

The Relationship between Service Quality and Participant Satisfaction Level in Adolescent Reproductive Health Socialization Activities Conducted by PIK-R in Surakarta

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ABSTRACT

Introduction: Efforts made by the government to deal with health problems in adolescents are through the socialization of the PIK-R Program (Youth Counseling Information Center). One factor that influences adolescents to participate in health socialization activities is the quality of service and satisfaction with the service. For this reason, this study aims to analyze the relationship between service quality and the level of satisfaction of participants in PIK-R socialization activities in Surakarta City. **Method:** This type of research is quantitative research with a descriptive-analytic model and cross-sectional approach. This research was conducted in September 2023 in Surakarta City. Sampling is done by using proportional random sampling, and the independent variable in this study is the quality of service and the dependent variable is the level of satisfaction. **Result:** The results of research on service quality were obtained through statistical tests with Chi-square p-value = 0.001 or <0.05, which means that there is a relationship between service quality and participant satisfaction level. Half of the respondents considered the quality of service to be poor and were less satisfied with the socialization activities organized by PIK-R. **Conclusion:** This study can conclude that adolescents are less satisfied with PIK-R services based on aspects of socialization procedures and reliability aspects. Thus, the Surakarta Health Office is expected to tighten the monitoring and evaluation activities of the PIK-R program, and PIK-R organizers are advised to review the socialization schedule to be more structured.

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INTRODUCTION

Adolescence is a transition period from childhood to adulthood. During this period, significant changes and developments occur in various aspects, including cognitive, emotional, social, and moral aspects. Habits and behaviors formed during adolescence will

have a long-term impact on health. Therefore, early prevention efforts are needed to maintain adolescent health in the future (Rosyida, 2019).

Teenagers can be easily influenced by the environment and wrong information that can endanger their health. Teenagers are prone to health problems such as reproductive health. Reproductive problems that endanger teenagers include Sexuality, HIV/AIDS, Narcotics, Psychotropics, and other Addictive Substances. These problems are influenced by the low knowledge and understanding of teenagers regarding reproduction. Low knowledge of teenagers regarding reproductive health can make teenagers try various choices in carrying out risky behavior, such as dating, premarital sex, marriage at a young age, unwanted pregnancy, abortion, sexually transmitted diseases, and drug abuse (Suharti & Surmiasih, 2016).

In 2020, teenagers in Indonesia who married at the age of 19-21 years were 8.19%. Compared to the previous year, this figure decreased by 13.18%. In 2021, Central Java Province was ranked sixth for teenagers who married at the age of 19-21 years with a percentage of 8.71%. Surakarta City is the city that has the tenth ranking in Central Java based on data on teenagers who married in the age range of 16-18 years and above with a percentage of 15.26% (Badan Pusat Statistika, 2024). Based on preliminary study data from the Surakarta City Health Office, it was found that 3 health centers with unwanted pregnancy data under 20 years old were Pajang Health Center (3%), Penumping Health Center (7%), and Purwosari Health Center (3%). Meanwhile, the 3 largest health centers in cases of adolescents giving birth/giving birth under 20 years old were Pajang Health Center (17%), Penumping Health Center (10%), and Purwosari Health Center (2%).

One of the government's efforts to face the challenges of health problems in adolescents is through the Youth Counseling Information Center Program or PIK-R is a name term in Indonesia. Things that can be done to reduce the number of cases of adolescent health problems are by conducting socialization activities for adolescent reproductive health. The government formed PIK-R to provide health information to shape adolescents to behave healthily, avoid reproductive health problems, and have family life planning (Isfuliah et al., 2022).

The number of PIK-Rs in Surakarta is 10 PIK-R, with the number of active PIK-Rs as many as 5 and there are 5 inactive PIK-Rs. PIK-R has activities, one of which is the socialization of adolescent reproductive health which is carried out routinely once a month and contains material about reproductive health. Participants in each PIK-R have reached the target because on average, adolescents in the sub-district have participated in the socialization of adolescent reproductive health carried out by PIK-R. This socialization is carried out by health centers, Genre ambassadors, or experts in the field of adolescent reproductive health.

One of the factors that influence adolescents to participate in health socialization activities is the quality of services and satisfaction with the services. Adolescents' access to health services is still lacking so not many adolescents have accessed the services. The quality of services is also a determining factor for an adolescent to reuse a health service. A survey related to the performance of population and family planning programs found that many adolescents had never heard of PIK-R (70.93%). This indicates that adolescent reproductive health information is not effectively provided to adolescents (Ritonga, 2018).

In the Surakarta City PIK-R program, no data can be used as quality evaluation material to determine the level of satisfaction with PIK-R services so that the quality of services, especially socialization, can be improved to be better. Providing socialization about health and risky sexual behavior has proven effective in increasing adolescent

knowledge. However, there are obstacles in providing health education, namely cognitive access, because it can be related to access to reproductive health information (Arifah & Sharfina, 2018). Therefore, a program evaluation is needed by providing access to information so that obstacles in implementing the PIK-R program can be communicated to decision-makers.

