

# ADOLESCENT REPRODUCTIVE HEALTH IN COVID-19 PANDEMIC AND INDONESIAN GOVERNMENT'S EFFORTS

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## Abstract

The Covid-19 pandemic that entered Indonesia lasted almost 1.5 years, until now confirmed cases have continued to increase and have made the government make firm policies to suppress the rate of exposure to this virus. Recently, the government issued a *Pembatasan Kegiatan Masyarakat (PPKM)* in the 4<sup>th</sup> level and 3<sup>rd</sup> level. These impact various sectors, some of which are the economy and health. Economic condition and family health are a direct impact on the welfare of children and adolescents, for example, are dropping out of school and becoming an orphan. The Indonesian youth population of the current total population is almost 30% which will be a demographic bonus in the next few years. If the impact of this pandemic on adolescents cannot be handle properly, adolescents will be unhappy growth state and will become a burden for the country. Therefore, the author feels it is significant to write this article using a literature study approach in discussing the Covid-19 pandemic and adolescent reproductive health, namely in the scope of physical, psychological, and social health. Global and the Indonesian government have provided space for adolescent reproductive health services which some of them are UNICEF and PKPR. Currently, each of them is issuing policies related to adolescent problems during the pandemic and their solutions. These organizations aim to effort the teenagers to get accurate information about reproductive health, especially during this Covid-19 pandemic which lasts even until this pandemic is over. After that, teenagers continue to grow physically, psychologically, and socially healthy adults.

**Keywords:** Adolescent Reproductive Health, Covid-19, UNICEF, PKPR.

## Introduction

The Covid-19 pandemic has not ended, it has been almost 1.5 years since the Covid-19 virus has hit Indonesia, where the government confirmed the entry of this virus in early March 2020 (Satgas Penanganan COVID-19, 2020). Coronavirus-19 (Covid-19) causes Severe Acute Respiratory Syndrome – Coronavirus 2 (SARS-Cov-2) where the possibility of transmission originated from a seafood market that selling wild animal meat in Wuhan, China. Coronavirus attacks or infects the respiratory and digestive tracts in animals and humans, where before the Covid-19 infection caused was only mild. This coronavirus evolved into a pathogenic and even deadly virus (Cui et al., 2019). Common symptoms at the beginning of the disease are fever, cough, myalgia, or fatigue and uncommon symptoms are sputum production, dizziness, hemoptysis (coughing up blood), and diarrhea (Huang et al., 2020).

The Covid-19 virus attacks various age ranges, from infants to the elderly which the prognosis for each age range is recovery and even death (Satgas Penanganan COVID-19, 2020). World data shows the highest Covid-19 exposure cases was the United States, with its cumulative case is 34,473,788, and Indonesia is in the 14<sup>th</sup> position with a cumulative case is 3,331,206 (WHO, 2021d). The age range of the highest exposure Covid-19 in Indonesia is 31-45 years (29%), the highest cure rate is 31-45 years (29.5%), and death is 60 years (47.3%) (Satgas Penanganan COVID-

19, 2020). Covid-19 cases in children aged 6-18 years were 6.8% of the total confirmed cases (143,043 cases as of August 18, 2020); 6.7% of the total confirmed case has treated or isolated; 7.2% of the total confirmed cases recovered, and 1.3% of the total cases died (Kemenkes RI, 2020).

The high mortality rate even issued a policy aimed to reduce exposure of the Covid-19 virus with the issuance of the latest policy, namely *Pemberlakuan Pembatasan Kegiatan Masyarakat (PPKM)* in 4<sup>th</sup> Level and 3<sup>rd</sup> Level Corona Virus Disease 2019 in the Java and Bali Regions. This policy certainly has an impact on the community, especially in the economic sector where working hours for office employees are 100% Work From Home (WFH) in level 4 areas and for street vendors are limited to 8 p.m., and another impact is that educational activities or studying at school have diverted to a bold learning method (Kemendagri, 2021).

The impact of the large number of productive age exposed in Covid-19 and the implementation of PPKM has made family resilience decline. Termination of employment, business closures, and the death of the backbone of the family are some reasons why families or parents who previously were able to fulfill individual or family needs well now have to make it efficient. Reduction of household income indirectly affects the welfare of children, especially teenagers where they become less of the proper health and social services, even dropping out of school (BKF & UNICEF, 2020).

