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Reconstruction of Adolescent Health Care Provision Within The Indonesian Health Law System

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Abstract

Pediatric clinics often retain a child-oriented atmosphere, which frequently causes discomfort among adolescents aged 10 to 18 who are legally still considered children but are physically and psychologically approaching adulthood. Consequently, they often refuse to seek treatment at pediatric clinics, yet they cannot be served at general adult clinics until they reach the age of 18. This study aims to: (1) analyze the legal framework governing outpatient clinic services within the Indonesian healthcare system; and (2) examine the restructuring of healthcare services for adolescents approaching adulthood to ensure legal certainty and the fulfillment of health rights. This study uses normative legal research with legislative and conceptual approaches. The results indicate that the definition of childhood in healthcare services refers to Law No. 35 of 2014, which defines a child as anyone under the age of 18. However, current healthcare practices place adolescents aged 10–18 in a transitional phase that has not been adequately accommodated in terms of service comfort and appropriateness. Therefore, regulatory reform is needed through the optimization of adolescent healthcare services, including a requirement for hospitals to provide specialized outpatient clinics for adolescents, along with adjustments to medical service policies to ensure legal certainty and the fulfillment of adolescents' health rights in Indonesia

INTRODUCTION

Health is a fundamental right inherent to every human being and an integral part of human rights that must be guaranteed by the state. This is affirmed in Article 28H, paragraph (1), of the 1945 Constitution of the Republic of Indonesia, which states that every person has the right to adequate health care. The implementation of this norm is further reinforced in Law No. 17 of 2023 on Health, which emphasizes that health services must be provided safely, with quality, and equitably in accordance with the needs of the community (Soekidjo Notoatmodjo, 2024). However, in practice, there remains a discrepancy between normative regulations and on-the-ground implementation, particularly regarding the classification of health services based on age. This situation indicates that Indonesia's health law system still faces challenges in achieving comprehensive legal certainty in health care.

In practice, the healthcare system in Indonesia still uses a simple classification approach,

distinguishing only between pediatric outpatient clinics and general adult outpatient clinics. This distinction is based on Law No. 35 of 2014 on Child Protection, which defines a child as a person under the age of 18. Regulation of the Minister of Health of the Republic of Indonesia No. 25 of 2014 on Child Health Efforts, Article 1, Point 7, defines adolescents as the age group from 10 to 18 years. However, the healthcare system in Indonesia only distinguishes between pediatric clinics for those under 18 years of age and general clinics for adults who have reached the age of 18. Adolescents have distinct biological, psychological, and social characteristics, thus requiring a specific healthcare approach that cannot be equated with services for either children or adults. This highlights a gap between legal norms and the empirical needs of the community in health services (M. Nasir Djamil, 2024).

This issue becomes even more complex given that adolescents are a vulnerable age group prone to various health problems, whether physical, mental, or social. Recent studies in Indonesia indicate that adolescents' health needs encompass reproductive health, mental health, and risky behaviors, all of which require a comprehensive and integrated service approach (Fusar-Poli, 2019; Stolper et al., 2024). However, the existing healthcare system is not yet fully responsive to these needs due to limited facilities and the absence of specific regulations. This situation results in suboptimal access to and quality of health care for adolescents. Therefore, a more adaptive policy approach tailored to the needs of this age group is required.

The government has actually launched the Adolescent Friendly Health Services Program (PKPR) as a form of recognition of adolescents' specific needs in health care (Andolina et al., 2021; Arije et al., 2022; Wijaya et al., 2025). This program aims to provide adolescent-friendly services through promotive, preventive, and curative approaches tailored to the characteristics of this age group (Widyastuti, 2025). However, the implementation of PKPR still faces various obstacles, such as limited human resources, a lack of integration within the healthcare system, and the absence of uniform service standards. This indicates that PKPR remains a programmatic initiative and has not yet been normatively institutionalized within the national healthcare system. Consequently, the existence of this program has not been able to fully guarantee legal certainty in adolescent health care.

