H paragraph 1. b. Health law number 36 2009 c. Child protection law number 23 of 2002. d. Minister of Health Decree Number 1457/MENKES/SK/10 year 2003 on	The legal or policy foundation related to the PIK-KRR program through the PKPR program of the health office is based on: a. 1945 Constitution, article 28B paragraph 2 and article 28H paragraph 1. b. Health law number 36 year 2015 2009 especially article 136 and article 137. c. Child protection law number 23 of 2002. d. Minister of Health Decree Number 1457/MENKES/SK/10 2003 on service standards

Based on Table 2 shows that the legal basis of the PIK-KRR program through the auspices of the PKPR program at the Health Office is based on 5 legal bases of policy, namely the 1945 Constitution, especially in article 28B paragraph 2 and in article 28H paragraph 1 in article 28B paragraph 2, health law number 36 of 2009, especially article 136 and article 137, child protection law number 23 of 2022, Decree of the Minister of Health Number 1457 / MENKES / SK / 10 of 2003 concerning minimum youth service standards in the health sector in city districts and the last SKB 4 ministers SKB 4 ministers who oversee the entire implementation of school health business activities. While the legal basis of the PIK-KRR program under the auspices of DP3AP2KB through the PIK-R program is the Head of BKKBN Regulation number 456/PER/F6/2015 concerning Guidelines for the Management of Youth or Student Information and Counseling Centers (PIK-R/M) and the Decree of the Head of the Office of Women's Empowerment, Child Protection, Population Control and Family Planning. At the Puskesmas level, the policy or legal basis for the PIK- KRR program refers to the legal basis for the PKPR program, namely the 2016 Permenkes, the Decree of the Head of the Puskesmas and PP No. 61 of 214. As for the school level through the PIK-R program, the policy or legal basis is based on the Principal's Decree.

Policy is a series of concepts and principles that outline the basis of the problem which becomes a plan in carrying out a job, leadership and ways of acting, statements of ideals, principles, or intentions in solving problems as a guideline for management in an effort to achieve goals or objectives. In other words as a guide to action for decision making.

The researcher's assumption is that the implementation of the PIK-KRR program is based on the policy or advocacy underlying the PKPR program managed by the Puskesmas and supervised by the Health Office and the PIK-R program managed by DP3AP2KB and has been socialized to cross-sectors and related institutions but not yet in the community. The regulations that underlie the implementation of the program tend to be comprehensive from the central level to the lowest level as program implementers, namely the 1945 Constitution, Decree of the Minister of Health of the Republic of Indonesia, SKB (Joint Decree) 4 Ministers, Regulation of the Head of BKKBN, SK Head of Puskesmas and SK Head of School so that the implementation of each PIK-R program in Bukittinggi City.

2. HR

Table 3
Human Resources Triangulation Matrix

Variables	In-depth interview	Observation	Document Review	Conclusion

HR	1. Human resources involved in the implementation of the PIK-KRR program From the results of in-depth interviews, it is known that those involved in the implementation of the PIK-R program include the parties and stakeholders implementing PKPR at the Puskesmas and adolescent posyandu and the PIK-R implementers, namely 1. Health promotion program holder 2. UKS program manager nutrition program manager 3. Mental health program manager 4. DINAS P3AP2KB 5. District party,	Observations of the achievements of the implementation of the Bukittingi City PIK-KRR program with cross-sectors related to human resources in the implementation of the PIK-KRR program are still lacking trained human resources for each aspect, especially in the implementing section both from the Health Office, DP3AP2KB, Puskesmas and schools.	Documentation review of Human Resources achievements in the implementation of the PIK-KRR program at SMAN 2 Bukittinggi	Human resources involved in the implementation of PIK-KRR summarize the entire implementation of PKPR and PIK-R programs involving the health office through the manager of the PKPR program at primary age and UKS, DP3AP2KB, Puskesmas which includes PKPR program managers, nutrition programs, NCDs, reproductive health, TB/HIV program holders, Kesling program holders, doctors, midwives and nurses. As for the government or community for the field program, it involves the kecematan and kelurahan as well as teenagers. 0 - 18 years old as the target.

