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## The Community Empowerment Policy to Lead A Clean and Healthy Life in Indonesia

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Article	Abstract
<p><b>Keywords:</b> Clean and Healthy Living Behaviour; Community Empowerment; Health Services; Legal Policy.</p> <p><b>Article History:</b> Received: Aug 6, 2021; Reviewed: Jun 24, 2022; Accepted: Jan 25, 2023; Published: Jan 31, 2023.</p> <p><b>DOI:</b> 10.28946/slrev.Vol7.Iss1.1367.pp173-188</p>	<p>Clean and Healthy Living Behavior (CHLB) is influenced by some factors such as knowledge, attitudes, economic status, and supports from health and social officers. Increasing the knowledge of CHLB in the household structure is very important. The regulation on Health Development Program concerns the guidelines for implementing healthy Indonesian programs with a family approach. Several obstacles involved the queue of patients, doctors, installation and emergency room, and working hours. This study aims to examine community empowerment policies for clean and healthy living behaviours, which are expected to be a solution to restrictions on several aspects of health facilities, increasing population and demands better service quality. The research method uses a socio-legal qualitative approach. Supporting Legal is collected. Field research is also conducted. In-depth interviews and FGDs carried out data collection. This study concludes that community empowerment is carried out using an educational approach involving community and religious leaders. Community empowerment aims to develop community knowledge and skills, use health facilities, and create health institutions that originate from the community. Critical awareness must be built by forming a Clean and Healthy Community Movement group to give the community a CHLB. Empowering people to live clean and healthy lives takes a long time and consistently. For this reason, there is a need for legal instruments that must be enforced strictly and with wisdom.</p>

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### INTRODUCTION

Law number 36 of 2009 on Health article 1, paragraph 11 defines that Any activity or sequence of activities carried out by the government or society to maintain and improve health

status, treat diseases, and promote healthy recovery are referred to as health services. Discussing the clean and healthy living behaviour in Indonesia, we are faced with the reality that the clean and healthy living behaviour in Indonesia is still rarely implemented and is below the national target, and it can be seen in the indicators of a lack of availability of trash bins, exercise and a high number of smokers; For this reason, it is necessary to activate health cadres, provides counselling and assistance to the development of Clean and Healthy Living Behaviors to increase the health care of individuals, families and communities by leading such a clean and healthy life.<sup>1</sup>

Health empowerment is giving people more control over their lives and the decisions that affect their health through education and motivation, leading to better health, health-related quality of life (HRQOL), health awareness, and public space. It can be an effective way to improve behaviour in health. Community empowerment to live a clean and healthy life is important, especially in a developing country like Indonesia. Moreover, Indonesia is very heterogeneous and multicultural, so maximum and continuous effort is required. If community empowerment efforts are not continued, it is feared that the public health condition will return to the period before development.<sup>2</sup>

Enhancing health care's calibre is one of Indonesia's health development objectives. Both public and private health establishments must use the qualified service. It is anticipated that the community will be increasingly interested in using hospitals, other health service facilities, and Primary Health Care (PHC) services.<sup>3</sup> Most of the community members still need knowledge and are oriented towards the value of healing disease rather than disease prevention. Clean and Healthy Living Behavior (CHLB) is influenced by some factors such as knowledge, attitudes, economic status, and supports from health and social officers. Increasing the knowledge of CHLB in the household structure is very important. It can be carried out by promoting health education programs for pregnant women with three main strategies: Empowerment, Atmosphere building, and Advocacy. Empowerment to the community is carried out by using an educational approach involving community and religious leaders, identifying the existing communication patterns in the community in order to develop an intervention strategy, and adjusting the promotion program on CHLB so that the expected targets are successfully reached.<sup>4</sup>

PHC, as the spearhead of health services, can focus more on increasing target coverage and access to health services in the working areas by visiting families. The PHC provides some health services inside and outside the building of PHC by visiting families in the working area. The families are the main focus in the approach to implementing the Healthy Indonesia program. PHC, as the first-level health facility, is a factor that is directly related to pa-

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<sup>1</sup> Muh. Fajaruddin Natsir, "Perilaku Hidup Bersih Dan Sehat (PHBS) Pada Tatanan Rumah Tangga Masyarakat Desa Parang Baddo," *Jurnal Nasional Ilmu Kesehatan (JNIK)* 1, no. 3 (2019): 58.

<sup>2</sup> Colman Siu Cheung Fung et al., "Development of a Health Empowerment Programme to Improve the Health of Working Poor Families: Protocol for a Prospective Cohort Study in Hong Kong," *BMJ Open* 6, no. 2 (2016): 5–7, <https://doi.org/10.1136/bmjopen-2015-010015>.

<sup>3</sup> Imbalo S. Pohan, *Jaminan Mutu Pelayanan Kesehatan: Dasar-Dasar Pengertian Dan Penerapan* (Jakarta: EGC, 2007).

