Youth-Led Collaboration With Local Government to Develop and Conduct **Community Based Health Service for Young People in Denpasar City**



Introduction

Research from IPPA Bali in Denpasar City (Capital City of Bali) found that as many as 57 of the 1200 Denpasar have had intercourse and only sexual intercourse 43.86 percent of them use condoms. The average age of young peoples in Denpasar is the 15 years and the youngest age of 11 years.

The government is aware of the situation and adolescents needs related to reproductive health, therefore the government issued a regulation on health services for young people that concerning Child Health. According to Indonesian Health Profile 2017, the percentage of public primary health care that implements youth health services in Indonesia is only 48.97%.

Based on the results of observations and assessments, adolescents have not yet accessed health services for young people, barriers to socio-cultural norms related to provision of reproductive health services, especially for unmarried young women, completeness of reproductive health services, and ability to manage adolescent counseling. This service is not standardized, the service is not adjusted to young people, so they clash with school hours, the privacy (including nonjudgmental attitudes of service staff) are also guestionable.

In the development of a youth health service program by the public primary health center, it has never involved youth in the planning process. In fact, accordance with the convention on the Rights of the Child (CRC) which states that the meaningfully of youth participation is the right of all young peoples to participate and access information related to decision-making processes that affect young people life and well-being.

Therefore, KISARA (Youth Program of Indonesia Planned Parenthood Association Bali) feel that youth health services is a young people need and the potential to provide comprehensive services. The goal is to encourage health department through primary health center to provide innovative health services that close to young people, both at school and outside of school. Not only getting services, but also being involved in the service.

Results

As a result, young people collaborate with health worker succeed to take a lead for program development and implementation called oops4youth (one stop services for youth) which is community based services for young people in school and out of school.

Primary health center in Denpasar have been implemented oops4youth for young people since 2018 in 24 different places. There are 2066 young people have received oops4youth and 199 of them is referred to get additional services in primary health care center.







- 1. **Education**: young people are given health information related to the introduction of oops4youth services and young people reproductive health
- 2. Health check-up given are measurement of BMI (weight and height), upper arm circumference, blood sugar, blood pressure, and HB level examination.
- 3. **Health Consultation**: young people after check-up also can directly consult with a doctor related to other health problems.
- 4. **Counseling**: young people who want to confide their life problems, can access counseling services.

What makes it different?

Young people who involved in oops4youth services have the opportunity to be empowered because they have been trained and take a role in providing services to their peers. The testimonial as following:

"I like did consultation in this youth mobile services. Besides could control our health, I also learned to actively involved as a health ambassador" (girls - 16 years old)



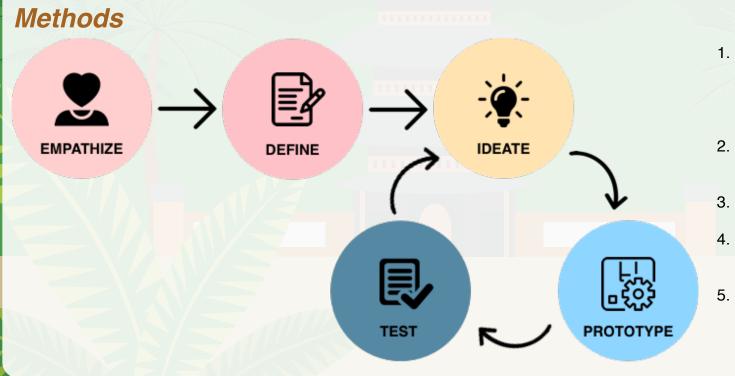






"Community based health services for young people are believed to help accelerate the ability of primary health care to detect the early cases of young people reproductive health which was really important to do."





.....

- 1. Empathize: conduct observations to the primary health center (PHC) related to the services provided for young people, conducting interviews and direct discussions with the PHC health worker regarding to health services and also do mystery clients to find out the real situation of the PHC.
- **Define**: analyze the problems and challenge that occur. Encourages dialogue between young people and health workers related to find out the problem solving and challenges that arise.
- 3. **Ideate:** brainstorm the problems and challenges which want to solve.
- **Prototype**: After selecting problems, health workers and young people discusses the innovative 4. ideas and present through images, charts or service lines.
- 5. **Testing**: oops4youth testing was carried out in one PHC to see and evaluate services and young people responses related to services. Inputs and shortcomings that occur are then recorded and corrected so that the oops4youth model is formed that is in accordance with the conditions of the community.



WPF Rutgers Indonesia





Advocacy Impact

Scaling up the implementation of oops4youth from one to 10 PHC that carry out the service. This is a good progress from the government's commitment to providing health services for young people.

The use of the budget from the PHC independently for the implementation of oops4youth at school and outside of school. In some PHC even do sharing budgets with the community to implement oops4youth, so that the community was also actively involved in implementing this service.

Positive support from the head of the health department to show the political will of policy makers to pay attention to the health services for young people including the women's health. She was encouraged all primary health centers in Denpasar to ooops4youth and became a joint commitment of government, the community and including NGOs in doing collaboration. The following is the excerpt of concern:

Documentation







References / Sources

- 1. Indonesian Health Profile 2017
- Pradnyani PE, Putra IGNE, Astiti NLEP. (2019). 2. Knowledge, Attitude, and Behavior about Sexual and Reproductive Health among Adolescent Students in Denpasar, Bali, Indonesia. Global Health Management Journal, 3(1): 31-39