Based on Table 3, it is known that the implementation of the PIK-KRR program through the PKPR pathway involves several cross-sectors and sections at the Puskesmas which include the promkes section, UKS, nutrition, the reproductive health section, health, TB/HIV program holders, doctors, midwives and nurses for activities inside the building. As for activities outside the building, it also involves several related parties, namely adolescents as targets and implementers, BKKBN, the village and sub-district as the person in charge of the adolescent posyandu program. Then for the school environment through the PIK-R program will involve the BKKBN as the person in charge of the program, the principal, the PIK-R coach at school from the teacher and all students as implementers and targets of the PIK-R program.

The condition of human resources implementing the PIK-KRR program in Bukittinggi City in quantity is sufficient where the existing human resources are sufficient for the existing implementation, but in quality the implementation of the PIK-KRR program still has the problem of limited human resources trained for all aspects, especially the aspects of implementing adolescent health-based programs, both counseling services and adolescent reproductive health services. Another problem faced related to human resources for the implementation of the PIK-

KRR program in Bukittinggi City is the number of program managers or implementers who hold concurrent positions or manage more than one program or health policy.

In line with previous research conducted by (Sihotang, et al (2017) on the implementation of adolescent reproductive health programs in Pekanbaru City, the results of this study state that there is still a lack of exposure to information on reproductive health so that PIK-R members in schools, teachers and parents still lack mastery of materials related to adolescent reproductive health and this affects the implementation of existing programs.

The researcher's assumption is that in quantity the number of human resources implementing the PIK-KRR program under the PKPR and PIK-R programs is sufficient, but the existing program managers are partly individuals from certain sections of the Puskesmas, Health Office or DP3AP2KB so that many human resources have concurrent positions which certainly cannot be maximized and loyal to their performance in the application or implementation of the PIK-KRR program.

3. Facilities and Infrastructure

Table 3.
Facilities and Infrastructure Triangulation Matrix

Variables	Interview deep	Observation	Document review	Conclusion
Infrastructure	1. Availability of facilities and infrastructure Facilities and infrastructure for the implementation of the PIK-KRR program through the implementation of PKPR and PIK-R are still lacking and limited, especially for health promotion media facilities and special counseling rooms in youth counseling activities. While at the	Observation of facilities and infrastructure for the implementation of the PIK-KRR program in Bukittinggi City where the Health Office and DP3AP2KB do not provide facilities and infrastructure because the agency is only a coordinator. While at the health center level, the infrastructure facilities are scales, tension checkers, height and LILA measuring devices. At the school level, the available infrastructure facilities are classrooms and counseling rooms.	According to the results of document review, the infrastructure for the implementation of the PIK-KRR program at puskesmas and schools.	There are still insufficient facilities and infrastructure to support PIK-KRR activities, which include the lack of health promotion facilities, the lack of special counseling rooms for adolescents and the lack of medical equipment as a means of supporting adolescent posyandu activities. Efforts to overcome the lack of facilities and infrastructure are to allocate funds for the procurement of facilities and infrastructure, coordination across sectors and stakeholders to help provide facilities and the use of empty classrooms in the implementation of the PIK-R program in the school environment.

	puskesmas level in the PKPR program, the problem of facilities is still lacking.		
	program operational tools, where the existing facilities or tools are only one set for one Puskesmas, so that each adolescent posyandu in the work area uses the same facilities in turn. 2. Efforts to overcome the lack of facilities and infrastructure From the organizers and policy makers, the problem of facilities and infrastructure is addressed by budgeting the allocation of funds, coordinating across sectors and stakeholders to be able to help provide program support tools in the form of facilities and	required. However, there are still insufficient facilities and infrastructure to support PIK-KRR activities, which include the lack of health promotion facilities, the lack of special counseling rooms for adolescents and the lack of medical equipment as a means of supporting adolescent posyandu activities.	