<sup>4</sup> Dedi Sempurna Putra Karim, "Determinan Perilaku Hidup Bersih Dan Sehat (PHBS) Tatanan Rumah Tangga," *Jurnal Ilmu Kesehatan Masyarakat* 7, no. 01 (2018): 2, <https://doi.org/10.33221/jikm.v7i01.46>.

tient satisfaction. It is expected to improve the service quality, especially concerning community empowerment in clean and healthy living behaviours in the tangible, reliability, and empathy dimensions.<sup>5</sup>

Health services could be more optimal since some factors limit them. First, the number of officers who support optimal giving service to patients could be better in quality and quantity, causing the implementation not to be optimal and patient satisfaction not fulfilled. The second limitation is the responsiveness of the officers, which is related to the alert aspects of the officers in fulfilling the patient's need for the required or desired service. Third, officer reliability is related to the level of ability, and skills officers possess in providing and carrying out services to patients in the hospital. Moreover, the last is the availability and completeness of facilities.

The policy of clean and healthy life behaviour is a solution to the limitations of several aspects of health facilities. The increasing population and demands for better quality services must be highly considered in improving service to be commensurate with the community demands. For this reason, it is necessary to have some efforts for community empowerment. One of the strategies is to improve public health by empowering the community to behave healthily and making it a culture in daily life. Some obstacles related to health services include: a) the long queue of patients always occurs in the waiting room. b) Patients expect that in inpatient installation and emergency room, a doctor must always be on duty to provide any services at any time. c) Operational working hour for patient admission opens earlier.<sup>6</sup> Whereas in the study<sup>7</sup> it is suggested that it is necessary to have a synergy of all parties involved in health services, especially those related to central and regional relations, relations between agencies in the regions, to increase the competence of personnel in quantity and quality, in hard skills and soft skills, especially in health services at the primary level.

There is a strong correlation between family responsibilities and health care.<sup>8</sup> A clean and healthy lifestyle (CHL) is a way of living practised out of personal responsibility so that the family and all members can take care of their health and actively participate in community activities. A clean and healthy lifestyle (CHL) is an effort to transmit any experiences about healthy lifestyles to individuals, groups or the wider community using communication through various media information. Many different types of information may be communicated, such as instructional materials to enhance awareness of a clean and healthy

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<sup>5</sup> Widiastuti Ni Made, "Hubungan Jenis Fasilitas Kesehatan Tingkat Pertama, Status Kepesertaan Dan Karakteristik Sosio-Demografis Dengan Tingkat Kepuasan Pasien Jaminan Kesehatan Nasional Di Kota Denpasar" (Universitas Udayana Denpasar, 2015).

<sup>6</sup> Ahmad Rizkita Fajaruddin, "Pelayanan Kesehatan Pasien Pemegang Kartu Jaminan BPJS Di Unit Gresik ( Studi Kasus Di Instalasi Rawat Inap Puskesmas )" (2014).

<sup>7</sup> Hadi Shubhan, Eman "Rancangan Model Implementasi Kebijakan Pengembangan Kompetensi Aparatur Daerah Untuk Mewujudkan Good Governance" (Surabaya, 2015), <http://repository.unair.ac.id/100393/2/40>. Rancangan Model untuk Meningkatkan Pelayanan.pdf.

<sup>8</sup> Agnesia Prsika L Kelen, Farida Hallis, and Ronasari Mahaji Putri, "Tugas Keluarga Dalam Pemeliharaan Kesehatan Dengan Mekanisme Koping Lansia," *Care* 4, no. 1 (2016): 64, <https://jurnal.unitri.ac.id/index.php/care/article/view/474>.

way of life and to change attitudes and behaviours. The family plays a very important role in maintaining health in daily life, and the family must maintain health of the family.<sup>9</sup>

In the context of the Indonesia Health Development Program, it is essential to have such an integrative implementation by emphasising three priority aspects of national health development, which consist of the Application of a Healthy Paradigm, Strengthening Health Services, and National Health Insurance (NHI) as the objects and subjects of health development, the public stakeholders and the community participate synergistically in supporting the implementation. The Regulation of the Minister of Health of the Republic of Indonesia number 39 of 2016 on guidelines for the Indonesia Health Development Program concerns the guidelines for implementing healthy Indonesian programs with a family approach. Article 2 (1) of the Healthy Indonesia Program with a Family Approach consists of 4 (four) priority areas which include: a. reduction in maternal and infant mortality; Article 2(1) of the Healthy Indonesia Family Approach Program consists of four priority areas, including: a. Reduction of maternal and child mortality; b. reduction in the prevalence of stunting; c. prevention of infectious diseases; and d. prevention of non-communicable diseases. (2) The priority areas, as referred to in paragraph (1), shall be implemented with a promotional and preventive approach without neglecting any curative and rehabilitative efforts by health workers according to their competence and authority. (3) The priority areas, as referred to in paragraph (1), shall be implemented under the standards, guidelines and provisions of laws and regulations. Article 5 (1) The Healthy Indonesia Program with a Family Approach is carried out by the Primary Health Care (PHC). (2) The implementation of the Healthy Indonesia Program with a Family Approach, as referred to in paragraph (1), is implemented to strengthen the function of Primary Health Care (PHC) in the implementation of Public Health Efforts (PHE) and Individual Health Efforts (IHE) at the first level in the working area. Article 6 (1) states that the implementation of the Healthy Indonesia Program with a Family Approach at the PHC level is carried out through the following activities: a. collecting medical records on the health of all family members; b. creating and managing the PHC database; c. analysing, formulating any interventions on any health problems, and compiling some plans for PHC; d. carrying out home visits in promotive, preventive, curative and rehabilitative efforts; e. implementing health services (inside and outside the PHC building) through a life cycle approach; and f. implementing the Public Health Center Information and Reporting System.

