ANALYSIS OF IMPLEMENTATION OF THE MOVEMENT OF HEALTHY LIVING COMMUNITIES IN THE HEALTH CENTER OF PANGKEP REGENCY

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ABSTRACT

This study aims to determine the implementation of the Healthy Living Community Movement at the Pangkep Regency Health Center. The type of research used is qualitative research with a descriptive approach. Informants in the study were selected by purposive sampling based on predetermined criteria. The informants in this study were the Health Promotion Section of the Health Office, the Head of the Puskesmas and health workers. The data collection method used is in-depth interview and observation. The data analysis used in this study is the Miles & Huberman interactive analysis technique. The existence of policies and innovations can encourage efforts to implement Germas. The availability of human resources in the implementation of the Healthy Living Community Movement in Pangkep Regency is not sufficient. There are still a shortage of public health, sanitarian and health promotion personnel who carry out promotive and preventive efforts. Facilities and infrastructure in the form of medical equipment, locations for doing sports, hand washing facilities and green open parks are available. The budget is obtained from the Health Operational Assistance fund and non-governmental organizations. The process of socialization to the community continues to be carried out to increase awareness, willingness and ability of the community to behave in a healthy manner as an effort to improve the quality of life. In carrying out community empowerment, collaboration or partnership efforts are needed with cross programs at the Puskesmas and across sectors in the implementation of the Healthy Living Community Movement in Pangkep Regency. The implementation of Germas in Pangkep Regency has been carried out and is still running until now. The support from all cross-sectoral aspects and the community is expected to be able to optimize the implementation of Germas.

Keywords: System, Input, Process, Output, Health Center, Healthy Living Community Movement

I. INTRODUCTION

The development of Indonesia 2020-2024 is aimed at forming quality and competitive human resources. Human development policies are directed at controlling population and strengthening population governance, fulfilling basic services and social protection, improving the quality of children, women and youth, eradicating poverty, and increasing productivity and competitiveness of the workforce. However, if it is not prepared as well as possible, it will have the potential to cause an excess of manpower which causes the unemployment rate to go out of control, thus triggering a spike in poverty which has a negative impact on public health (Kementrian PPN / Bappenas, 2019).

Indonesia faces a double burden of disease, namely Communicable Diseases and Non-Communicable Diseases (NCD). Changes in disease patterns are strongly influenced, among others, by changes in the environment, community behavior, demographic transition, technology, economy and socio-culture. The increase in burden due to NCD is in line with the increase in NCD risk factors (Directorate of Prevention and Control of Non-Communicable Diseases, 2019).

Therefore, joint prevention and control efforts are needed across sectors supported by community involvement, including academics, professionals and the business world, with political support. Overcoming this problem needs to be done comprehensively starting from promotive, preventive, curative and rehabilitative efforts including palliative (Ministry of Health Republic of Indonesia, 2018).

Based on the instructions of the President of the Republic of Indonesia Number 1 of 2017 concerning the Healthy Living Community Movement in order to accelerate and synergize cross-sectoral actions. Promotive and preventive
efforts to increase population productivity and reduce the burden of financing health services due to disease (Presidential Instruction Number 1 concerning Healthy Living Community Movement, 2017).

Health system planners in low- and middle-income countries in the Asia-Pacific region seeking to change the direction of primary health care systems to achieve universal health coverage. Non-communicable diseases are increasing along with the risk of disease outbreaks as a double threat to health. Global movement towards Universal Health Coverage (UHC) reorienting health systems towards Primary Health Care (PHC) (Palagyi et al., 2019).

Forty years after the Alma Ata Declaration, the 2018 Astana Declaration places primary health care facilities at the Puskesmas in the era of the Sustainable Development Goals (SDGs). Availability of quality services as the main gate to provide comprehensive services, as well as community-centered. The service system at the primary level plays an important role as a source of preparedness and response to epidemic diseases and natural disasters (Munar et al., 2019).

Disease prevention efforts through the Healthy Living Community Movement (Germas) are needed so that people can implement healthy living behaviors to improve their quality of life. Some of the obstacles and problems faced in the implementation of health development programs in Pangkep Regency, South Sulawesi Province, among others, are still limited reach and access to health services, especially in remote areas, borders and islands because they have not been supported by adequate transportation facilities and the active role of cross-sectors in suboptimal health development. In addition, the distribution of several trained functional strategic personnel has not been evenly distributed as well as the existence of dual tasks for officers. The trend of increasing cases of infectious diseases such as increasing cases of HIV/AIDS and dengue fever is also accompanied by increasing cases of non-communicable or degenerative diseases such as coronary heart disease, gout and obesity caused by changes in the lifestyle of people who do not practice PHBS. Clean and Healthy Lifestyle) and the proliferation of fast food stalls, especially in urban areas, which can change people's consumption patterns.