	infrastructure. While in the school environment the problem of facilities in the form of lack of room handled	

Table 3 shows that the availability of facilities and infrastructure for the implementation of the PIK-RR program through (PKPR and PIK-R) is still lacking and limited, especially from the facilities of special counseling rooms or activity rooms, promotional media, assessment instruments and operational tools for program implementation which tend to still be available 1 for several adolescent posyandu facilities or still available one set for one health center which will be used by several groups of adolescent posyandu in turn. Meanwhile, in the school environment, the problem of facilities and infrastructure is also the limited availability of special rooms for activities, especially special counseling rooms to maintain the privacy of targets when participating in activities (counseling).

Facility availability is a factor that must be met by every health service provider. With complete facilities, services can be optimized. Ermiati and Sembiring (2012) explain that facilities include physical equipment that makes it easy for users to meet their needs. Efforts to overcome the limitations of these facilities and infrastructure include the allocation of funds to meet identified shortcomings at the policy level by the Health Office, DP3AP2KB, and puskesmas. In addition, coordination with puskesmas is conducted to identify facility shortages and cross-sector coordination is conducted to support the fulfillment of these needs. In the school environment, efforts were made to utilize empty classrooms for PIK-R activities and to use medical equipment alternately at youth posyandu in the community.

The researcher's assumption that the availability of facilities and infrastructure for implementing the PIK-KRR program in Bukittinggi City is still inadequate to support the maximization of the achievements of the PIK-KRR program. support the maximization of the achievements of the PIK-KRR program. The problems of facilities and infrastructure are related to the absence of a budget for the provision of a special counseling room that truly maintains the privacy of adolescents, the lack of special operational facilities from medical equipment in the implementation of the program, the lack of promotional facilities in socialization efforts and the provision of materials and the absence of special room facilities for the PIK-R program in the school environment as one of the means of implementing the PIK-KRR program.

4.Target

Table 4
Goal Triangulation Matrix

Variables	Interview deep	Observation	Document review	Conclusion

Target	1. Target of PIK-KRR program The target of the PIK-KRR program is the group of adolescents (12-24 years old) in the working area, both adolescents in the community through youth posyandu and PKPR and adolescents in the school environment through the PIK-R program and adolescents in correctional institutions (LAPAS).	Observation of the target achievement of the PIK-KRR program in Bukittinggi city is all adolescents (aged 12-24 years) in the working area achieved through the PKPR program and adolescent posyandu for targets in the community and the PIK-R program for adolescents in the school environment. However, there is still low interest of target adolescents to participate in the implementation of existing counseling services.	According to the results of the document review of the target achievement of the implementation of the PIK-KRR program in Bukittinggi City in 2023, there is no written official document that states who is the target of the PIK-KRR program.	The target of the PIK-KRR program is all adolescents (aged 12-24 years) in the working area achieved through the PKPR program with adolescent posyandu and for targets in the community. As well as the PIK-R program for adolescents in the school environment.
	2.Target-related issues			The problem is the lack of interest of adolescents as the target of the program to take advantage of existing counseling services.

Based on Table 4, it is known that the target of the PIK-KRR program both through the PKPR program and the PIK-R pathway is adolescents aged 12-24 years both in the community and in the school environment including adolescents who are in correctional institutions (LAPAS). The problem of program implementation and achievement in terms of targets is the lack of openness and lack of interest of adolescents to utilize PIK-KRR services both through PKPR at Puskesmas, youth posyandu in the community and PIK-R programs in schools.

Based on a previous study conducted by Muthmainnah (2013) on the analysis of adolescent stakeholders' opinions on the implementation of the Adolescent Care Health Services Program (PKPR) in Semarang City, the results of this study show that adolescents are still considered as "observers", which means they do not feel they have influence and active involvement in the strategic steps of PKPR. Therefore, there is a need for active participation of adolescents in all stages of PKPR program implementation, from planning to program evaluation.