Adolescence is a transition period of physical, cognitive growth, and psychosocial development (WHO, 2021a). The Indonesian Government has been facilitated adolescent health in primary services and institutions where the goals of this are that adolescents get good information about their reproductive health. On the other hand, PPKM has aimed to reduce the exposure of Covid-19 where causes some primary health services for adolescent health to be limited (Kemenkes RI, 2020).

The closure of schools and restrictions on health services during the pandemic made health institutions that focus on adolescents, namely UNICEF and PKPR, modifying the issue policies before. Based on the adolescent reproductive health needs in the Covid19 pandemic situation, this article seeks briefly about adolescents physiology and how the efforts of global institutions and the Indonesian Government in maintaining adolescent reproductive health properly. The aim is for the adolescents to get their right to health physically, psychologically, and socially in the pandemic situation and the future.

## Literature

The theories that will explain are relate to reproductive health in adolescents, the Covid-19 pandemic, youth protection policies from the World Health Organization (WHO) and The United Nations Children's Fund (UNICEF) during a pandemic, and *Pelayanan Kesehatan Peduli Remaja (PKPR)*.

## Definition of Adolescen

Adolescence which according to WHO is a transitional stage of human life between childhood to adulthood with an age range of 10 to 19 years (WHO, 2021a).

The definition of youth according to the Regulation of the Minister of Health of the Republic of Indonesia Number 25<sup>th</sup> of 2014 concern in Child Health Efforts is an age group with a range of 10-18 years old (Kemenkes RI, 2014b).

In Indonesia, BKKBN is part of the institution under the Indonesian Ministry of Health where also focuses on adolescents. It defines an adolescent as an age group ranging from 10-24 years old and unmarried (BKKBN, 2021).

## Physiological Growth and Development of Adolescents

Adolescence is a critical and sensitive period in the human life cycle. In this period, a human being experiences a process of physical, psychological, and social growth and its development until they become adults (Blakemore & Mills, 2014).

The appearance of secondary sex signs where caused by physiological influence in boys and girls as they experience physical changes during puberty. Physiological influence in the endocrine system causes adrenarche and gonadarche. Adrenarche is the adrenal cortex maturation process where the process occurs before the increase of gonadotropins and appears suddenly at the age of 6-9 years. At this stage, occurs the secretion of dehydroepiandrosterone (DHEA) and dehydroepiandrosterone sulfate (DHEA-S) where these two hormones trigger the initial growth of axillary, pubic, and sweat gland hair (body odor) and acne (Heffner, J. L., & Schust, 2010).

Then it goes to the gonadarche stage where for 2 years this stage is still followed by the occurrence of adrenarche. This stage is the end of the pubertal phases where hypothalamic-pituitary gonadotropin-gonadal reactivity makes the maturation of primary sexual characteristics (testes and ovum) and secondary sexual characteristics. The peak of gonadarche is the occurrence of menarche in girls (age 8-10 years) and spermaceti in boys (10-11 years) (Batubara, 2010; Hartini, 2017; Heffner, J. L., & Schust, 2010).

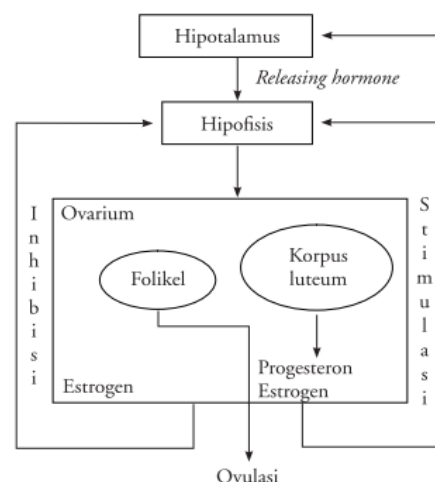
In addition to hormonal changes, adolescents also experience neurocognitive development. It begins with an explanation that the human brain has a thin layer called the cerebral cortex, also known as gray matter, and the inside of the brain has a lighter color, namely white matter. Gray matter is composed of brain nerve cell bodies (soma) and functions to process information. White matter is composed of axons and serves to transmit information to other parts of the nervous system (Jawabri & Sharma, 2021).