## RESEARCH METHODS

This research was conducted comprehensively and holistically to study some problems and achieve goals, and a qualitative social-legal approach was carried out.<sup>10</sup> Supporting Legal is collected. Field research is also conducted. The Sidoarjo Regency was chosen as an appropriate location for research on health services. The research results are hoped to be used as a prototype for other areas. A qualitative approach was applied to this research, and it was

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<sup>9</sup> Ahsan, Kumboyono, and Melida Nur Faizah, "Hubungan Pelaksanaan Tugas Keluarga Dalam Kesehatan Dengan Kemandirian Lansia Dalam Pemenuhan Aktivitas Sehari-Hari," *Jurnal Kesehatan Mesencephalon* 4, no. 1 (2018): 162, <https://doi.org/10.36053/mesencephalon.v4i1.69>.

<sup>10</sup> Afdol, "Pengembangan Teori Implementasi Hukum Waris Islam Di Indonesia" (Surabaya, 2008).

expected to be studied comprehensively and in-depth. The main sources of information were the District Health Offices, Primary Health Cares (PHCs), Health Managers, Medical Personnel and Health Administrators, and patient participants obtaining some services in the health sector.

The first thing to do was collect some secondary materials in the form of legal materials and health service reports. Legal material was obtained through research, including literature, books, articles, legal journals, the Internet, and seminar results. In addition, primary legal material was used to explain legal issues and was the subject of debate. They are analysed in detail through the theories, concepts, and principles of law that form the basis of the study. The research material already collected is carefully studied to obtain the essence contained in the form of ideas, suggestions, arguments or related provisions.

The field research by interviewing some information sources was conducted and determined purposively. In-depth interview techniques were used because it was very appropriate to obtain data related to organisational activities, motivation, feelings, attitudes, etc.<sup>11</sup> In-depth interviews were conducted in this study with the genuine intention of digging into any information and comprehending any data related to factors that become health constraints in providing excellent service. Health management and community response to health services where he/she was treated so that the data related to the capacity and performance of PHC in providing excellent service in the health sector is also asked.

Simultaneously, the results of the interviews were discussed in the Focus Group Discussion technique.<sup>12</sup> This technique was suitable for extracting more data for deeper insights and understanding of the various points of view and complementary thoughts and corrections. In this study, FGD was used to gather information from various parties directly involved in the health role. The information from various parties related to various laws and regulations would be very significant to find some solutions for the problems faced by each party so that a more comprehensive and holistic Model Design could be prepared.

## ANALYSIS AND DISCUSSION

### The direction of empowerment in the Health Sector

A new understanding of the concept of empowerment by focusing on individuals as co-managers, having freedom of choice and focusing on their well-being. This understanding requires changes in the behaviour of healthcare providers. A new understanding of empowerment in health-related contexts addresses the need to understand people with health challenges across health services, organisations, and sectors. It shows that different scientific disciplines must be involved and cannot be resolved sector by sector. This is because health problems are very complex problems, not only in the health sector but also in economic, religious, cultural, legal and bureaucratic issues. As definitions of empowerment arise from assigned synergy projects, the results are adopted by Action Groups (AGs) to help provide a platform

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<sup>11</sup> Heru Irianto, Burhan Bungin, Dalam Burhan Bungin, *Metode Penelitian Kualitatif: Aktualisasi Metodologis Ke Arah Ragam Varian Kontemporer* (Jakarta: Rajawali Pers, 2001,20).