The researcher's assumption is that the main target of the PIK-KRR program is the adolescent group, namely individuals with an age range of 12-24 years as one of the concrete efforts to improve the quality of reproductive health, preparation of adolescent life for the future and the future and overcome various triads of classic problems in adolescents, namely juvenile delinquency, free sex, abuse of narcotics and drugs, reproductive health problems.

B. Process

1. Planning

Table 5
Planning Triangulation Matrix

Variables	Interview deep	Observation	Document review	Conclusion
Planning	1. PIK-KRR program planning process PIK-KRR program planning is included in PKPR and PIK-R planning where planning at the official level starts with evaluating programs that have not been handled in the previous year to be compiled into a RUP which is then continued by the RPK in the following year while program planning is carried out at the end of the current year for implemented in the following year for official levels such as the health office, DP3AP2KB and Puskesmas, while at the school level planning is carried out at the beginning of the learning year by drafting an activity which will	Based on observations of planning for the implementation of the PIK-KRR program in Bukittinggi City in 2023 at the official level (Health Office and DP3AP2KB) there is no PIK-KRR program. There is no official written plan because the agency is only the coordinator. PIK-KRR program planning only exists at the puskesmas and school levels.	According to the results of document review, planning for the implementation of the PIK- KRR program in Bukittinggi City in 2023 at Puskesmas and Schools.	At the official level (Health Office, DP3AP2KB and Puskesmas) planning is carried out by evaluating programs that have not been handled which are then planned to be continued in the following year, where the planning process is carried out at the end of the current year for the following year's implementation. At the school level (PIK-R) planning is done at the beginning of the learning year by developing a program which will then be submitted to the principal.

	then be ACC by the principal.	
	2. Parties involved in the planning process PIK-KRR program planning involves the Head of the Health Office, Head of Puskesmas, Head of Puskesmas Administration, Nutrition Program Manager, Promkes Program Manager, Mental Program Manager, functional officials of DP3AP2KB and the head of DP3AP2KB. As for the school level, it involves the school principal, vice principal of student affairs, PIK-R coaches and members.	The planning process of the PIK-R program involves several cross-sectors, namely the health office, DP3AP2KB, and Puskesmas as well as the school as the implementer of the PIK-R program.

Based on Table 5, it is known that the planning process for the implementation of the PIK-KRR program is included in the PKPR and PIK-R program planning which at the official level (Health Office, DP3AP2KB and Puskesmas) planning begins with an evaluation of the shortcomings of the implementation of the program in the current year which is then used as RUK (Activity proposal plan) before becoming RPK (Activity Implementation Plan) which will be applied for the current year, while the planning process begins at the beginning of the year.

The planning process of the PIK-KRR program at the official level involves the Head of the Health Office, Head of Puskesmas, Head of Puskesmas Administration, Nutrition Program Manager, Promkes Program Manager, Mental Program Manager, DP3AP2KB functional officials and the head of DP3AP2KB.Meanwhile, planning for program implementation in the school environment begins at the beginning of the learning year by making plans according to existing needs, then submitted to the principal for later Acc, while in the school environment the planning process

involves the principal, vice principal of student affairs, coaches and PIK-R members. Planning comes from the word plan which means the design or framework of something that will be done (Abe, 2005). Meanwhile, according to Tjokroamidjojo in Syafalevi (2011) planning in its broadest sense is a process of systematically preparing activities that will be carried out to achieve a certain goal. Planning is a way to achieve goals as well as possible with existing resources to be more effective and efficient.

The researcher's assumption is that in its implementation, the planning process of the PIK-KRR program in Bukittinggi City is incorporated in the PKPR and PIK-R program planning which has been arranged in all lines of program managers and implementers, namely from the Health Office, DP3AP2KB, Puskesmas, and schools. The planning process has involved all levels of program implementers and managers, namely PKPR and UKS program managers and basic age within the Health Office, functional officials and the Head of DP3AP2KB. While at the Puskesmas level the planning process involves the Head of the Puskesmas, PKPR and UKS program holders and the fields involved in the Puskesmas environment and the school environment involves the Principal, Head of Student Affairs, PIK-R program coaches and active PIK-R members.