The absence of regulations explicitly governing health services for adolescents indicates a normative gap in Indonesia's health law system (Nuryana, 2025; Pham et al., 2023). This normative gap leads to legal uncertainty in healthcare practice, as there are no clear standards for determining the appropriate types of services for adolescents. From a legal theory perspective, this condition reflects a discrepancy between das sollen and das sein, which has the potential to cause legal injustice and inefficiency. Therefore, a reconstruction of legal regulations is needed to more comprehensively accommodate age-based healthcare needs, specifically through the establishment of regulations governing adolescent clinics as a distinct healthcare cluster tailored to the characteristics of this age group. Such restructuring must address the real needs of the community while providing legal certainty in healthcare practice.

The novelty of this research lies in five aspects. First, it systematically analyzes the regulatory inconsistency between child protection law, which defines children as persons under 18 years of age, and health service practice, which places those under 18 in pediatric clinics and those aged 18 and above in adult clinics, thereby identifying the specific gap affecting adolescents aged 10–18. Second, it proposes a specific three-tier age-based classification

system for outpatient clinics: Pediatric Clinic for ages 0 to under 10 years, Adolescent Clinic for ages 10–18 years, and Adult Clinic for ages 18 years and above. This constitutes a concrete legal reform proposal that has not been previously articulated in Indonesian health law literature. Third, it grounds this reconstruction in three legal theories: legal certainty, by creating clear and unambiguous norms; justice, by providing proportional treatment for a distinct age group; and legal effectiveness, by addressing real societal needs. Fourth, it connects the proposed reconstruction to Indonesia's existing Adolescent Friendly Health Services Program (PKPR), thereby providing a pathway for institutionalizing this programmatic initiative into mandated services. Fifth, it analyzes the implications of this reconstruction for the legal protection of both adolescent patients and healthcare providers through clear service standards.

This study aims to analyze the legal framework governing outpatient services within Indonesia's health system, while also examining the need to restructure health care services for adolescents transitioning into adulthood. Specifically, this study seeks to identify the limitations of the existing framework in accommodating the healthcare needs of adolescents, as well as to formulate a regulatory framework that is more adaptive and responsive to the characteristics of this age group. Furthermore, this study is directed at examining the ideal legal framework for the provision of adolescent health services, including the recognition of specialized adolescent health services as part of efforts to ensure legal certainty and the comprehensive fulfillment of health rights.

This study employs a normative legal research method, which focuses on the analysis of norms, principles, and legal provisions applicable within Indonesia's health law system. The research was conducted using a statutory approach, by examining various regulations related to child protection and health services, as well as a conceptual approach, which was used to analyze legal doctrines and theories in order to construct a systematic and coherent normative argument for formulating a reconstruction of adolescent health service regulations.

METHOD

This study employs a normative legal research method aimed at analyzing the regulatory framework governing adolescent health care in Indonesia and the need for restructuring outpatient services for adolescents approaching adulthood. The research integrates a legislative (statutory) approach by examining laws and regulations, including Law No. 17 of 2023 on Health, Law No. 35 of 2014 on Child Protection, and Minister of Health Regulations related to child and adolescent health services. Additionally, a conceptual approach is employed to evaluate legal doctrines, principles, and theories concerning patient rights, legal certainty, and equitable access to health care. Data were collected through a comprehensive review of legal texts, scholarly literature, and relevant policies, and were analyzed qualitatively using doctrinal and interpretative methods. This methodology enables the identification of gaps between existing legal norms and practical healthcare needs, particularly the absence of specialized adolescent clinics, and provides a foundation for formulating recommendations to ensure legal certainty, equitable access, and the fulfillment of adolescents' health rights in Indonesia.

RESULTS AND DISCUSSION

Legal Regulations Governing Outpatient Clinics in the Indonesian Healthcare System

The health care system in Indonesia is fundamentally based on constitutional guarantees as stipulated in Article 28H, paragraph (1) of the 1945 Constitution of the Republic of Indonesia, which affirms that every person has the right to health care. This provision serves as the foundation for the establishment of various regulations in the health sector, including those governing the delivery of health services (Soekidjo Notoatmodjo, 2018). In this context, the state has an obligation to ensure that health services are provided equitably, uniformly, and in accordance with the needs of the community. However, in practice, there remain various shortcomings in the technical regulation of health services, particularly regarding age based service classifications.