<sup>12</sup> Burhan Bungin, *Metodologi Penelitian Sosial, Format-Format Kauntitatif Dan Kualitatif* (Surabaya: Airlangga University Press, 2001, 29).

for future work aimed at improving empowerment and life skills, leading to a final people will be able to understand and interact with each other.<sup>13</sup>

Chapter 3 of Minister of Health Regulation No. 65 of 2013, on directions for community empowerment in the health sector, relates to the long-term development goals of the health sector as follows: 1) Strengthen community self-help capacity in health. 2) Improving environmental quality to ensure health. 3) improve the nutritional status of the community; 4) Decline in the birth rate. 5) Skilled family development. Some efforts have been made to achieve these goals: 1) developing a self-help community in health improvement through an educational approach and 2) fostering community and private sector participation in health efforts. Comprehensive health education (CHE) programs have been developed to encourage household participation. Community empowerment in the field of household health is the main agent that can change people's behaviour to be healthier and vice versa. People's behaviour can be unhealthy because of the influence of their families. In addition to the family, religious leaders also play an important role in Indonesia, where the people are religious. Data religious figures are very appropriate partners if Clean and Healthy Living Education synergises with religious leaders because apart from being trusted by the community, they also often carry out religious activities by holding regular meetings, which can be an effective educational medium for the community to be able to live a clean and healthy life.<sup>14</sup> The description of the community empowerment aspect consists of four aspects: the activeness of community leaders, the availability of community organisations, and the utilisation of community facilities and materials, which have been carried out optimally. The fourth aspect, namely the availability of public funds, the use of community knowledge, technology from the community, and decision-making by the community, have yet to be fully implemented. Many organisational activities and Community-Based Health Efforts (CBHE) only run optimally if the posyandu is active.<sup>15</sup> CBHE Polindes (Village Polyclinic) are still very little implemented in the working area of the Public Health Center.

The link between the implementation of the empowerment function by the Public Health Center and the organisational resources and processes of the puskesmas is already in the good category. Meanwhile, the availability of networks and organisations is still in the good category. Therefore, efforts need to be made to optimise the community's role in the availability of funds and increase knowledge and decisions by the community.

Based on these efforts, the implementation and the development of community empowerment in the health sector were directed at: (1) The Empowerment of the apparatus for being able to be more capable, responsive and accommodating. (a) Improving Good and Clean Governance. The strategies include: Encouraging to run such an effective, efficient, economical, and financial management and compliance with the laws and regulations and increasing transparency and accountability by considering the sense of justice and appropriateness, realising such qualified supervision to produce any Reports of Supervision Results (RSR) according to the needs of stakeholders and realising transparent and accountable management of the Inspectorate's General governance. (b) Improving the Competence and Performance of the

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<sup>13</sup> Vera-Muñoz C Kayser L, Karnoe A, Duminski E, Somekh D, "A New Understanding of Health Related Empowerment in the Context of an Active and Healthy Ageing. . 2019 Apr 24;19(1):242. Doi: 10.1186/S12913-019-4082-5. PMID: 31014350; PMCID: PMC6480610.," *BMC Health Serv Res* 19, no. 1 (2019): 1–13.

<sup>14</sup> I. Wayan Gede Artawan Eka Putra et al., "The Implementation of Comprehensive Health Education to Improve Household Contacts' Participation in Early Detection of Tuberculosis," *Health Education and Behavior* 50, no. 1 (2021): 1–8, <https://doi.org/10.1177/10901981211001829>.

<sup>15</sup> Tuti Restuastuti et al., "Analysis of Community Empowerment in Health Sector," *Jurnal Kesehatan Melayu* 1, no. 1 (2017): 14–19.

Ministry of Health Apparatus. This strategy was implemented through various efforts, including developing the competency standards for structural positions for all echelons and an open cadre system within the Ministry of Health. (c) Improving an Integrated Health Information System. This strategy was carried out through various efforts, including developing a monitoring system at any time to obtain such information on all Program Performance Indicators (PPI) and Activity Performance Indicators (API) of the Ministry of Health. It improved the capacity of human resources to manage information at the district, city, and provincial levels so that the health profiles were published regularly or monthly. The next strategy was the internal strategic process of the Ministry of Health. It had to be managed optimally by increasing synergy among Ministries or Institutions, Central and Regional governments, and Domestic and Foreign Partnerships. Improving integration of planning, technical guidance and evaluation monitoring, and research and health development effectiveness. (d) Increasing the Synergy among Ministries or Strategic Agencies. The strategy was carried out through various efforts, including formulating a national action plan prioritising health development programs. Creating a communication forum to ensure synergy among the Ministries or Institutions/Agencies. e) Increasing the Usability of the Partnership. This strategy was carried out through various efforts, including developing a roadmap for domestic and foreign cooperation. Creating some rules for cooperation to fill the prepared roadmap and a communication forum among the stakeholders to determine the effectiveness of partnerships of domestic and foreign institutions. (f) Increasing the Integration of Planning, Technical Guidance, and Monitoring Evaluation of the Strategy carried out through various efforts, including determining the focus and locus of health development. Providing integrated planning, monitoring, and evaluation of technical policies. Increasing the competence of central and regional planners and evaluators. Assisting the Health planning in the regions. Improving the quality and utilisation of the results of integrated Monitoring and Evaluation. (2) The Empowerment of the community aims to make the people more capable, proactive and aspirational. Community empowerment in the health sector is a process of developing people or communities through improving community capacity, changing behaviour, and organising them in the health sector. Therefore, the implementation and development of community empowerment in the health sector are generally aimed at improving the independence of the community and family in the health sector so that they can contribute to the improvement of their health status. They were specifically aimed at 1) increasing public knowledge in the health sector; 2) increasing the community capacity in maintaining and improving their health status; 3) increasing the utilisation of health service facilities by the community, and 4) realising the institutionalisation of community-based health efforts. The strategy for community empowerment in the health sector is to increase the community's capacity for better dignity, quality of life, and health status. Improving empowerment means increasing the ability and independence of the community so that they can develop themselves and strengthen their resources to achieve a better livelihood.