2. Organizing

Table 6
Organizing Triangulation Matrix

Variables	In-depth interview	Observation	Document review	Conclusion
Organizing	Organizing process PIK-KRR program (under the PKPR program and PIK-R) only exist in lowest level of implementation i.e. organizing on the posyandu program adolescents and the PIK-R program at school while for coordinator level and managers at the the health center does not have special organization because the program involves many parts with tupoksi respectively	Organizing observation program implementation achievements PIK-KRR only exists in PIK-R members at school and PKPR members at posyandu teenagers but the structure This organization has yet to official written.	According to the review results, no there is official documentation written organizing PIK-KRR program.	The absence of a process organization that structured in implementation PIK-KRR program at the policy making and health center executor

Based on Table 6, it shows that the process of organizing the implementation of the PIK-KRR program only exists at the lowest level of implementers, namely PIK-R in schools and adolescent posyandu, which has an organizational structure in the form of a coach, chairman, deputy, member. While at the official level, both the health office, DP3AP2KB and Puskesmas do not have a special

organizational structure in the implementation of the PIK-KRR program.

The results of a study conducted by Nurochim (2021) on the SWOT analysis (strengths, weaknesses, opportunities, threats) of the Youth Information and Counseling Center (PIK-Remaja) show that one of the challenges in implementing the PIK-R program is the lack of commitment from institutions that should be responsible for developing this program, both in the school environment, youth organizations, neighborhood associations, community associations, and at the central ministry level, which do not have an adequate number and quality of human resources.

The researcher's assumption is that there is no centralized organizational structure from the lowest level of implementers to the policy-making level in the implementation of the PIK-KRR program both through the PKPR and PIK-R programs, where organizing is only found at the level of implementers at the lowest level, namely in youth posyandu activities or PIK-R programs in schools. It is hoped that organizations and cross-sectors can create a special structure related to youth PIK-R both in schools and communities.

3. Implementation

Table 7
Implementation Triangulation Matrix

Variables	In-depth interview	Observation	Document review	Conclusion
Implementation	Forms of Activities The implementation of the PIK-KRR program refers to two main programs, namely PKPR which is managed by the Puskesmas and is responsible to the city health office and PIK-R which is managed by DP3AP2KB which is applied in the form of training and quality improvement by the health office and DP3AP2KB. PKPR program at the puskesmas level as an activity within the school, namely UKS and outside the school institution, namely Posyandu Remaja. For adolescent activities in the school environment, it is applied in the form of the PIK-R program.	Based on observations of the implementation of the PIK- KRR program in Bukittinggi City in 2023 where the Office (Health Office and DP3P2KB) as a coordinator who provides training and quality and quantity improvements, while the implementers are health centers and schools which later the results of the implementation are reported to the relevant agencies in monitoring and evaluation meetings.	Document review is consistent with documentation of the implementation of PKPR and PIK R programs at the Health Office, DP3P2KB, Puskesmas and Schools. Official written SOPs only exist at the puskesmas level.	The form of PIK-KRR implementation activities refers to PKPR and PIK-R PKPR and UKS programs are managed by the health office and PIK-R is managed by DP3AP2KB.

Based on Table 7, it is known that the form of implementation of the PIK-KRR program in Bukittinggi City follows the implementation of the PKPR and PIK-R programs where at the organizer and manager levels, the form of the program carried out is in the form of conducting youth cadre training, increasing the capacity of UKS teachers as healthy school orientation and program coaches in schools, increasing the capacity of youth counselors, capacity building of health workers in assisting adolescent posyandu evaluation of UKS and PKPR

programs and AMBS screening technical meetings while for the level of managers and implementers the form of implementation of the PIK-R program refers to activities inside the building and outside the building, inside the building in the form of PKPR programs at Puskesmas and outside the building in the form of adolescent posyandu, while from the PIK-R line under the auspices of DP3AP2KB program implementation in the form of PIK-R in the school environment and adolescent posyandu in the community.