Further regulations regarding health care in Indonesia are currently set forth in Law No. 17 of 2023 on Health, which is the most recent regulation still in effect. Under these provisions, health services are emphasized to be implemented in a promotive, preventive, curative, and rehabilitative manner, as reflected in Article 18, which governs individual health efforts. These provisions indicate that the health care system is oriented toward comprehensively meeting individual needs. However, these regulations do not yet explicitly address the operational division of services by age group (R.A. Siregar, 2020).

From the perspective of patients' rights, Article 276 of Law No. 17 of 2023 on Health stipulates that every patient has the right to receive health care in accordance with medical needs, professional standards, and quality service. This provision indicates that health care must be tailored to patients' characteristics, including age. However, this standard remains general in nature and does not yet provide specific regulations regarding the classification of services based on age categories. This indicates a gap in the technical regulations governing health care (Soekidjo Notoatmodjo, 2018).

In the practice of healthcare in Indonesia, the service classification system is still dominated by a simple division between pediatric clinics and general clinics that serve adults. This division is not explicitly regulated by any specific legal norm but has evolved as an administrative and medical practice. Pediatric clinics are generally intended for patients ranging from newborns to children aged 18 years, while general clinics serving adult patients cater to those aged 18 and older, including the elderly. This pattern indicates that the healthcare system still employs a binary approach in categorizing patients.

The legal basis for pediatric clinics is relatively clearer because it refers to Law No. 35 of 2014 on Child Protection, which defines a child as a person under the age of 18 (M. Nasir Djamil, 2016). These provisions were subsequently adopted in healthcare practice as the basis for grouping pediatric patients. As a result, pediatric clinics have strong legal legitimacy within the healthcare system. As a result, pediatric clinics have strong legal legitimacy within the healthcare system.

Article 1, Point 7 of Regulation of the Minister of Health of the Republic of Indonesia No. 25 of 2014 on Child Health Services states that adolescents are the age group ranging from 10 to 18 years old (Permenkes RI No. 25 Tahun 2014). However, although there are provisions regarding the definition of adolescence, there are no specific regulations that explicitly address the establishment of adolescent clinics. This creates a gap in the provision of health services that can be tailored to the specific needs of the adolescent age group, which falls between the categories of children and adults.

This is in contrast to general/adult outpatient clinics do not have explicit regulations that clearly define age limits or the nature of their services. The existence of general/adult outpatient clinics is more a consequence of the end of child status at age 18. Thus, every individual who has passed that age limit automatically falls into the adult category. This indicates that the regulation of general/adult outpatient clinics is residual in nature and is not formulated in detail in legislation.

A healthcare classification model that merely distinguishes between pediatric clinics and general (adult) clinics essentially reflects an overly simplistic approach. This approach assumes that individuals fall into only two main age categories: children and adults. However, from both sociological and medical perspectives, there are other developmental phases with distinct characteristics. One such phase is adolescence, which occupies a transitional position (Machria Rachman, 2019).

The primary issue with age-based healthcare systems is particularly evident among adolescents in the transitional age range specifically those between 10 and 18 years old who are legally still classified as children but have already demonstrated biological, psychological, and social characteristics approaching adulthood (Permenkes RI No. 25 Tahun 2014).This situation places adolescents in an ambiguous position within the healthcare system, as the available service approaches have not yet been able to adequately accommodate their specific needs. On one hand, if adolescents are placed in pediatric clinics, the approach tends to be protective and family-centered, making it less suitable for adolescents who are beginning to develop toward independence. On the other hand, when directed to general (adult) clinics, adolescents are not yet fully prepared, psychologically or socially, to receive a more independent and clinical approach to care. This mismatch ultimately leaves adolescents in a position that is not optimally accommodated within the healthcare system, leading to confusion for both patients and healthcare providers in determining the appropriate type of service. A further consequence of this situation is uncertainty regarding access to healthcare, which has the potential to hinder the comprehensive and equitable fulfillment of adolescents' health rights.