It is recommended that the development of the community empowerment process in the health sector be directed at empowering and utilising resources within the community as well as the process of facilitation and support from outside the community. Community empowerment in the health sector includes the ability to identify local health problems and the ability to solve health problems.<sup>16</sup> It is not easy for people to recognise health problems that concern themselves, let alone lower-class people. Even upper-class people experience health problems

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<sup>16</sup> Endang Sutisna Sulaeman et al., "Model Pemberdayaan Masyarakat Bidang Kesehatan, Studi Program Desa Siaga," *Kesmas: National Public Health Journal* 7, no. 4 (2012): 186, <https://doi.org/10.21109/kesmas.v7i4.54>.

because they are unable to recognise the problems they are experiencing. With the increasingly modern society, institutionally, the community has formed a community that aims to solve health problems together to become extraordinary social capital for the community to empower them in a clean and healthy life behaviour.

### **Building Awareness for Clean and Healthy Living Behaviour (CHLB)**

Some efforts to build critical awareness of society are very important. People were invited to think about and realise their rights and obligations in the health sector. Building public awareness related to their hopes and expectations through some discussion was the initial step to organise any activities based on the priority of the health problems following the available resources. Knowledge is one of the most important factors in shaping a person's behaviour. If the community has good knowledge, they will not be easily influenced by such harmful existing objects, but they will still maintain such good behaviour. It can be seen in CHLB and smoking habits in a household. If they have good knowledge about the dangers of smoking and the importance of doing CHLB at home, they will not be affected by smoking habits but will apply CHLB. To deal with such a phenomenon like this, it was necessary to build a critical awareness of the community through mass literacy education. Literacy is not only reading and writing but also a way of thinking and behaving based on correct and accurate information sources.

In today's era, sources of information are increasingly diverse. There are printed, visual, digital and auditory information sources, all of which must be digested critically and juxtaposed with one another so that people can easily find more trusted sources of healthy and constructive information. There are many important components of literacy education to develop, such as information and cultural literacy. The nation's cultural diversity must be maintained by cultivating awareness of living together and continuously strengthening through cultural literacy education. Literacy education can be started in the family environment and educational and religious institutions. It can also be done by utilising the public space through writing constructive messages. All components of society, especially the power of civil society, must move together to make constructive efforts to increase awareness of public literacy.

Access to social capital is critical in driving societal adaptation through social participation, networks, trust, coping strategies and cooperation. This shows that the participation factor is important to empower the community to live a healthy life. Hence, it needs to be supported by a network and trust between the community, health workers, and community leaders to establish cooperation in empowering the community to live a clean and healthy life. The role of the Community Health Center as a community assistant is needed, especially for people with low education and social status. Especially for people with a low economic and social status because a clean and healthy life is related to the ability to think and information, to provide healthy food and a culture that for generations still pays little attention to hygiene and health factors.<sup>17</sup> Pos Yandu (Integrated Healthcare Center), as an institution in the community, is the spearhead for the government in educating the public about health, not only as a bridge of communication between the government and the community but also as a social in-

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<sup>17</sup> Retno Lestari et al., "The Impact of Social Capital, Demographic Factors, and Coping Strategies on Community Adaptation in Supporting People with Severe Mental Illness," *Journal of Public Health Research* 9, no. 2 (2020): 179–82, <https://doi.org/10.4081/jphr.2020.1838>.



stitution that can mobilise the community optimally. Activities related to empowerment efforts are carried out by Pos Yandu, including making various efforts to increase knowledge through counselling media by health workers who come to Pos Yandu. Pos Yandu in Indonesia is a very strategic social institution to improve the community to behave clean and healthy; Pos Yandu serves people of all ages, from babies still in the womb to people who are elderly. Posyandu activities are carried out routinely every month at the Rukun Warga level (Hamlet); this is very good because, regularly, it can educate and control the community directly related to their health.<sup>18</sup> Community empowerment is not only for children or adolescents but also important for adults who do not have formal education and do not understand enough to maintain their health, so unhealthy behaviour is proven to have various diseases. There needs to be a prevention program to maintain a healthy lifestyle and eating patterns and increase knowledge related to health. In rural areas, the involvement of community health cadres is very important as a human resource for health for routine health checks for the community around them. This activity will increase public awareness about healthy behaviour by maintaining a clean environment and healthy food.<sup>19</sup>