The form of implementation of the PIK-KRR program in Bukittinggi City follows the implementation of the PKPR and PIK-R programs where at the organizer and manager levels, the form of the program carried out is in the form of conducting youth cadre training, increasing the capacity of UKS teachers as healthy school orientation and program coaches in schools, increasing the capacity of youth counselors, capacity building of health workers in assisting adolescent posyandu evaluation of UKS and PKPR programs and AMBS screening technical meetings while for the level of managers and implementers the form of implementation of the PIK-R program refers to activities inside the building and outside the building, inside the building in the form of PKPR programs at Puskesmas and outside the building in the form of adolescent posyandu, while from the PIK-R line under the auspices of DP3AP2KB program implementation in the form of PIK-R in the school environment and adolescent posyandu in the community.

4. Monitoring and Evaluation

Table 8
Monitoring and Evaluation Triangulation Matrix

Variables	In-depth interview	Observation	Document review	Conclusion
Program monitoring and evaluation	Monitoring and evaluation of the PIK-KRR program is carried out by the Health Office as the top coordinator and supervisor of the program which is carried out at the end of each year by inviting Puskesmas and PJUKM which is carried out every quarter (three months) so that in one year there are 4 monitoring and evaluation processes. While in the school environment, especially the PIK-R program, the monitoring and evaluation process is carried out by the school principal,	Based on observations of monitoring and evaluation of the implementation of the PIK- KRR program in Bukittinggi City in 2023, the Health Office and DP3P2KB as the top coordinator and supervisor of the program conduct evaluation and monitoring and get reports of results from puskesmas and schools.	According to the results of the evaluation and monitoring of the PIK-KRR program, the health office conducts training meetings as well as monitoring and evaluation, schools provide reports to DP3AP2KB every month and puskesmas conduct monitoring and evaluation every month.	Monitoring and evaluation of the program involves the health office evaluating at the program manager level which is conducted once a year. While at the implementing level in the Puskesmas, monitoring and evaluation of the program is carried out by the Head of Puskesmas and PJUKM which is carried out every three months (quarterly). Monitoring and evaluation of the program in the school environment in the form of the PIK-R

	deputy student together with the PIK-R program coach and provides monthly reports to DP3AP2KB.	program is carried out by the principal, deputy student affairs and program coaches and provide monthly report to DP3AP2KB

Based on Table 8, it is known that monitoring and evaluation of the PIK-KRR program in the official scope is carried out once a year by asking all UKS program managers, PKPR and the Head of Puskesmas to present the program implementation process which will then be assessed and evaluated by the health office. Whereas at the Puskesmas level, the program monitoring and evaluation process is carried out quarterly (three months) by the PJUKM and the head of the Puskesmas, so that the program monitoring and evaluation process at the Puskesmas level is carried out 4 times a year. The process of monitoring and evaluating the PIK-R program at the school level through the PIK-R program is carried out every month by the school together with DP3AP2KB in the form of a monthly report.

In contrast to the study conducted by Nurochim (2021) on the SWOT analysis of the Youth Information and Counseling Center (PIK-Remaja), this research uses a literature study approach by analyzing national and international journals. The research findings show that although there are already guidelines for the management of PIK-Remaja and Students prepared by BKKBN, the recording and reporting of this program still does not have clear technical instructions (Ibaadillah & Samtyaningsih, 2017). This results in reporting and monitoring activities appearing less organized. In addition, the difficulty of PIK-Remaja administrators in managing time to carry out counseling and activities themselves, as well as the lack of monitoring and evaluation activities, are also obstacles in the implementation of the program.