In actual healthcare practice, adolescents are generally still directed to seek care at pediatric clinics because, by definition, they still fall within the childhood age category as defined by law. However, the service approach at pediatric clinics is fundamentally designed for an age group that remains highly dependent on parents or guardians, and is therefore protective, paternalistic, and family-centered. This approach becomes less relevant when applied to adolescents who are psychologically developing toward independence, have a need for privacy, and face more complex health issues such as reproductive health and mental health. The mismatch in this approach not only causes discomfort for adolescents but also has the potential to hinder openness in expressing health concerns, thereby impacting the quality of diagnosis and care provided. Consequently, adolescents tend to be reluctant to access health services optimally because they feel they are not in a service environment that aligns with their characteristics and needs. Thus, this situation highlights a significant gap between formal legal norms and the empirical needs of society, particularly in providing appropriate health services for the adolescent age group.

Adolescents also cannot be fully served in general (adult) outpatient clinics. This is due to limited legal recognition of adolescents' autonomy as patients. Furthermore, services at

general (adult) clinics often fail to address the psychosocial aspects specific to adolescents. This situation further highlights the gaps in the age-based healthcare system (A. Aziz Alimul Hidayat, 2017).

The absence of a specific classification for adolescents indicates a regulatory gap in Indonesia's health law system. This gap results in the lack of clear service standards for the adolescent age group. Consequently, healthcare providers often exercise discretion in determining the type of services provided. Such discretion has the potential to lead to inconsistencies in service delivery across healthcare facilities.

From the perspective of legal certainty, this situation indicates that the healthcare system has not yet met the principle of clarity of norms. Legal certainty requires rules that are clear, unambiguous, and free from multiple interpretations. However, when it comes to adolescent healthcare, these requirements have not yet been met. This has the potential to create uncertainty for both patients and healthcare providers in their practice.

From a justice perspective, a service system that merely distinguishes between children and adults is unable to adequately meet the needs of adolescents. As a group with unique characteristics, adolescents should receive specialized services. However, under the current system, they are treated the same as other age groups. This situation highlights disparities in the fulfillment of health rights (Irfan Islami, 2019).

From the perspective of legal effectiveness, norms that fail to address the needs of society lose their sociological validity. The fact that healthcare workers must exercise discretion indicates that existing norms are not yet effective. This reflects a gap between the ideal (das sollen) and reality (das sein) within the health law system. Therefore, norms must be adjusted to be more responsive to the needs of society. Furthermore, from the perspective of legal protection, adolescents, as a vulnerable group, should receive special protection within the healthcare system. Such protection encompasses not only access but also the quality and appropriateness of care. Without dedicated units, this protection cannot be provided optimally. Thus, the absence of adolescent clinics indicates a lack of legal protection for this age group.

It can be concluded that the main problem in the organization of health care in Indonesia lies in the absence of a comprehensive age classification system. A system that only recognizes pediatric clinics and general (adult) clinics has not been able to accommodate the needs of adolescents as a transitional group. This situation creates a regulatory vacuum, legal uncertainty, and disparities in health care. Therefore, a more adaptive regulatory framework based on community needs is required.

Reconstruction of Health Care Services for Adolescents Approaching Adulthood to Ensure Legal Certainty and the Fulfillment of Health Rights

The reconstruction of health care arrangements for adolescents approaching adulthood is an unavoidable necessity within Indonesia's health law system. The issues outlined in the previous subsection indicate a regulatory gap regarding age based classification of health services, particularly for adolescents. This situation leads to legal uncertainty in the practice of health services in the field. Therefore, regulatory reform is needed to bridge the gap between existing legal provisions and the real needs of the community.

Constitutionally, the right to health is part of the human rights guaranteed by the state, as stipulated in Article 28H, paragraph (1) of the 1945 Constitution. This provision implies that

the state has an obligation to provide a fair and non-discriminatory health care system (Soekidjo Notoatmodjo, 2018). In this context, adolescents, as a transitional age group, have the same right to receive health services appropriate to their needs. However, in the absence of specific regulations, this right may not be fully realized.