The Clean and Healthy Living Behaviour (CHLB) consists of five structures, one of which is the household structure.<sup>20</sup> Lack of knowledge to lead a clean and healthy life will be a problem determining attitudes and behaviour. Problems with CHLB include family members susceptible to disease, for example, diarrhoea, dysentery, cholera, typhus, intestinal worms, toothache, skin pain, and malnutrition. The higher the knowledge of the housewife about clean and healthy living habits, the higher the attitude towards a clean and healthy lifestyle. The head of health cadres can motivate the members to maintain a good attitude towards their role as the health cadres, especially regarding recording the diseases and approaches to the community leaders. Community leaders must coordinate with the health cadres by creating social media groups to facilitate communication and deliver information. The Primary Health Care launched a program that could increase the knowledge of health cadres to optimally respond to the roles and ensure the head of health that his/her members knew and understood the role and carried it out.<sup>21</sup>

A community empowerment program was carried out, and Community Movement for Clean and Healthy Living (CMCHL) was formed to accelerate the realisation of CHLB culture in Indonesia. Health problems at that time resulted from unhealthy living habits, bad environmental sanitation, and inadequate availability of clean water in several places. They could be prevented if the focus were on health efforts to have a clean and healthy lifestyle (CHL) for family and community independence. The results of health development were quite encouraging, but some breakthroughs or new policies to accelerate the program were needed.

<sup>18</sup> Setia Pranata, Niniek Lely Pratiwi, and Sugeng Rahanto, "Pemberdayaan Masyarakat Di Bidang Kesehatan, Gambaran Peran Kader Posyandu Dalam Upaya Penurunan Angka Kematian Ibu Dan Bayi Di Kota Manado Dan Palangkaraya," *Buletin Penelitian Sistem Kesehatan* 14, no. 2 (2011): 174–82.

<sup>19</sup> Ema Madyaningrum et al., "Community Gout Management Program Needed for Adult People in the Rural Area," *Journal of Community Empowerment for Health* 4, no. 2 (2021): 125, <https://doi.org/10.22146/jcoemph.61591>.

<sup>20</sup> I Made Bulda Mahayana, I Gede Wayan Darmadi, Nengah Notes, "Perbedaan Perilaku Hidup Bersih Dan Sehat Rumah Tangga Pada Wilayah Perkotaan Dan Pedesaan Di Kabupaten Badung," *Jurnal Skala Husada* 11 (2014): 76.

<sup>21</sup> M. Safitri, P. P, and E. Riyanti, "Faktor – Faktor Yang Berhubungan Dengan Peran Kader Kesehatan Dalam Pelaksanaan Phbs Di Kelurahan Sarirejo Kota Semarang," *Jurnal Kesehatan Masyarakat (e-Journal)* 5, no. 3 (2017): 600.

One was through a community movement for healthy living and a family program with a family approach. The Healthy Living Community Movement is a national movement initiated by the President of the Republic of Indonesia that advocates promotion and prevention efforts without neglecting curative and rehabilitation efforts. This is achieved by engaging all constituents of the country in promoting a healthy paradigm. It was necessary to involve all parties to succeed CMCHL actively. It could be based on more than the role of the health sector. The role, support and involvement of ministries and agencies in other sectors and at all levels of society are also important in achieving the expected goals. A healthy lifestyle should start with individuals, families and communities. Academic, business, community and professional organisations then encouraged and mobilised healthy behaviour in their members. In addition, central and local governments had to prepare supporting facilities and infrastructure and monitor and evaluate implementation. One of the real cross-sectoral supports for CMCHL GERMAS was the Community-Based Infrastructure Program (CBI) of the Ministry of Public Works and Housing which focuses on developing access to drinking water, sanitation, and livable settlements, the basic infrastructure to support Clean and Healthy Living Behaviors. In everyday life, the practice of healthy living is one form of Mental Revolution. CMCHL invited people to cultivate and lead a healthy life so that they were able to change unhealthy habits or behaviour. In particular, CMCHL was expected to increase community participation to live healthily and in productivity and reduce the burden of health costs. Implementing CMCHL GERMAS has to start from the family because it is the smallest part of society that shapes the personality, from the learning process to independence. CMCHL activities include:

