

THE IMPLEMENTATION OF ADOLESCENT SERVICES IN INTEGRATED PRIMARY HEALTHCARE (ILP)

Anditya Wardani*, Tubagus Erwin Nurdiansyah, Budi Antoro

Magister of Public Health, Universitas Mitra Indonesia, Jl. ZA. Pagar Alam No.7, Gedong Meneng, Rajabasa, Bandar Lampung, Lampung 40115, Indonesia

*anditya.drg@gmail.com

ABSTRACT

The transformation of primary health services in Indonesia through the Integrated Primary Services (ILP) system aims to deliver comprehensive and equitable care, including for adolescents. However, adolescent services within ILP Posyandu in Pringsewu Regency have not been optimally implemented. To analyze the challenges and strategies in optimizing adolescent participation in ILP-based Posyandu in Pringsewu Regency. This study applied a problem-solving cycle approach involving document review, in-depth interviews, Focus Group Discussions (FGDs), and field observations conducted across selected health centers and communities in Pringsewu from May to June 2025. Major challenges include scheduling conflicts with school hours, low coordination among sectors, lack of integrated planning, limited understanding of ILP, and insufficient youth engagement. The proposed solutions include forming cross-sector coordination teams, synchronizing schedules, developing youth-friendly SOPs, increasing community involvement, and integrating adolescent activities into school programs. Strengthening cross-sector coordination, youth engagement, and ILP literacy is critical to enhancing adolescent service integration and participation in ILP Posyandu.

Keywords: adolescent health; integrated services; primary healthcare; posyandu; public health policy; youth engagement

INTRODUCTION

Integrated Primary Healthcare (ILP) is one of the pillars of Indonesia's health transformation strategy, aiming to provide coordinated and efficient services across all life stages. Adolescents represent a vital group due to their unique physical, mental, and social development needs. In Pringsewu Regency, although ILP implementation has progressed, adolescent services within Posyandu remain underutilized. Data from the District Health Office indicated that only 30.4% of adolescents participated in Posyandu ILP services between October 2024 and April 2025, well below the 100% target. Several factors contribute to this gap, including scheduling misalignment with school hours, lack of coordination between sectors, limited community involvement, and insufficient health education targeted at youth. This study aims to investigate these challenges and formulate actionable strategies to enhance adolescent engagement in ILP-based Posyandu.

METHOD

This study research utilized a qualitative, problem-solving approach carried out between May 19 and June 26, 2025, in the working area of the Pringsewu District Health Office. Data collection methods included:

Document review: Analysis of previous ILP and Posyandu activity reports.

In-depth interviews: Conducted with health officers, teachers, village officials, adolescents, and related stakeholders.

Focus Group Discussions (FGDs): Held with health cadres, adolescents, and Puskesmas staff to explore shared perceptions and solutions.

Field observations: Conducted during ongoing adolescent Posyandu services.

Data were thematically analyzed to identify barriers and formulate responsive strategies in coordination with local health authorities.

RESULT AND DISCUSSION

Key findings include:

ILP Posyandu implementation for adolescents remains fragmented.

Scheduling conflicts with school hours reduce adolescent participation.

Many health workers and community cadres lack a full understanding of the ILP concept.

Health education is perceived as monotonous by adolescents, decreasing motivation to participate.

Coordination between Dinas Kesehatan, Dinas Pendidikan, Kementrian Agama, and local youth organizations (Karang Taruna) is still weak.

A notable observation is the decline in participation rates from 33.3% in October 2024 to 27.6% in April 2025, despite improved ILP coverage across Puskesmas.

Table 1.

Respondent Characteristics (n=15)

Respondent characteristics	f	%
Adolescents (10–18 years)	6	40
Health Workers	4	26.7
Cadres	3	20
Teachers	2	13.3

The implementation of adolescent services within the Integrated Primary Healthcare (ILP) Posyandu in Pringsewu Regency reveals significant systemic, structural, and cultural challenges that need to be addressed comprehensively. The study findings indicate that although the ILP transformation agenda has been adopted by many health centers, the adolescent segment remains underrepresented due to scheduling conflicts, limited stakeholder coordination, inadequate youth engagement strategies, and lack of integrated policies.

One of the central issues lies in the misalignment of service schedules with school hours, which limits adolescent participation. Health services, including adolescent-focused sessions, often overlap with school time or are scheduled during weekends or holidays when motivation to attend is low. This mismatch contributes significantly to the decline in adolescent involvement. Furthermore, the lack of formal coordination between sectors, such as health, education, religious institutions, and local youth organizations like Karang Taruna, further exacerbates the issue. Despite willingness from schools to support health initiatives, the absence of structured agreements or collaborative frameworks weakens program impact.

Another important factor is the limited understanding and ownership of the ILP concept among healthcare workers and community cadres. Many perceive ILP merely as a procedural change rather than a strategic shift toward integrated, life-stage-based care. This perception leads to fragmented execution, with adolescent services being implemented sporadically and without sufficient innovation to make them attractive or youth-friendly. In terms of infrastructure and logistics, resource limitations—including inadequate health promotion media, digital recording systems, and age-appropriate tools—hamper the effectiveness of ILP Posyandu services. Furthermore, low adolescent awareness and engagement are also linked to poor outreach and communication strategies. Adolescents report a lack of information about Posyandu activities, indicating that promotion mechanisms are not youth-centered or adapted to their preferences, such as using digital platforms or peer-to-peer channels.

Despite the expansion of ILP-compliant Posyandu to over 76% by early 2025, the adolescent attendance rate has dropped from 33.3% to 27.6%, illustrating that increased availability of services does not automatically translate to improved participation. The findings emphasize the need for human-centered

approaches, including participatory program design, peer involvement, and social media-based health education, to improve adolescent receptivity and attendance. Moreover, the study process confirmed the effectiveness of using a problem-solving cycle that included root cause analysis, field observation, and stakeholder engagement. The application of the 5M framework (Man, Method, Machine, Money, and Material) allowed for a holistic understanding of barriers and the development of pragmatic solutions. This included strategies such as synchronizing Posyandu schedules, drafting adolescent-specific SOPs, engaging schools, and promoting digital integration through tools like the "Satu Sehat" platform.

CONCLUSIONS

The integration of adolescent services into the ILP Posyandu framework in Pringsewu Regency remains a work in progress, with many structural and contextual barriers that must be addressed. While institutional transformation toward integrated healthcare is underway, adolescent-specific implementation lags behind due to poor schedule coordination, weak intersectoral collaboration, limited resources, and inadequate youth engagement. To effectively increase adolescent participation and improve service quality, multisectoral collaboration is crucial. This includes establishing formal agreements between health and education sectors, engaging local communities and youth organizations, and fostering leadership among adolescent peer groups. Additionally, the development of clear SOPs, training of community health cadres, and creative outreach strategies using digital platforms must be prioritized. The success of ILP Posyandu depends not only on infrastructure and policy but also on the active involvement of adolescents as both beneficiaries and partners. By enhancing communication, building trust, and creating youth-friendly environments, the ILP model can fulfill its potential to provide equitable and holistic care across all age groups.

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