The legal basis for this restructuring can be found in Law No. 17 of 2023 on Health. Article 18 stipulates that individual health care must be provided comprehensively, encompassing promotive, preventive, curative, and rehabilitative aspects. Furthermore, Article 276 states that every patient has the right to receive safe, high-quality health care that meets their medical needs. This provision indicates that health care must be tailored to the patient's characteristics, including their age (UU No. 17 Tahun 2023).

These regulations remain general in nature and do not explicitly address the classification of age-based health services. As a result, the health care system in Indonesia continues to use a simplistic approach, distinguishing only between pediatric clinics and general (adult) clinics. This approach fails to accommodate the needs of adolescents, who have unique characteristics. Therefore, a more comprehensive and systematic overhaul of the regulations is needed.

The establishment of adolescent clinics as a distinct cluster of healthcare services is the primary solution to addressing these issues. Adolescent clinics serve as a bridge between pediatric clinics and general (adult) clinics within the healthcare system. The existence of these clinics enables a service approach that is better suited to the needs of adolescents. Additionally, adolescent clinics can improve access to and the quality of healthcare services for this age group. The establishment of adolescent clinics is based on a human development approach that distinguishes between the childhood, adolescence, and adulthood phases. Adolescence is a transitional phase characterized by significant changes in biological, psychological, and social aspects (Nessi Meilan dkk., 2018). Therefore, the approach to health care for adolescents must be specialized and cannot be equated with that for children or adults. In this context, adolescent clinics serve as a vital tool in delivering needs-based healthcare services.

In practice, Indonesia already has the Adolescent Health Care Program (PKPR) as a form of recognition of adolescents' health needs. This program is designed to provide adolescent-friendly services that prioritize privacy and comfort. However, the PKPR remains a standalone initiative and has not yet been formally integrated into the health care system. Therefore, institutional strengthening is needed through the establishment of adolescent clinics (Widyastuti, 2019).

This regulatory reconstruction must also address normative aspects through the establishment of subsidiary regulations. Such regulations could take the form of a Minister of Health Regulation that explicitly outlines the classification of age-based health services. These regulations must include age limits, service standards, and operational mechanisms for adolescent clinics. This will ensure legal certainty in the delivery of health services.

To provide clarity regarding the structure of healthcare services, a systematic age-based classification is necessary. This classification aims to ensure that each age group receives healthcare services appropriate to its characteristics. The following is a proposed classification of outpatient clinics based on age:

Table 1. Classification of Outpatient Clinic Patients by Age Group

Clinic Type	Age Range

Pediatric Clinic	0 – < 10 years
Adolescent Clinic	10 – 18 years
Adult Clinic	≥ 18 years

This clustering reflects a more detailed categorization than the previous system. With the establishment of adolescent clinics, there is no longer a gap in care for this transitional age group. Furthermore, this clustering provides clarity in healthcare practice. It also makes it easier for healthcare providers to determine the appropriate care approach.

From the perspective of legal certainty, the restructuring of health care services based on age based clustering particularly through the establishment of adolescent clinics makes a significant contribution to creating clarity regarding norms within Indonesia's health care system. Legal certainty, by its very nature, requires rules that are clear, firm, consistent, and unambiguous in their application, so that every legal subject whether patients or healthcare workers has a definitive guideline for action. In the context of healthcare services, the previous lack of a clear classification had created ambiguity in determining whether adolescents should be treated in pediatric clinics or general (adult) clinics, which ultimately led to the subjective exercise of discretion by medical personnel. With the restructuring in the form of a structured classification between pediatric clinics, adolescent clinics, and general (adult) clinics, the boundaries of service become clearer and more measurable, thereby eliminating confusion in practice. Furthermore, the clarity of these norms also implies the creation of uniform service standards across healthcare facilities, which in turn strengthens consistency in the application of the law Thus, this revision not only reduces the potential for differing interpretations but also strengthens the legal legitimacy of healthcare services, while minimizing the risk of disputes arising from ambiguities regarding services provided to adolescents.

