

Perspective

Empowering Communities: Building Healthy Life Through Unity

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ABSTRACT

Community empowerment is one strategy to help control health problems in society. Leveraging community participation to be involved in community empowerment in the health sector is not only the domain of the health sector's duties. This effort can be carried out if there is involvement of cross-sectoral roles. One of the cross-sectoral sectors that is a dynamist for community empowerment is the involvement of FKD/FKK which consists of community elements from the village area concerned. Increasing coordination between health sectors, both across programs within the Puskesmas itself, and with cross-sectors outside the Puskesmas such as sub-districts, villages/kelurahan, village midwives and Forum Kesehatan Desa (FKD/FKK), as well as the business world needs to be carried out continuously and sustainably in alleviating health problems to improve degree of public health.

Keywords: community empowerment, public health, FKD/FKK

Community Empowerment in building Community Health with FKD partnerships

The health sector is one of the pillars in building civilization and developing the level of human life. Health development is synonymous with public health problems where there is still a lot of homework to do. In developing countries like Indonesia, public health issues, both communicable and non-communicable diseases, are still problematic in public health development. There are still many other problems related to environmental health, such as sanitation, hygiene and PHBS (Clean and Healthy Living Behavior) which still need to be fought for.

The role of stakeholders, cross-sectors and all elements of society is needed in handling public health problems. Because health problems are not only the responsibility of the health sector. Health problems are our common problem. Paying attention to the role of the community in empowering the health sector that occurs in

villages/sub-districts is something unique, and can cause potential discomfort among the community. At the sub-district level, where the health domain is the domain of the Community Health Center as a representative of the government, apart from of course there is FORKOMPINCAM as a cross-sectoral institution for vertical communication.

Through government institutions in the health sector at the sub-district level commanded by the Community Health Center, community health development is directed at creating alert villages. According to [1], A standby village is a village with the habits and culture of its people who have concern, preparedness and potential abilities in recognizing problems and handling emergencies, disasters and health problems independently.

In Purbalingga Regency in particular, the concept of an Alert Village was developed into the concept of an independent alert village or independent healthy village (DSM). To spur improvement in PHBS status and increase community health development in Purbalingga Regency, every year a DSM competition is held which is coordinated by the Purbalingga Regency Health Service. In Karangmoncol District, of the 11 villages, five villages have won the DSM competition (Grantung, Tamansari, Tunjungmuli, Baleraksa, and Rajawana) and one village has won third place in the PHBS village (Pepedan). This concept is facilitated by collaboration between village midwives and FKD/FKK in each village, and the existence of FKD/FKK is expected to be a leverage to move the wheels of community empowerment. FKD which grows in rural communities is expected to become an organization with an open system, so that it can better utilize organizational strengths, namely togetherness (socialized power) [1].

FKD and/or FKK is a forum and medium for community participation in developing development in villages/subdistricts to plan, determine, carry out coordination and activity mobilization functions, as well as monitor and evaluate health development in villages/subdistricts without eliminating the role and function of the village/subdistrict government itself. FKD together with village midwives supported by village

elements move together in health development in their villages. According to [2], village midwives are important figures in the field of village health. Everything related to village health programs can never be separated from the role of the village midwife. Midwives are opinion leaders for village communities.

The community empowerment process requires the assistance of a facilitator whose role is to influence the community's decision-making process in adopting innovation [3]. In Karangmoncol District, which consists of 11 villages, overall the FKD is active. Each FKD holds monthly and quarterly meetings to discuss health problems in their village. Then, the sub-district FKD holds regular meetings every month, rotating from one village to another, which are also attended by representatives of UKM Puskesmas, community leaders, health cadres, and from the village and sub-district governments. Apart from being a gathering place, the monthly sub-district FKD meetings or routine meetings at FKD are also a form of continuous learning from FKD cadres regarding information and solutions to health problems that occur in villages and/or sub-districts. With the FKD meeting, the results of the meeting are then disseminated to all residents in the village through the MMD (Village Community Deliberation) forum, village meetings, cadre meetings, recitations, and including to the education sector in the village starting from PAUD level up to high school equivalent.

In community empowerment in the health sector, participation is the main factor apart from knowledge, resources, communication, and so on. FKD as an extension of the village government and also as a bridge in the Puskesmas partnership to implement programs related to the community, its presence is felt to be quite helpful in achieving targets for health programs from the Puskesmas and from the village government in one area of the sub-district administrative area. Apart from carrying out routine meetings and FKD/FKK work programs, there are Self-Introduction Surveys (SMD) and Village Community Deliberations (MMD) which are usually held every 6 months. In this SMD and MMD meeting, they discussed the discovery of existing problems in the village to make them priority problems that must be resolved. The problems that arise are of course different in each village. On average, the problems consist of waste, latrines, plastering, cigarettes, KIA birth control, immunization, stunting, malnutrition, exclusive breastfeeding, cases of infectious diseases, PSN, and so on.