Obstacles and problems faced in the implementation of health programs in Pangkep Regency, South Sulawesi Province, among others, limited access to health services, especially in remote areas, borders and islands due to the lack of support for adequate transportation facilities and the role of cross-sectors that have not been optimal in development. health. The distribution of health workers is not evenly distributed and there are dual tasks for health workers. Infectious diseases that tend to increase such as cases of HIV/AIDS and dengue fever are also accompanied by increasing cases of non-communicable/degenerative diseases caused by changing people's lifestyles and increasing consumption of fast food, especially in urban areas.

Based on the description above, the researcher is interested in conducting research on how to implement the Healthy Living Community Movement program at the Pangkep District Health Center which is in the working area of the Pangkajene City Health Center, Minasatene Health Center, Balocci Health Center, and Ma'rang Health Center.

II. METHODS

This research was conducted in the Pangkajene City Health Center, Minasatene Health Center, Balocci Health Center, and Marang Health Center in Pangkep Regency. The type of research used is qualitative research with a descriptive approach.

Informants in the study were selected by purposive sampling based on predetermined criteria. The informants in this study were the Health Promotion Section of the Health Office, the Head of the Puskesmas and health workers. The data collection method used is in-depth interview and observation. The data analysis used in this study is the Miles & Huberman interactive analysis technique. In the interactive model data analysis technique, there are three stages, namely data reduction, data presentation and conclusion drawing.

III. RESULTS

In the system aspect, policies or regulations issued by the government are discussed in the implementation of Germas in Pangkep Regency. In addition, there are innovations carried out by the Health Office and Puskesmas to invite the community to support the implementation of Germas in the Pangkep Regency area. Based on the results of interviews, several informants stated that:

“...The 2018 Pangkep Regent Circular regarding Germas. In 2019 there was also a Circular Letter from the Head of the Health Office regarding the Implementation of Germas in the District Health Office. Pangkep...” (IL, female, 58 years, June 2020)
"...In terms of policies related to Germas, we issue a Decree for the Establishment and Development of the Smart Village of Bonto Labbere, besides that there is also a decree on the Designation of a Smoke-Free Zone in the Smart Village." (NS, female, 34 years old, June 2020)

"...There are no regulations from the Puskesmas. We refer to the regulations from the Health Office...” (R, female, 53 years old, June 2020)

In addition to policies, the system aspect also discussed the innovations carried out to support the implementation of Germas in Pangkep Regency. The following is an excerpt from an interview with an informant stating that:

"...For innovations related to germas, there is a name called Kampung Cerdik Bonto Labbere, in Pabundukang Village, Pangkajene District. Initially this program was present because during the field visit, it was found that the village had a sad health environment. We continue to collect data for 2 weeks, found many cases of diseases such as hypertension, diabetes and cancer. Alhamdulillah, after this program is running, the level of public awareness of a healthy lifestyle has increased...” (TL, male, 34 years old, June 2020)

"...For innovation at the Minasate'ne Health Center there is a waste bank and a biocomposter. We collaborate with scavengers on Jalan Matahari to pick up the trash. The proceeds from the sale are used for the community. With this program, we are an example to the community that plastic waste has value. Don't tell me that after using it, it doesn't mean anything. There is also a latrine program. Villagers there are not allowed to hold events or celebrate if they are not ready to use the toilet. So it can trigger the local community to be motivated to build toilets...” (R, female, 53 years old, June 2020)

"...In 2017 there was an innovation called Friday Morning Clean Environment for Clean Rivers, Neighbors were Happy (Meeting Diamonds for Susi Calm). The meaning is this, right above, there is a village with a river beside it, people usually throw garbage into the river. So the river becomes dirty, if the water comes digging here, the water becomes dirty. But I moved Mr. Camat, Kapolsek, Mr. Danramil, we just held a ceremony, then we were given a new direction to hold community service...” (AL, male, 56 years old, June 2020)

The input aspects in the implementation of Germas include human resources, budget and facilities and infrastructure. HR must have sufficient numbers and competent capabilities in carrying out their duties. The following are excerpts from interviews with informants stating that:

"...There are four people here for health promotion. Three people who took to the field, one person in the surveillance program. But sometimes there is a collision schedule for socialization. Our collaboration with cross-programs for the implementation of Germas, such as fitness, nutrition...” (R, female, 53 years old, June 2020)