The researcher's assumption that the monitoring and evaluation process of the PIK-KRR program in Bukittinggi City has been carried out in stages in accordance with the duties and functions of the relevant sectors, namely the Bukittinggi City Health Office evaluates the implementation at the Puskesmas level and the stake holders below by inviting the head of the Puskesmas, UKS and PKPR program managers which are carried out once a year. While the Puskesmas conducts monitoring by involving the head of the Puskesmas and PJUKM, which at the Puskesmas level the evaluation is carried out every three months (quarterly) on the implementation of the PIK-KRR

program through the PKPR program (inside the building) and adolescent posyandu (outside the building). The process of monitoring and evaluating the program in the school environment is carried out by the school principal together with the PIK-R coach teacher and this evaluation involves the DP3AP2KB in the form of a monthly report by the PIK-R program implementer at the school....

C. Output

1. Outcomes of the Implementation of the PIK- KRR Program

The results showed that the overall implementation of the PIK-KRR program has been running well, reaching a level of 96% for all implemented programs. However, there are challenges in achieving the target, especially related to the lack of interest or participation of the target to actively engage in PIK-KRR program activities. The output of PIK-KRR program implementation, which is the focus of this study, is the implementation of the program itself as well as the level of target participation in utilizing youth counseling services available in PIK-KRR.

In line with previous research conducted by Sihotang, et al (2017) on the implementation of adolescent reproductive health programs in Pekanbaru City, the results of this study also state that the implementation of the RHR program has been running well, but the problem found is that there is still low interest of adolescents to participate in the program activities implemented, this is related to several factors, namely adolescents' perceptions (feeling embarrassed to take advantage of existing counseling services, prestige and doubt about the confidentiality of information).

The researcher's assumption that the achievement of the implementation of the PIK-KRR program in Bukittinggi City has gone well on program implementation indicators. However, the target achievement of the PIK-KRR program is still very low. This is indicated by the lack of interest of adolescents as the main target of the PIK-KRR program to participate in the implementation of the program, the lack of openness of the target and the low interest of adolescents to take advantage of existing counseling advice, both in the community in the form of youth posyandu and in the school environment in the form of the PIK-R program.

CONCLUSIONS

Based on the results of the research, it is concluded that policies related to the Analysis of the Achievement of the Implementation of the PIK-KRR Program in Bukittinggi City in 2023 refer to various legal regulations such as the 1945 Constitution, Health Law, Child Protection Law, Decree of the Minister of Health, Joint Decree of 4 Ministers on School Health Business Activities (UKS), and Regulation of the Head of BKKBN on PIK-R/M. At the Puskesmas level, implementation is also supported by a legal basis in the form of a Decree of the Head of Puskesmas and Government Regulations. Meanwhile, at the school level, the regulation has also been strengthened by a Decree of the Principal. However, the achievement of PIK-KRR program implementation in Bukittinggi City has not been optimal due to several factors. One of them is the lack of cross-sectoral and stakeholder commitment in the implementation of youth-based programs. In addition, limited budget availability also has an impact on the lack of adequate facilities and infrastructure. The organizational structure that has not been centralized to implement the PIK-KRR program through the PKPR and PIK-R programs, as well as the lack of trained human resources in program implementation are also inhibiting factors.

ADVICE

1. It is hoped that the Bukittinggi City Government can further strengthen its commitment to

maximizing the implementation of youth-based programs which include the PKPR program and PIK-R which oversees the PIK-KRR program, where youth-based programs are included in one of the priority programs of the Bukittinggi City Government in the form of character building programs for adolescents in 2024.
2. It is expected that junior high schools and senior high schools can implement the PIK-KRR Program so that students can obtain information or knowledge related to reproductive health.
3. It is expected that the coordinators, implementers and program managers can further maximize training for PIK-KRR program managers and implementers with a strategy of disseminating information / knowledge to adolescents or the community.
4. It is expected that adolescents as the main target of the PIK-KRR program to always actively participate in participating in every existing PIK-KRR activity, both in the school environment in the form of PIK-R programs and in the community in the form of posyandu programs.
5. It is hoped that future researchers will further explore the issue of school programs in dealing with adolescent problems, especially in reproductive health.

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