FKD/FKK Challenges in Community Health Development in Villages

In an effort to accompany the community health development process in their region, FKD or FKK often encounter obstacles and challenges that are not easy. Starting from the organization in FKD which has not yet been actively running in full. FKD members are constantly changing, and public scorn is often encountered. External obstacles that are often faced are a lack of awareness, knowledge, experience

and self-concept of the community, especially regarding health development, including cadres in carrying out activities related to community empowerment. Apart from that, the skills of FKD members are still lacking in carrying out activities. Efforts to improve the quality of FKD members include providing motivation and being involved in outreach activities, simulations and comparative studies.

In March 2023, the Karangmoncol District FKD independently conducted a comparative study visit to the independent waste management village in Sukunan Village, Banyuraden Village, Sleman Yogyakarta. The comparative study aims to find out how to manage waste comprehensively. This activity was carried out as a follow-up to the Karangmoncol District FKD work program with the majority of SMD and MMD products still encountering problems in waste processing. Another activity is sending FKD delegates from each village to take part in the Regency FKD coordination meeting, where in this forum many health problems in their respective areas are discussed and how they can discuss ways to find solutions to the health problems they face. Then there is a monitoring and evaluation process on what has been done, whether it meets the targets, obstacles and challenges, as well as orientation to create a policy brief which is submitted to regional leaders through the Purbalingga District Health Service.

The ideal role of FKD/FKK in the future

It is hoped that in the future, FKD/FKK will remain in the main corridor to always work side by side with the community, village government, health center, and FORKOMPINCAM elements in developing public health in their area. Apart from that, in the future FKD or FKK will be able to continue to be consistent in pursuing sustainable health development, by always encouraging and promoting promotive and preventive efforts in clean and healthy living behavior. Moreover, society's paradigm in dealing with health problems has tended to be curative and rehabilitative. So far, people have not taken preventive action before experiencing the pain they are concerned about and complaining about. It's as if people are waiting to get sick first, then move to seek treatment. In the future, FKD/FKK should not take steps to get involved in practical politics, even though in the tradition of speeches by our politicians in the era leading up to elections, the health sector is often used as a weapon to gain sympathy from the public.

The success of public health development programs is largely determined by how far we are able to implement a promotive-preventive approach in addressing our health problems. This approach is expected to be a lever for realizing health development goals through utilizing resources as effectively as possible, without placing an excessive burden on the community and government.

The active role of the community in overcoming the health problems they experience is very necessary, and community empowerment is a good strategy, especially in the health sector [4], and FKD assistance is always needed. For

this reason, FKD/FKK must always be able to internalize the values of the importance of maintaining healthy living behavior in the community, and no less important is to always provide assistance in advocating for early childhood health education policies until when children start to reach school age until mature. Without consistent serious effort, the impact will usually only be temporary.

Health behavior problems in children, especially at an early age (after birth up to 5 years of age) are related to personal and environmental hygiene. Diseases that often arise due to lack of clean and healthy living behavior include worms, diarrhea, toothache, poor nutrition, and so on.[5].

With health advocacy efforts at an early age, even though this has been done by parents for their children, at least with the mentoring role of FKD regarding the dangers that can arise when someone in the optimal period of growth and development does not receive appropriate health information which can be dangerous. health literacy. For example, cases of continuous use of gadgets for more than 30 minutes in children can cause radiation risks from the gadgets used. With continuous education, it will be ingrained in children's minds that gadget use should not be used for more than 30 minutes continuously, there have even been cases found that children will cry if they are kept away from gadgets. This indicates that individuals with higher health impact literacy, greater risk perception, and better preparedness in the health risk management domain[6].

In the concluding section of the discussion regarding the ideal FKD/FKK in the future, increasing knowledge in the form of education, socialization and health counseling is still the main weapon that is a possible way to change people's behavior to implement patterns of change and better clean and healthy living behavior. Good. Here, the role and participation of FKD/FKK to work together with Community Health Centers and other cross-sectors to carry out the role of massive and continuous dissemination of health information is an urgent matter. According to Veriza, et al. (2022), efforts to get people to behave or adopt health behaviors can be implemented in various ways such as persuasion, persuasion, appeals, providing information/education, providing awareness. The educational approach is one of health promotion so that individual, group and community behavior has a positive influence on maintaining and improving health[7].

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