Exercise, eat fruits and vegetables, do not smoke, do not drink, check your health regularly, keep your environment clean, and use the restroom. The same has been done for his eight years in the European Innovation Partnership for Active and Healthy Aging (his EIP on AHA), and it has been shown to have great support by developing effective and sustainable synergies with action groups. Innovation transfer, community health and care priorities and challenges can be identified and scaled up through the engagement of Action Groups (AGs). At the end of the process, identifying local commitments upfront based on real-world health and social care challenges and priorities can ensure that WG recommendations are ultimately implemented. Although sometimes fragmented due to the heterogeneity of interventions and approaches to solving the same problem. Similar collaborative, interdisciplinary and transnational initiatives are needed in the European Union (EU), and others should promote better integration within European countries.<sup>22</sup> The development of cadres in the health sector is an absolute thing to continue considering that so far, cadres have played a strategic role, which is challenging.<sup>23</sup> This program is maximised so that later cadres can visit residents' homes independently and continuously without having to be accompanied by a Public Health Center officer. Suppose there are problems that volunteers need help handling. In that case, they can be resolved immediately by the local government because the Public Health Center must carry out follow-up after data collection in the form of routine visits within a certain period targeting families who have a history of illness referring to data that has been previously collected. So important are cadres that the government still needs to replace their role due to limited

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<sup>22</sup> Jean Bousquet Maddalena Illario, Vincenzo De Luca, Gabrielle Onorato, Giovanni Tramontano, Ana Maria Carriazo, Regina Elisabeth Roller-Wirnsberger, Joao Apostolo, Patrik Eklund, Nandu Goswami, Guido Iaccarino, Maria Triassi, John Farrell, "Interactions Between EIP on AHA Reference Sites and Action Groups to Foster Digital Innovation of Health and Care in European Regions," *National Library of Medicine* 17, no. 1 (2022): 343–58.

<sup>23</sup> Erfandy Budi Qowiyyum, "Pemberdayaan Masyarakat Melalui Program Indonesia Sehat Dengan Pendekatan Keluarga (PISPK) Untuk Meningkatkan Akses Pelayanan Kesehatan Di Wilayah Kerja Puskesmas," *Publika* 9, no. 1 (2021): 223.

medical personnel. However, the increasingly modern society also impacts the scarcity of community members willing to become cadres voluntarily, so it needs serious attention.

### ***Building Awareness of Leading a Clean and Healthy Living***

A process to encourage public awareness to have and lead a clean and healthy lifestyle that the community can accept was highly needed because building the awareness of each individual involved a strong will that could voluntarily make it a daily habit. The health office provided a pocketbook on Clean and Healthy Living in schools to support this program. It was expected to be a more effective way to improve knowledge, attitudes and behaviour. There were three steps in cultivating a Clean and Healthy Life: knowledge, persuasion, and decisions. First, at the knowledge stage, the target had been given some information, and then at the persuasion stage, there was a growing public interest in pocketbooks. At the decision stage, there was an increase in the value of knowledge, attitudes and intentions of the respondents who claimed to accept such innovation in the form of printed media.<sup>24</sup> Building community awareness to lead and maintain Clean and Healthy Living involves the daily attitudes and behaviours of the people in carrying out every activity consistently. To empower the community, some proper steps are needed.<sup>25</sup> (1) Participatory planning is a process of identifying health problems and potential and then translating the goals into real and specific activities involving the community's role in planning everything related to health. This activity is carried out alone by the community, accompanied by a mentor. In addition to creating a sense of trust in the planning results, the community also feels a sense of belonging to the activities. This is based on the results of the surveys and mapping regarding the potential of the community's physical, environmental and social conditions. Health development through the Healthy Indonesia Program, aimed at improving community health and nutrition through community health and empowerment efforts. This was underpinned by financial protection and equitable distribution of medical services.

Support from all elements at the central, provincial and district or city levels is needed to jointly solve the problems following the main target of increasing the health and nutritional status of mothers and children with the reference indicators of reducing child mortality and improving public health. The problem currently being faced in reducing the national maternal mortality rate (MMR) is the inadequate quality of maternal health services, unhealthy conditions of pregnant women and other determinants. (2) Community organising is a process that leads to the formation of community cadres, together with the people and facilitators, who play an active role in community-based institutions (Village Community Forum) as community representatives who play a role as community mobilisers in carrying out the activities of the community empowerment in the health sector. The Sidoarjo provincial government has implemented several health improvement programs. Goals are: a. Development of Community-Based Health Initiatives (CBHE) to expand the outreach of health services by leveraging the

<sup>24</sup> Muthmainah Farida Hanif, Mury Ririanty, and Iken Nafikadhini, "Efektivitas Buku Saku PHBS Di Sekolah Dalam Meningkatkan Perilaku Hidup Bersih Dan Sehat," *Jurnal Kesehatan* 6, no. 2 (2019): 51, <https://doi.org/10.25047/j-kes.v6i2.15>.

<sup>25</sup> Elfindri, "Beberapa Teknik ( MONEV ) Monitoring Evaluasi," *Jurnal Kesehatan Komunitas* 1, no. 3 (2011): 111–12.

possibilities and resources available in the community. b. Partnerships. The partnership principle was implemented within the framework of community empowerment. c. Accessibility. Access to medical services was relatively easy and supported by adequate transport and infrastructure. e. Using information technology to support accessibility in patient care. Excellent Service Improvement in the Health Sector. The basis of Excellent service was strengthening at the basic level by empowering the community from the lowest level, the individual to family levels. In this case, the health cadres had a very strategic role. They were the mouthpiece of every new government policy and were spearheaded to educate the community directly and to collect some data. Therefore, it was very important to increase the capacity of cadres. (3) Monitoring and Evaluation; They were carried out by the community and the empowerment manager and used a mutually agreed method and time on an ongoing basis to determine and assess the achievement of the activities.