"...As for the resources here, that's enough. We will involve cross-programs at the Puskesmas. There are from KIA, Posbindu PTM, nutrition, health ...”(NA, female, 53 years old, June 2020)

In addition to the number of human resources, the availability of the budget also affects the process of implementing Germas. This is needed for operational financing. The budget for the implementation of Germas comes from central and local government funds. The results of the interview informants stated that:

"...The budget for the implementation of Germas is taken from the central and regional APBN, Health Operational Assistance... "(ASP, male, 34 years old, June 2020)

"...Funds for the Germas program from the BOK. For activities in Smart Village, we hold a social gathering for residents. So the money was used to buy fruits and then they were eaten together...” (AM, female, 47 years old, June 2020)

"...We will budget for the implementation of Germas at the Balocci Health Center for 2019 by 2020. But due to the corona virus. We are still budgeting for 2021. If the funds are from BOK...” (AL, male, 55 years old)

Based on data from the District Health Office. Pangkajene and Kepualauan show that the total health budget is Rp. 314,932,034,085,46,-. The percentage of the health budget to the total district budget is 22.1%. Meanwhile, the per capita health budget is Rp. 899,271.39.
Facilities and infrastructure are also important in supporting the Germas implementation process in Pangkep Regency. The facilities provided by the Regency Government in supporting the implementation of Germas are adequate. The following excerpts from interviews with informants stated that:

“...The facilities are adequate. There is a sports stadium, a green open park...” (ASP, 34 years)

“...If the facilities for the implementation of sports are adequate...” (AM, 47 years old)

“...Most of all, gymnastics is held in the Puskesmas building every Thursday, so we routinely do physical activities. Hand washing facilities at Puskesmas, and places where there are usually a lot of people. Besides posyandu, we also set up a nutrition garden...” (R, 53 years old)

“...for the exercise for the prolanis participants, we will hold it at the Puskesmas. So in the yard of the Health Center. Inviting the community to use their yard to plant Family Medicinal Plants...” (NA, 53 years old)

“...For the exercise, we hold it in the Puskesmas environment, so every Friday people come here. After the exercise, we provide fruit and then we check blood pressure...” (AL, 55 years old)

The process of implementing the Germas program at the Pangkep District Health Center has been carried out starting from increasing physical activity, increasing clean and healthy living behavior, providing healthy food and accelerating nutrition improvement, prevention and early detection of disease to improving environmental quality. The following are the results of interviews with informants stating that:

“...Eat fruit and vegetables. Every Posyandu we are motivated to imitate us. Create a nutrition garden next to the Posyandu. We educate pregnant women on how to eat four healthy 5 perfect. Sanitation for pregnant women too. In order to pay attention to the drinking water of pregnant women, whether it is cooked or not. We hold socialization of hand washing, environmental hygiene, and the main thing is exercise every Thursday for physical activity. During COVID-19, in early May it was only proposed to reopen the Posyandu, but only those who urged immunization. So those who come are limited, because of gatherings. So we prepare a hand washing place. We also carry out cross-sectoral socialization about this covid using police cars. So we went down accompanied by the police, babinktibmas, sub-district head. There are also healthy cars. It's a health promotion that has a car...” (R, 53 years)

“...We will continue to carry out the Germas in 2020. But the problem is because of the corona virus. We convey to the public that Germas has three major points. First is physical activity, so we do exercise, after that we eat fruit and vegetables, then we check blood pressure. But we are not doing it optimally this year. The big-scale plan is 2021. During this pandemic we are going around mosques. So I gave my friends one person, one mosque on Friday to give counseling. I conveyed about corona then I linked it with Germas to increase a person's immunity...” (AL, 55 years old)

“...For the implementation of Germas, we have many series of activities. For example, gymnastics, there is an elderly prolanis gymnastics group with patients suffering from non-communicable diseases. There is also a menu of fruits and vegetables that are affordable and available to the public. Education for checking temperature, blood pressure, blood sugar. There are CTPS and 3M activities. Usually done in schools. Procurement of CTPS in every house. Sports health and health promotions, sports every Friday for all people...” (NA, 53 years)

The results of the interview above show that the output of the Germas program at the Pangkep District Health Center has been carried out well. The following excerpts from interviews with informants stated that:

“...One of our programs, Kampung Cerdik, has been successfully implemented. We will do replication in several areas in Pangkajene District. During this pandemic, cross-sectoral collaboration is increasingly being encouraged. If from the past there was cross-sectoral participation, for example there was dengue fever, there were children who smoked, there were people with DM who were reported to be the village head, and others were reported. In the past, we rarely communicated with the Head of the Service, the Kapolsek, now it's like a friend talking to me...” (AM, 47 years old)