The evaluation of the program at the health information and counseling center aims to see whether there is a match between the planned program and the program that is currently running and to find out whether there are obstacles in the implementation or not and how the PIK-R activities match the dimensions of service quality. The quality of service during socialization activities is related to the satisfaction felt by participants after participating in socialization activities. If the satisfaction and needs of PIK-R participants are not met, it will affect the interest of participants to use PIK-R facilities. Based on the problems above, it is important to evaluate how the quality of service in socialization carried out by PIK-R affects participant satisfaction. Therefore, this study aims to determine the relationship between service quality and the level of participant satisfaction in adolescent reproductive health socialization activities carried out by PIK-R throughout Surakarta City.

LITERATURE REVIEW

The Youth Counseling Information Center (PIK-R) is a program that aims to provide information, support, and guidance to teenagers in dealing with various problems faced by teenagers. The program is designed to provide structured and integrated counseling services, not only focusing on individual problems but also on social aspects and the welfare of teenagers. The benefits of PIK-R include finding solutions to problems, planning for the future, and increasing teenagers' knowledge about healthy living (BKKBN, 2023).

Health education is one way to increase knowledge and can influence a person's attitude to be more positive (Hidayati et al., 2019). The satisfaction of the target of education towards the health education provided will affect the quality of services in the future. The satisfaction of health socialization participants will increase trust between the two parties. In health socialization, several things need to be considered such as satisfaction with the room facilities, the way the message giver communicates, the ability to provide good, professional, and clear information, and the ability to empathize in dealing with targets (Mustika et al., 2019).

Participant satisfaction with health socialization is influenced by several aspects contained in the quality of service. This service quality is seen based on reliability, empathy, assurance, responsiveness, and tangibles. Reliability includes consistency and accuracy of the services provided. Empathy is in the form of attention and emotional support from the service provider. In the assurance dimension, commitment, self-confidence, and skills of the service provider are very important aspects. While in the responsiveness aspect, service availability, speed and simplicity of procedures are aspects that need to be considered. Then tangibles include the availability of infrastructure that supports service quality (Prema Kumar & Rambabu, 2019).

The quality of health services is an important thing to consider in improving the quality of health. The quality of health services is the level or perfection of health services that are organized following applicable standards. The quality of health services includes performance that shows the level of perfection of health services, and the quality of services that produce satisfaction, both based on the average satisfaction of participants and by the standards and codes of ethics that have been set (Ulumiyah, 2018).

METHOD

This study used a quantitative research type with an analytical observational research design and a cross-sectional approach. The study was conducted to determine the relationship between service quality and participant satisfaction levels in adolescent reproductive health socialization activities carried out by PIK-R throughout Surakarta City. This study was conducted in September 2023, with a population of 216 participants in 5 PIK-R with the category of adolescents who had attended PIK-R socialization activities. The sample of this study was 157 adolescents. The sampling technique used proportional random sampling based on the number of proportions of each PIK-R. The number of samples each PIK-R was 28 adolescents in PIK-R Gandhewa, 18 adolescents in PIK-R Srikandi, 30 adolescents in PIK-R Nawasena, 18 adolescents in PIK-R Kepatihan Wetan, and 63 adolescents in PIK-R Cakra UNS.

The variables in this study consisted of independent variables, namely service quality which was categorized as good if the total score was ≥ 78 ; and less good if the total score was < 78 , and the dependent variable was the level of service satisfaction which was categorized as satisfied if the total score was ≥ 101 ; and less satisfied if the total score was < 101 . The service quality indicators in this study consist of tangible evidence, reliability, responsiveness, assurance, and empathy. While the satisfaction aspect indicators consist of material, resource persons, procedures, capabilities, facilities, and local access. The questionnaire was developed by the researcher himself, so that before conducting the study the questionnaire had been tested for validity and reliability using 30 respondents. The service quality questionnaire used in the study was the one with $r_{\text{count}} > r_{\text{table}}$ (0.361). The Cronbach alpha value on the service quality questionnaire (0.942), and at the level of satisfaction (0.815) so that the questionnaire is reliable.

Data collection in the study was carried out through a Google form which was distributed to the head of each PIK-R to be distributed to participants selected as respondents, where participants filled in 23 service quality statements and 29 satisfaction statements. To reduce the bias of respondent subjectivity, the questionnaire was prepared with clear and impartial questions and provided anonymity to respondents. The categorization of PIK-R service quality variables was divided into good and less good with a cut-off point using a median score of 78. Meanwhile, satisfaction with the service was categorized into satisfied and less satisfied, using a median score of 101. This study has passed ethical eligibility in 2023 with Number 025/KEPK-FIK/IX/2023. Data analysis in this study used univariate and bivariate analysis through Chi-square with a Confidence Interval (CI) of 95%.

RESULT AND DISCUSSION

Based on the results of the characteristics of respondents in this study, it shows that most respondents are aged 17-25 years/late teens (84.7%), female (77.7%), have a college education (61.8%) and are unemployed (87.9%). The following is a frequency distribution table of respondent characteristics (Table 1).