The evaluation results were used as a reference for carrying out such sustainable activities. Monitoring is an effort to follow a program's progress, and further efforts are made for solutions or improvements if any deviations occur. Monitoring was also often concluded as an effort to collect and analyse the selected to help the managers or program managers to measure whether key activities had been carried out as planned and whether they had the desired effect on the targeted population. Monitoring was useful for providing feedback to the program managers regarding any efforts to improve the operational plans and to take corrective actions. Indicators can be used to measure the achievement of the targets, changes or trends in health status compared to the levels of achievement among work areas or project environments. Several patterns were carried out in monitoring (1) Routine Monitoring; It included gathering some information regularly while the program was run on a set of core or primary indicators. The number of indicators should always be kept to a minimum, but the managers always prepare sufficient information. Routine monitoring could be used to identify which programs were done well and which were different from the plan. (2) Short-term Monitoring. It was carried out for a limited period, usually for specific or special activities. Usually, when a new activity is implemented, The managers need to know whether the activities were carried out according to the plan and had the desired effects. Generally, the managers used some information to adjust for new interventions. Intermittent monitoring was usually used when the managers identified the problems to obtain some required inputs, services, and additional information. Monitoring, in this case, was used to find any problems and gaps in services and supportive services. In general, the two types of monitoring above complement each other. (3) Monthly Monitoring. It was carried out on the potential Indicators of a Healthy Community through Local Area Monitoring, the main programs of Primary Health Care, especially Maternal and Child Health, immunisation and nutrition improvement.

The results of Local Area Monitoring were discussed in the monthly monitoring and followed up to know the villages should be facilitated to catch up in achieving the main programs of Primary Health Care. (4) Semesterly Monitoring. It was carried out to determine the Potential Indicators of a Healthy Order and a potential Index of a Healthy Family. Before the monitoring was carried out, it was necessary to describe how the indicators could be measured against the goals set by a government. For example, when monitoring for program implemen-

tation was done, it was necessary to dig up any information related to the funds for handling maternal mortality through the program of maternal health expansion and realisation and then compare it. At the same time, ensuring that the data related to the program had to be readily available.

In providing services to the community, it is necessary to discuss problems involving health workers and managers or supervisors to communicate openly and build positive relationships with the community and health workers.<sup>26</sup> The openness of information and thinking is very important, considering that cultural factors sometimes become difficult to change. Even though people already understand the importance of cleanliness, in behaviour, they still pay less attention to cleanliness. Healthy environment and do not care about the consequences it causes. Even though regional regulations provide sanctions for people who litter indiscriminately, they are still being carried out a lot. In this case, empowering the community to live a clean and healthy life is the task of the public health centre (Puskesmas) and the duties of other institutions, such as the local Sanitation and Security Service, including the University.<sup>27</sup> However, the conversion from education to action requires several years and continuation of the educational program. In addition, a major burden on the program was its limited budget, which could result in inadequate facilities and staff shortages for indirect communication.

## CONCLUSION

To realise that the community has and behaves in a clean and healthy life, it is necessary to build critical awareness of the community by being invited to think and be aware of their rights and obligations in the health sector. Building community awareness is the first step to organising several community activities and is carried out by discussing their hopes and expectations regarding health issues with the available resources. To encourage critical awareness, the Community Movement on Clean and Healthy Living (CMCHL) group was formed by an increasing synergy between institutions and involving all levels of society, starting from individuals, families, academics, businesses, community organisations, and professional organisations at the regional or central level. There are three stages to cultivating a clean and healthy lifestyle. Among them is the first stage: providing knowledge by providing information through various communication media and pocketbooks. The second stage is often called capacity building which is divided into three types: capacity building – namely human, organisational and value systems. The third stage is empowerment. At this stage, the community is the authority to identify problems and find appropriate solutions so that local wisdom emerges. Empowering people to live clean and healthy lives takes a long time and consistently. For this reason, there is a need for legal instruments that must be enforced strictly and with wisdom.

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<sup>26</sup> Pham Huong Giang et al., "Assessing the Acceptability of the Health Education Program in Dengue Prevention and Control in Buon Ma Thuot City in Dak Lak Province, Vietnam," *Journal of Community Empowerment for Health* 5, no. December (2022): 159.

<sup>27</sup> Simon Barraclough Inge Dhamanti, Sandra Leggat, "Practical and Cultural Barriers to Reporting Incidents Among Health Workers in Indonesian Public Hospitals," *Journal of Multidisciplinary* 13, no. 3 (2020): 351–59.

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