From a justice perspective, the establishment of adolescent clinics as a distinct cluster of health services reflects the provision of proportional treatment for an age group with specific characteristics and needs that cannot be equated with those of children or adults. Within the framework of distributive justice, every individual must receive services commensurate with their needs and objective circumstances, rather than being treated uniformly without consideration for existing differences (Irfan Islami, 2019). As a transitional age group, adolescents present unique complexities biological, psychological, and social thereby requiring a specific and distinct approach to healthcare. Historically, placing adolescents within pediatric clinics or general (adult) clinics has reflected structural injustice, as their unique needs are not fully accommodated within either of these categories. With the establishment of adolescent clinics, the healthcare system is no longer generalized but is able to provide more targeted and equitable care. This ultimately fosters the realization of a more inclusive healthcare system that not only ensures access but also ensures that services substantively align with the needs of each age group.

From the perspective of legal effectiveness, a legal norm will only be fully effective if it addresses the real needs of society and can be concretely implemented in practice. In the context of health care, the absence of specialized clinics for adolescents, as described earlier, indicates that existing legal norms are not yet fully effective because they fail to accommodate the needs of this transitional age group. Therefore, the establishment of adolescent clinics as part of the restructuring of healthcare service regulations constitutes a strategic step to enhance the effectiveness of legal norms, as it provides a direct solution to the challenges faced on the

ground. With the presence of adolescent clinics, access to healthcare becomes more open and youth-friendly, thereby encouraging increased utilization of healthcare services by this age group. Furthermore, services that are more specific and tailored to the characteristics of adolescents will also contribute to an overall improvement in service quality, both from medical and psychosocial perspectives. Thus, this restructuring is not merely normative but also has tangible practical implications for enhancing the effectiveness of the healthcare system in Indonesia.

The reconstruction of health care systems through the establishment of adolescent clinics not only impacts the fulfillment of patients' rights but also provides stronger legal protection for health care providers in the course of their practice. The clarity of service standards resulting from age-based categorization enables medical personnel to have clear guidelines for determining the type of services, approach, and scope of authority when treating adolescent patients. Under previous conditions, the absence of clear regulations often placed healthcare workers in a dilemma, as they had to exercise discretion in determining whether to treat adolescents as children or adults. This situation had the potential to lead to errors in care that not only impacted service quality but also created opportunities for legal disputes—whether in the realms of ethics, professional discipline, or civil and criminal law. With this framework establishing clear and measurable service standards, such risks can be minimized, as every medical action has a normative basis that can be accounted for. Thus, this framework not only strengthens legal certainty for patients but also provides legal protection for healthcare workers as service providers within the national healthcare system.

From an implementation perspective, the success of restructuring health care services for adolescents depends heavily on concrete and sustained government policy support. The reconstruction of established norms will be meaningless if not followed by systematic implementation steps, such as the development of clear adolescent health care standards, capacity building for medical personnel through specialized training, and the provision of facilities and infrastructure to support the operation of adolescent clinics within health care facilities. Additionally, the government must ensure the existence of monitoring and evaluation mechanisms to ensure that established standards are consistently implemented across all healthcare facilities. Without adequate implementation support, legal norms will remain merely formal and lack practical utility, thereby preventing the reconstruction's objectives of establishing legal certainty and delivering quality services from being achieved. Therefore, strong synergy is required between the regulations established and practices on the ground, so that harmony is created between das sollen and das sein in the healthcare system.

The reconstruction of health care services for adolescents must also be understood within the framework of forward-looking law, in which the law functions not only as a tool for social control but also as a means of social renewal (Satjipto Rahardjo, 2016). In this context, the law is required to anticipate evolving social dynamics, including changes in the increasingly complex patterns of health care needs. The establishment of adolescent clinics is a concrete form of social engineering aimed at creating a health care system that is more adaptive to the times. With more progressive regulations, the law is no longer reactive but becomes a proactive instrument in addressing public health challenges. Therefore, this reconstruction reflects a paradigm shift in health law from a static, normative approach toward a dynamic and contextual one.

This reconstruction approach is also consistent with the concept of progressive law, which places human beings at the center of the law itself. From this perspective, the law must not be confined to the text alone, but must be capable of providing real solutions to the problems faced by society. Adolescents, as a transitional age group, often face barriers in accessing appropriate health services, whether due to psychological, social, or structural factors within the health care system. Therefore, the establishment of adolescent clinics is not merely an administrative policy but a form of the law's commitment to a group that has not yet been adequately accommodated. Thus, this reconstruction reflects the law's courage to break away from outdated patterns that are no longer relevant to the needs of society.