From infancy to childhood, the volume of gray matter increases but then decreases during adolescence and twenties. Then, the volume and integration of white matter increase in most cortical areas during childhood and adolescence through adulthood. During the developmental period, gray matter and white matter cause changes in cognitive function like Intelligence Quotients (IQ), working memory, and problem-solving abilities. In addition, there are changes in social aspects include the perspective and process of getting to know someone. These have reasoned why teenagers tend to often take risks as their identity experience seeking, and this experience will gradually decrease as teenagers grow into adults (Fuhrmann et al., 2015).

It can conclude that at this stage, adolescents have increased rapidly in their physical, cognitive, and psychosocial growths where their transition process affects adolescents in managing their feelings, thinking, making decisions, and interacting with their environment. It is the reason why proper health education needs to give at this time (WHO, 2021a).

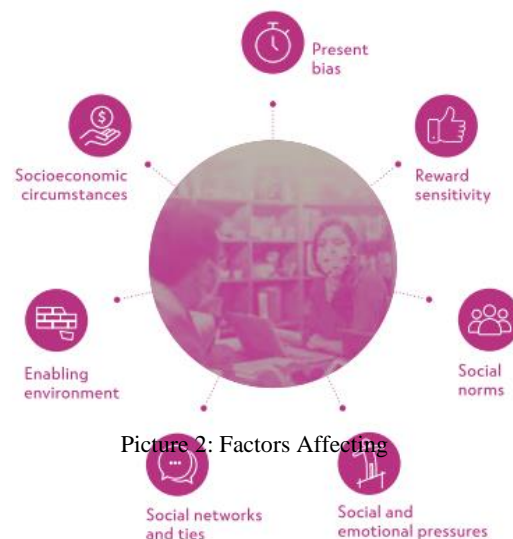
### The Factors that Affecting Adolescent Behavior

Adolescents will be looking for ways to fulfill the physical, emotional and developmental needs of their growth and development competencies. This triggers adolescent behavior including:



Picture 1:  
Hypothalamic–

1. Adolescents tend to make decisions with short-term consequences rather than long-term consequences.
2. Adolescents tend to be sensitive to the reward.
3. Teenagers are feeling hard to practice self-control, especially when situations are emotional and impressive for them.
4. Adolescents have strongly influenced by social norms that come from their peers.
5. Social networks and their closest people (peers, family members, and other role models) very influence adolescent behavior.
6. Adoption of safe behavior in adolescents depends on physical conditions, opportunities, and social barriers in their environment.
7. Socio-economic circumstances can be a strong influence on adolescents in risk-taking and decision-making (WHO, 2021b).



Picture 2: Factors Affecting

### Risks and Roles of Teenagers During the Global Covid19 Pandemic

1. Exposure of Covid-19 infection where contracting or transmitting to adolescents has the same probability as adults. They must strictly follow national guidelines around screening, testing, isolation, treatment, and social distancing.
2. Formal education during the COVID-19 pandemic has implemented school closures nationwide. According to a UNESCO report, this policy was implemented in 107 countries and affected 861.7 million children and youth.
3. Non-formal education also experienced closures and restrictions, which to prevents adolescents from engaging in social relationships with their peers and teachers. The lengthy closures and restrictions of educational establishments cause anxiety and emotional anxiety for teenagers. Other problems are if their family has been infected, quarantined, or passed away, where this becomes a psychosocial problem for teenagers that needs to address. Education services, social support mechanisms, and access to health services need to strengthen from the awareness of parents and or guardians. They have been a keys point in maintaining adolescent health during this pandemic.
4. Adolescents and girls face high levels of household violence by those closest of them, this can happen during periods of quarantine and isolation. So if there are parents who become single parents due to this pandemic, then parents will have no choice to continue working and supporting their children.
5. Many vulnerable young people, such as migrants, refugees, homeless, adolescents who are in detention and living in slum areas put them at greater risk of contracting Covid19. They also face limitations in technology, education, and information, including how to reduce exposure from Covid19.
6. Adolescents with HIV are at greater risk because of their weak immune systems and dependence on antiretroviral treatment and other services, which may not be a priority.
7. The existence of strict policies on the health system to reduce the Covid-19 has hampered sexual and reproductive health services and information for adolescents. The mental health services and counseling needs are important, which many people include teenagers, face high levels of anxiety and stress due to Covid19. Appropriate measures are needed to protect