“...In terms of Germas's achievements, we could say that our performance at that time was 100 percent. But it's moved to a new health center so it's still trying to be fixed...” (R, 53 years)

“...If the people here obey. Because the people here are mostly farmers. So while he was planting rice, in the bunds he planted vegetables. So I think that is one of the successes of outreach to the community..."
so that they can grow fruits and vegetables. In addition, we also hold gymnastics every Friday. For environmental issues, we do community service. I empower the youth of the mosque. I told them to contact the local community to join the community service. The promotion strategy is community empowerment. So if we empower the community, it means that it is easy for us to provide education to the community. So they will move on their own. Besides that, it must involve many sectors, not just health...” (AL, 55 years old)

“...In this case, education about smoking ban doesn't work. The number of smokers is still high because there is no awareness of smokers to stop smoking. If it is not carried out continuously, it will stop there. Except that what continues is mass exercise and eating fruits and vegetables. But people are aware that it has many benefits. During this covid we are in the markets hard to educate. If there is a new health worker, they want to wear a mask...” (NA, 53 years)

IV. DISCUSSION

Policies in the health sector are closely related to the incidence of illness, safety and death or in other words that health policies involve issues of human life and death. In addition, health policy essentially provides direction in selecting various health technologies to be developed and used, managing and financing health services, or various types of medical equipment and supplies including drugs. Therefore, the role of health for a country is very dominant compared to other social problems (Dachi, 2017).

The results of this study indicate that based on Presidential Instruction Number 1 of 2017 concerning the Healthy Living Community Movement, an implementation policy has been formulated through a Circular regarding the implementation of the Healthy Living Community Movement in Pangkep Regency. The policy is expected to be able to encourage the implementation of the Healthy Living Community Movement to run optimally in order to improve public health.

The results of this study are in line with research conducted by (Todd et al., 2017) stated that a systematic review of primary and secondary prevention policies across seven public health domains including tobacco, alcohol, food and nutrition, reproductive health services, infectious disease control, environment and workplace regulations showed that several interventions were proven to reduce inequality in health care.

The results of research conducted by (Pangalila, Kaawoan and Kumayas, 2019) stated that there was government support through a circular letter from the Mayor of Tomohon to carry out the Germas program. Germas is very useful in controlling the healthy lifestyle of the community, there are differences in behavior seen from the decline in disease and disease trends.

The existence of innovation in the implementation of the Healthy Living Community Movement can increase community participation to take part in improving public health. The innovations carried out also involve cross-sectors in the successful implementation of the Healthy Living Community Movement.

The results of this study are in line with research (Frieden, 2014) which states that innovation is very important in the successful implementation of a health program. Innovation is not limited to science or medical science, but to information systems, data collection, communication techniques, and framing issues in increasing political commitment and progress of a program. Innovation can facilitate in refining and increasing program success and can identify what interventions are not running optimally so that they can be taken into consideration for improvement efforts.

The availability of human resources in the implementation of the Healthy Living Community Movement in Pangkep Regency is not sufficient. There are still a shortage of public health, sanitarian and health promotion personnel who carry out promotive and preventive efforts. In carrying out community empowerment, collaboration or partnership efforts are needed with cross programs at the Puskesmas and across sectors in the implementation of the Healthy Living Community Movement in Pangkep Regency.

The results of this study are in line with research (Beckvid-Henriksson et al., 2018) stated that the participation of health professionals has a positive impact on increasing physical activity. Promotion in the mass media has a positive impact on the physical activity of health professionals, journalists, policy makers, and the public. The development of guidelines for physical activity.

In addition, facilities and infrastructure are available to support the implementation of the Healthy Living Community Movement in Pangkep Regency. Facilities and infrastructure in the form of medical equipment, locations to do sports, provision of family medicinal plants.
The results of this study are in line with research conducted by (Cahyani, Kartasurya and Rahfiludin, 2020) which states that facilities and infrastructure are used to support operational activities. The infrastructure facilities in question include the availability of sports facilities, arrangement of green open spaces, arrangement of sidewalks, provision of toga gardens by the community, to health service facilities.

The budget for the implementation of the Healthy Living Community Movement in Pangkep Regency is sourced from the central and regional APBN, BOK funds and non-governmental organizations. Health budget in Pangkep Regency. Based on data from the Pangkep District Health Office, it shows that the total health budget is Rp. 314,932,034,085.46. The percentage of the health budget to the total district budget is 22.1%. Meanwhile, the per capita health budget is Rp. 899,271.39.