From a health policy perspective, this restructuring has significant implications for improving the quality of national health service governance. Clear age based clustering will make it easier for the government to develop more targeted health programs based on the needs of specific age groups. Additionally, the establishment of adolescent clinics enables more specialized and focused care, allowing healthcare professionals to develop specific competencies in addressing adolescent health issues. This encompasses aspects of reproductive health, mental health, and risky behaviors that require a multidisciplinary approach. Consequently, this restructuring not only improves the quality of healthcare services but also strengthens the overall health management system.

This reconstruction also has strategic relevance in the context of protecting the younger generation as a national asset that plays a vital role in national development. Adolescents are an age group in the process of forming their identity, character, and behavioral patterns, which will determine the quality of human resources in the future. If health services for adolescents are not optimally regulated, this has the potential to cause long-term impacts in the form of increased physical and mental health problems that can hinder the productivity of the younger generation. Therefore, the establishment of adolescent clinics is not only a legal requirement but also a long term investment in national health development. In other words, this reconstruction has a strategic dimension in creating a healthy, productive, and competitive generation.

Ultimately, the success of restructuring health care services for adolescents depends heavily on the commitment and collaboration of all stakeholders, including the government, health care providers, and the community. Sound regulations must be accompanied by consistent implementation and effective oversight mechanisms to ensure they function as intended. Furthermore, active community participation, particularly from adolescents themselves, is a critical factor in ensuring that the health services provided truly meet their needs. Without community involvement, formulated policies risk being ineffective in practice. Therefore, this restructuring must be viewed as a collective effort involving various parties to realize a health care system that is equitable, effective, and sustainable.

CONCLUSION

Legal regulations governing outpatient clinics in Indonesia's healthcare system still lack a comprehensive age classification system. Pursuant to Article 28H(1) of the 1945 Constitution of the Republic of Indonesia, every person has the right to health care, which serves as the basis for the formulation of various health regulations, including Article 18 of Law No. 17 of 2023 on Health, which emphasizes health care provided through promotive, preventive, curative,

and rehabilitative measures. However, regulations regarding outpatient clinics that only distinguish between pediatric and adult clinics have not been able to accommodate the needs of adolescents, who are in a transitional phase. Article 276 of Law No. 17 of 2023 states that every patient has the right to receive health services in accordance with medical needs and professional standards; however, explicit regulations regarding adolescent clinics do not yet exist. Regarding age definitions, a child is defined in Law No. 35 of 2014 on Child Protection as a person under the age of 18, while adolescence is defined in Minister of Health Regulation No. 25 of 2014 on Child Health Efforts, Article 1, Point 7, which specifies that adolescence spans ages 10 to 18. Generally speaking, an adult is an individual aged 18 or older. This indicates a gap in the regulations that needs to be addressed by introducing more specific provisions regarding adolescent clinics, so that health services can better meet the specific needs of this age group in a more appropriate and equitable manner.

Reconstruction of health care services for adolescents approaching adulthood in Indonesia is urgently needed to ensure legal certainty and the fulfillment of their health rights. Currently, the health law system still faces a regulatory vacuum regarding age-based health care classifications, particularly for adolescents. Although the right to health is guaranteed under Article 28H(1) of the 1945 Constitution, which affirms that every person has the right to health care, and is further regulated in Law No. 17 of 2023 on Health, Articles 18 and 276, existing regulations remain general in nature and do not yet specifically accommodate the needs of adolescents. In this regard, the establishment of adolescent clinics as a distinct cluster of health services is urgently needed. The creation of adolescent clinics can provide an approach tailored to the developmental phase of adolescents, as well as improve access to and the quality of health services for this age group. With clear regulations regarding adolescent clinics including age limits, service standards, and operational mechanisms the health care system will become more adaptive, equitable, and effective. Therefore, this restructuring is crucial for establishing legal certainty and improving the quality of healthcare services in Indonesia, as well as providing legal protection for healthcare workers in the performance of their duties.

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