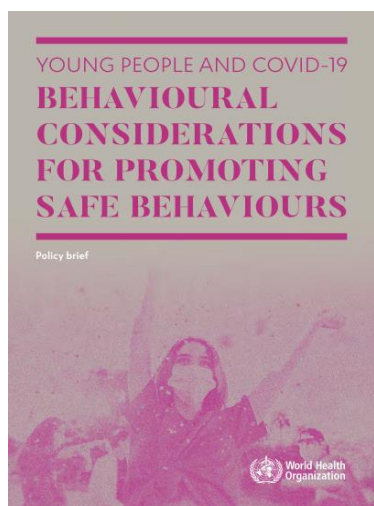
vulnerable groups such as migrant youth, refugees, youth in detention, youth with disabilities, youth living with HIV, and youth living in poverty.

8. Adolescents can be a row model of communication and community networks in times of crisis and emergency. With proper training on the disease and its transmission, youth can work together with health authorities to help break the chain of Covid19 transmission.
9. The younger generation is closer to technology, media, and the internet than any other generation. In the period of social distancing and lockdown, it is crucial to the maintainability of teenagers in technology for communication, information, and support among teenagers and other communities. Youth can plays a crucial role in disseminating accurate information about Covid19 and supporting information sharing on risk reduction, national preparedness, and response efforts (UNFPA, 2020).

### Global Efforts to Improve Adolescent Reproductive Health During the Covid19 Pandemic

WHO declared the COVID-19 outbreak a public health emergency of international concern. WHO has called all countries to take immediate action to prevent and reduce Covid19. It has conveyed by the Director-General of WHO, Dr. Tedros Adhanom Ghebreyesus January 30th, 2020 (WHO, 2020). The economic and social impact of the Covid-19 pandemic continues to grow, so many countries make policies to reduce the pace of this Covid-19 (WHO, 2021c).

The government has made policies like stay-at-home, restrictions on social gatherings, closure of schools, universities, and businesses, physical distancing, and other measures. These have aimed to reduce the spread of the virus. It is considerable consequences for adolescents, which are in their exploration and growth phase effect of risky behavior. For example, teenagers feel lonely, stressed, and anxious because of limited social activities. In addition, other risky behaviors are teenagers neglecting to wear masks and keeping a distance because adolescence is in a phase where they are in the growth and development process. These are why they have the desire to explore what is around them (WHO, 2021b) (WHO Southeast Asia et al., 2020).



This reason has become WHO to make adolescents guidelines adolescents to their needs can still provide and proper. WHO made a policy in the form of a guide entitled “Young People And Covid-19 Behavioral Considerations For Promoting Safe Behaviors “Policy Brief” aims to provide relevant services to youth based on evidence-based and behavioral assessments of youth initiatives in promoting and preventing from Covid19 (WHO, 2021b).

This guide contains evidence-based in adolescent physiology, influence factors of adolescents behavior until policies that are regulated to maintain adolescent health. In this guide, the strategies developed to assist adolescents in reducing their risk-taking habits, especially in a

Picture  
2.

pandemic situation. There are:

1. Creating an environment where safe behavior is easy to do while unsafe behavior is difficult.
2. Communicating information about social norms that support safer behavior.
3. Convey the core message or meaning of the risk information obtained.
4. Build adolescents' confidence in their ability to act (self-efficacy) for adolescents to protect themselves from risk.
5. Leverage trusted sources include peers and adults, to communicate about risky habits (WHO, 2021b).





Picture 4:  
Behavioral

Several regulations made in accordance with adolescent physiology have the potential to increase the effectiveness of the Covid-19 policies or strategies being implemented, including:

1. Create an enabling environment where safer behaviors are easy to implement.
2. Building positive social norms in peer groups.
3. Shows feelings of empathy and motivation towards others in society.

4. Engage youth in communicating risky habit prevention messages on social media.

5. Build confidence in youth to protect themselves and their loved ones from risk.
6. Facilitating social relationships safely to reduce negative mental health impacts (WHO, 2021b).