Table 1 Frequency Distribution Data of Respondent Characteristics in the PIK-R Areas Throughout Surakarta City

Variable	Frequency	Percentage (%)
Age		
Early Adolescence (12-16 years)	24	15.3
Late Adolescence (17-25 years)	133	84.7
Min= 12; Max= 25; Median= 19; Standard Deviation= 2.464		

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Sex		
Male	35	22.3
Female	122	77.7
Level of Education		
Elementary School	1	6
Junior High School	17	10.8
Senior High School	42	26.8
College	97	61.8
Employment Status		
Employed	19	12.1
Unemployed	138	87.9

Table 2 shows that most respondents rated the quality in the poor category (50.3%). While in terms of satisfaction, most respondents rated it as less than satisfied (53.5%). In addition to the results of the univariate analysis, the results of this study are also presented in the results of the bivariate analysis shown in Table 3.

Table 2. Frequency Distribution of Univariate Analysis Results

Variable	Frequency	Percentage (%)
Quality		
Poor	79	50.3
Good	78	49.7
Satisfaction		
Not satisfied	84	53.5
Satisfied	73	46.5

Table 3. Relationship between Service Quality and Participant Satisfaction Level in Youth Health Socialization Activities carried out by PIK-R

Participant Satisfaction								P-value
Service Quality	Satisfied Less		Satisfied Total		Total			
	n	%	n	%	N	%		
Good	61	78.2	17	21.8	78	100	<0.001	
Poor	12	15.2	67	84.8	79	100		

Based on the results of the bivariate test, participants who felt the quality of service was good and satisfied with the socialization activities were 78.2%. However, there were still more participants who felt the quality of service was not good and were less satisfied with the PIK-R socialization services with a percentage of 84.8%. In addition, the results of the Chi-Square test analysis obtained a p-value <0.001 which showed that there was a significant relationship between service quality and participant satisfaction in adolescent health socialization activities at PIK-R. These results are similar to the results of previous studies, which were conducted in the inpatient room of Syekh Yusuf Gowa Hospital with the results that there was a relationship between service quality and patient satisfaction of BPJS participants (Burhanuddin, 2016). Another study also stated that the quality of health services is related to the level of patient satisfaction in the general polyclinic of Kapan Health Center, North Mollo District. The aspect of patient satisfaction based on the quality of service is stated based on the dimensions of physical evidence (tangible), reliability, responsiveness, assurance, and empathy (Sarata et al, 2023).

The results of this study also found that the best service quality in terms of assurance (competence) and the highest participant satisfaction in the provision of materials provided. Participants felt most satisfied with the ability of the resource person to deliver the material, and the ability of the administrators in selecting, compiling, and providing

socialization materials. The use of creative and interesting media materials will make it easier for participants to understand the material presented. In addition, participants stated that the behavior of the PIK-R administrators was good in delivering information, having a communicative attitude, and paying attention to socialization participants. During the socialization activities, the administrators provided an opportunity for questions and answers and explained in detail when there was someone who needed additional clarification. Good communication requires the competence to master the subject matter by the resource person which will then influence the target's motivation to pay attention to the material (Rambe et al, 2022).

Meanwhile, the quality that is considered less good, based on the research results, is the reliability aspect. Participants stated that the activities that took place were not on time because they were waiting for other participants to start the socialization. In addition, participants were less satisfied with the ability of the management to carry out the socialization procedure, make activity schedules, compile time schedules, and the running of the event. Meanwhile, in an event, it is necessary to determine a schedule for activities and prepare the event so that it can run optimally (Suhendra & Wardhani, 2015). Based on research by Parhan et al (2022) said that in carrying out activities with other people, the most important thing to pay attention to is punctuality based on a previously agreed plan. Research by Savinatunazah (2019) also said that the implementation of socialization must be by the plan set out in both the activity procedures and the time of implementation.

For that reason, in the PIK-R youth activities, monitoring is needed to obtain facts, data, and information about the implementation of the program, and whether the process of implementing the activities is carried out by what has been planned. The purpose of monitoring is to measure and assess the performance of coaching so that it can achieve the expected results both in quality and quantity effectively. In mentoring activities, identification of problems that arise is also carried out, this is so that they can be immediately addressed through an assessment of whether the work patterns and management used are appropriate to achieve the objectives of the activity (Primazni & Zarnelli, 2016). The Surakarta City Health Office is expected to be able to monitor the PIK-R activities that have been prepared annually. The implementation of monitoring and evaluation is carried out to find out problems in the implementation of PIK-R. In addition, PIK-R administrators are expected to be able to fix problems that occur such as reviewing the rundown to be following the schedule, and being more structured in the implementation of PIK-R activities.

CONCLUSION

In this study, it can be concluded that there is a relationship between service quality and participant satisfaction levels in adolescent reproductive health socialization activities carried out by PIK-R throughout Surakarta City. The results also show that respondents consider the quality of service in socialization activities organized by PIK-R to be in the poor category, and respondents feel less satisfied with the socialization activities carried out by PIK-R. Adolescents still feel less satisfied with the aspects of socialization procedures and reliability aspects. For this reason, the Surakarta Health Office is expected to be able to tighten monitoring and evaluation activities for the PIK-R program, and PIK-R organizers are advised to review the schedule or rundown of socialization to be more structured.

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