The results of this study are in line with the research conducted by (Paramita, Kristiana and Kristanto, 2018) that the Health Operational Assistance (BOK) is the main source of funds for the implementation of health promotion activities and community empowerment. The use of BOK funds is more dominant for activities to improve the education of health extension workers, improve school health business management, community counseling on healthy lifestyles, monitoring evaluations, training small/adolescent doctors, advocacy, and developing alert villages.

Cost effectiveness is getting good value from investment so that maximum health improvement is achieved with limited resources. This can improve health and ensure productivity in economic development. Improving health outcomes at short-term costs at long-term costs is critical when considering expanding screening and policy decisions in the region (Karunarathna & Hettiarachchi, 2021).

Germas is a systematic and planned action that is carried out jointly by all components of the nation in promoting a healthy paradigm that has an impact on maintaining healthy, productive, clean environment, and reducing medical costs. The implementation of the Healthy Living Community Movement at the Pangkep District Health Center consists of increasing physical activity, improving clean and healthy living behavior, providing healthy food and accelerating nutrition improvement, prevention and early detection of disease, and improving environmental quality.

Research result (Fatonah and Wibowo, 2018) stated that Germas campaign activities are one form of health promotion carried out by Imogiri I Health Center. This campaign is carried out in dealing with health problems that occur in Indonesia related to increasing promotive and preventive efforts so that behavior and environmental changes occur so that the highest degree of public health is achieved.

Public health counseling or health promotion in essence is to carry out communication, information and education activities to various target segments. In the communication process, the first step is the source or communicator in formulating and compiling messages. The messages compiled are disseminated to the target through the media. Messages are not always in the form of words or writing but in the form of pictures, illustrations, graphics, films and others. The more the target senses can be activated or stimulated by various media, the more effective the communication process will be (Hulu et al., 2020).

The output of Germas activities is the Scope of Health Promotion Activities in the Work Area of the Health Center. Based on indicators the Clean and Healthy Life Behavior (PHBS) implementation of Germas at the Pangkep District Health Center stated that the percentage of health promotion coverage activities, most of which had reached more than 50% of the number of targets that had been set. However, in the aspect of smoking habits, it is still not successful. The existence of cross-programme and cross-sectoral collaboration efforts continues to be pursued to improve the health status of the community. During the pandemic, the Puskesmas stated that cross-sectoral collaboration was increasing. The Puskesmas and local officials jointly conduct socialization to the community so that health promotion strategies can be improved. Efforts to disseminate information so that the public can comply with health protocols through efforts to live clean and healthy behaviors.

The results of this study are in line with research conducted by (Dispennette et al., 2019) that participating in health promotion programs can produce meaningful and detectable changes in the elderly community. In addition, the program can also result in clinically significant improvements in lower body strength.

The results of research conducted by (Ha et al., 2019) stated that there was a cross-sectoral collaboration between Vietnam and the University of Massachusetts Medical School which began in 2011 until now. This collaboration includes the commitment of individuals, government, academics, Vietnam's Ministry of Health, non-governmental research organizations, medical and public health faculties, and communities in urban areas.

One of the indexes in measuring the Human Development Index (HDI) is health. The achievement of life expectancy in Pangkajene and Kepulauan Regency is still not encouraging, with life expectancy growth of only 0.34

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years on average during 2015-2019. For this reason, it is necessary to improve the quality of health in a more comprehensive manner so that the improvement in health status which is reflected through the reduction in infant mortality can be reduced through the improvement of maternal health conditions and healthy environmental conditions. The use of Life Expectancy Rate (AHH) is based on the consideration that this figure is the result of various health indicators. AHH is a reflection of the availability of health facilities and infrastructure, environmental sanitation, knowledge of mothers about health, community lifestyles, fulfillment of maternal and infant nutrition, and others (Badan Pusat Statistik, 2021).

V. CONCLUSION

Based on the results of this study, it can be concluded that the implementation of the Healthy Living Community Movement at the Pangkep District Health Center has been carried out to date. The existence of policies and innovations can encourage efforts to implement Germas. The availability of human resources in the implementation of the Healthy Living Community Movement in Pangkep Regency is not sufficient. There are still a shortage of public health, sanitarian and health promotion personnel who carry out promotive and preventive efforts. Facilities and infrastructure in the form of medical equipment, locations for doing sports, hand washing facilities and green open parks are available. The budget is obtained from the Health Operational Assistance fund and non-governmental organizations. The process of socialization to the community continues to be carried out to increase awareness, willingness and ability of the community to behave in a healthy manner as an effort to improve the quality of life. In carrying out community empowerment, collaboration or partnership efforts are needed with cross programs at the Puskesmas and across sectors in the implementation of the Healthy Living Community Movement in Pangkep Regency.

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