The development of behavioral strategies or policies varies are wide. It has adapted for any age group or adolescents. The determination strategies must be tested first and then adjusted based on age, socioeconomic, gender, and geography (both within and across countries). Due to the limited evidence-based behavior to prevent COVID-19 in adolescents, it is necessary to apply the evidence from other health domains and experts in making this WHO policy (WHO, 2021b).

Considering the impact of the pandemic on adolescents who have a role in global development, further research should carry out on behavior, coordination, and other complementary strategies in adolescents, especially during the pandemic. It aims to be able to empower young people, to help them protect themselves and their loved ones while recognizing the special needs of youth to ensure they have a role and potential in the fight against Covid19 (Chandra-mouli & Lane, 2015).

Guidelines for adolescent services during the Covid19 pandemic created by WHO and UNICEF have met the needs of adolescents in the reproductive health aspect, namely services in the scope of physical, psychological, and social health.

### The Indonesian Government's Efforts in Improving Adolescent Reproductive Health During the Covid19 Pandemic

The Covid-19 pandemic is still happening in Indonesia and even the world. Many impacts felt ranging from health, economy to security and social protection where the long-term impact affects the welfare of women, children, and adolescents. It has exacerbated several community services, which are adolescent reproductive health services, especially in Indonesia, which are becoming limited.

Adolescent reproductive health, according to Government Regulation of the Republic of Indonesia Number 61 in 2014 is a state of complete physical, mental and social health, not merely free from disease or disability related to reproductive systems, functions, and processes. The provision of adolescent reproductive health services is based on *Pelayanan Kesehatan Peduli Remaja (PKPR)* to maintain their health (Kemenkes RI, 2014c).

*Pelayanan Kesehatan Peduli Remaja (PKPR)* is a health service that can be accessible for adolescents, pleasant, accepting adolescents with open arms, respecting adolescents, maintaining confidentiality, being sensitive with their needs in health, being effective and efficient in fulfilling their needs (Kemenkes RI, 2014c)



Picture 5:  
Guidelines  
for Health

PKPR has been implemented by health centers in Indonesia. The focus of PKPR health service targets is various youth groups, including :

1. Adolescent in schools: public schools, madrasas, Islamic boarding schools, special need schools.
2. Youth extra school: youth organization, saka bakti husada, red cross youth, orphanage/rehabilitation, teaching and learning groups, youth organizations, shelters, religious groups.
3. Young women as prospective mothers and pregnant teenagers without questioning their marital status.
4. Adolescents who are vulnerable to HIV transmission, adolescents who are already infected HIV, adolescents affected by HIV and AIDS, adolescents who are being orphans because of AIDS.
5. Adolescents with special needs, which include the following groups of adolescents:
  - a. Victims of violence, victims of trafficking, victims of sexual exploitation.
  - b. People are with disabilities, in *lembaga pemasyarakatan (LAPAS)*, homeless children, and working youth.
  - c. In conflict areas (refugees) and remote areas (Kemenkes RI, 2014a).

PKPR services include communication, information, and education; counseling; and or medic clinical services and must be adapted to the problems and stages of adolescent growth and development and pay attention to justice and gender equality, concern in morals, religious values, mental development, and based on the provisions of laws and regulations (Kemenkes RI, 2014c).

In detail, PKPR services have provided comprehensive promotion, prevention, curative, and rehabilitative with the PKPR approach. The interventions include:

1. Adolescent reproductive health services (covering sexually transmitted infections/STIs, HIV&AIDS) including sexuality and puberty.
2. Prevention and control of adolescent pregnancy.
3. Nutrition services (anemia, deficiency, and excess nutrition), including counseling and education.
4. Adolescent growth and development.
5. Screening for TT status in adolescents.
6. Adolescent mental health services, including psychosocial problems, mental disorders, and quality of life.
7. Drug prevention and control.
8. Detection and handling of violence against youth.
9. Detection and treatment of tuberculosis.
10. Detection and treatment of worms (Kemenkes RI, 2014a).

The PKPR management team at the Puskesmas must be able to carry out PKPR, may consist of health workers who manage youth-related programs (UKS, nutrition, MCH, STI and HIV, drugs, health promotions, other programs needed), accompanied by a decree for the formation of a PKPR Team by the Head Puskesmas or Head of District/City Health Service (Kemenkes RI, 2014a).

In addition to the health staff team, PKPR provides services carried out by their peers called *Konselor Sebaya*. *Konselor Sebaya* is teenager who has received youth counseling training carried out by the District/City Education Office or related agencies, or orientation to increase counseling insight regarding "PKPR Guidelines for *Konselor Sebaya*" and Technical Guidelines for Counseling for *Konselor Sebaya* carried out by schools under guidelines with a facilitator from PKPR Health Center health workers. *Konselor Sebaya* will be accompanied by a supervisor, someone from

school or outside school elements who actively provide guidance/or assistance to peer counselors under the coordination of PKPR health center officers, for example, BK teachers, UKS teachers, chairpersons, or leaders of youth groups (Kemenkes RI, 2014a).

During this Covid19 pandemic, the PKPR program modified its service delivery by using blended learning between online and offline services with service techniques described in the Guidelines for Health Services for School-Age Children and Adolescents During the Covid-19 Pandemic (Kemenkes RI, 2020).

Promotion of PKPR modifications at the public health center during the pandemic was carried out by coordinating cross-program advocacy such as internal health centers and health offices. PKPR during the Covid19 pandemic consists of activities inside the building and outside the public health center building.

The types of activities in the building consist of medical clinical examinations like supporting examinations and referral services, providing Communication, Information, and Education, counseling services, and providing psychosocial skills (*Pendidikan Keterampilan Hidup Sehat* or PKHS). Medical clinical services in the building consist of medical clinical services consisting of anamnesis, physical examination, psychosocial examination, supporting examination, management and referral. The registration process has been online or by telephone for screening the symptoms and associations with Covid-19. In addition, services in the building consist of counseling, IEC, and psychosocial skills in a face-to-face meeting (offline) and online through the website, consultation via WA, email, telephone, or other available applications. The use of google form-based health monitoring is an example of screening services carried out during a pandemic. Client confidentiality, even through online services. The service is maintained properly by using a special mobile number for online counseling services (Kemenkes RI, 2020).

Activities outside the building include health coaching at schools, in orphanages or LKSAs, in children's prisons or detention centers, or LPKA includes health services in the community through the youth Integrated Healthcare Center (Kemenkes RI, 2020).

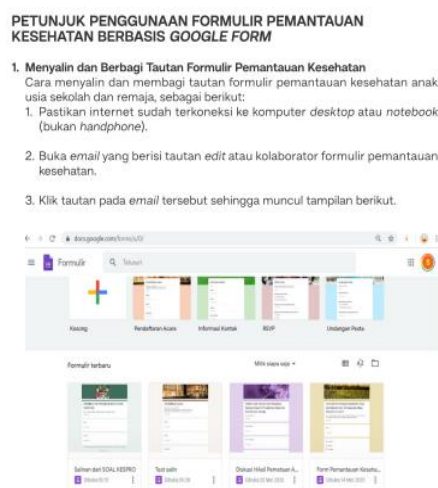
PKPR has been evaluated the process of services as a basis for evaluating the implementation of school-age and adolescent health programs during the COVID-19 pandemic. The things that have been evaluate are the number of Covid-19 cases in school-age children and adolescents, program implementation, utilization of health services in supporting and inhibiting factors (Kemenkes RI, 2020).

If in the health monitoring form, health problems which found in school-age children, the provision of IEC are carried out through or in collaboration with educational units or institutions or prisons (adjusted with the most health problems at the institution) and referrals if needed (Kemenkes RI, 2020).

PKPR adopts WHO and UNICEF policies in adolescent health services, which purpose is to fulfill reproductive health needs. It will develop according to the needs of adolescents in Indonesia.

## Conclusion

The facts which had explained before are related to the period of physical, psychological, and social growth of adolescents where they tend to do risky things in the context of searching for their identity, for example, during this pandemic, teenagers tend to be undisciplined in using masks and



Picture 6: Google  
Form Based Health



social distancing. It makes the global government (WHO and UNICEF) concern about the reproductive health needs of adolescents during the Covid19 pandemic as one of the focus problems that must be resolved by making health policies for adolescents during the Covid19 pandemic. This policy was adopted by the PKPR program that has been carried out in Indonesia by modifying these services with blended learning (online and offline) and PKPR continues to evaluate this program where this pandemic is one of them by using the google form.

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