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Studi Kualitatif Perilaku Masyarakat dalam Pencegahan Malaria di Manokwari Barat, Papua Barat, Indonesia

Qualitative Study of Community Behavior in Malaria Prevention in West Manokwari Sub-District, Manokwari District, West Papua Province

Nilce Astin [1)], Andi Alim[1)], Zainuddin[1)]
[1] Fakultas Kesehatan Masyarakat, Universitas Pejuang Republik Indonesia
Email: andi_alimbagu@yahoo.co.id

ABSTRACT

***Background**: In Indonesia, Malaria is still a public health problem. Based on health data from West Papua Province, as of August 2018, there were 4,182 Malaria cases in West Papua Province. Of these, 2,346 cases of Malaria occurred in Manokwari District or nearly 50%. In second place is South Manokwari Regency with 692 cases and third, Teluk Wondama District with 286 cases. **Objective**: This study aims to explore information about Malaria prevention efforts in the community in West Manokwari Sub-district, Manokwari District. **Methods**: This study used a qualitative method with a phenomenological approach. Research informants were 9 people who were determined by the snowball technique, the informants consisted of 8 residents who live in West Manokwari Sub-district and 1 health worker from the community health centre that handles the Malaria program. **Results**: This study shows that Malaria prevention efforts by killing adult Malaria larvae and mosquitoes through spraying houses, larviciding and biological control have never been carried out by the community because they assume this is the responsibility of health workers. To prevent Malaria mosquito bites against those who have the habit of being outside at night by wearing long-sleeved T-shirts, jackets and long sarongs. The use of mosquito nets during night sleep is still done but is not used routinely, only occasionally and some even do not use mosquito nets at all. The use of anti-mosquito repellent types of mosquito coils, in addition to saving, is also affordable. The use of wire mesh was not carried out, because some community houses were still semi-permanent whose windows were made of boards and used clear plastic and cloth as curtains for window coverings. **Conclusion**: Efforts to prevent Malaria by the community are not carried out consistently and thoroughly because there is an assumption that efforts to eradicate Malaria are the responsibility of health workers.*

***Keywords**: Malaria Prevention, Community Behavior, Health Services*

ABSTRAK

***Latar Belakang**: Malaria di Indonesia sampai saat ini masih merupakan masalah kesehatan masyarakat. Dinas Kesehatan Provinsi Papua Barat menyebutkan, hingga Agustus 2018, tercatat 4.182 kasus Malaria di Provinsi Papua Barat. Dari jumlah tersebut, 2.346 kasus Malaria terjadi di Kabupaten Manokwari atau hampir 50%. Di urutan kedua ditempati Kabupaten Manokwari Selatan dengan 692 kasus dan ketiga, Kabupaten Teluk Wondama dengan 286 kasus. **Tujuan**: Penelitian ini mempunyai tujuan untuk mengeksplorasi informasi tentang upaya pencegahan Malaria pada masyarakat di Kecamatan Manokwari Barat Kabupaten Manokwari. **Metode**: Penelitian ini menggunakan metode kualitatif dengan pendekatan fenomenologi. Informan penelitian sebanyak 9 orang yang ditetapkan dengan teknik snowball, informan tersebut terdiri 8 orang warga yang berdomisili di Kecamatan Manokwari Barat dan 1 orang petugas kesehatan dari Puskesmas yang menangani program Malaria. **Hasil**: Penelitian ini menunjukkan bahwa upaya pencegahan Malaria dengan cara membunuh jentik dan nyamuk Malaria dewasa melalui penyemprotan rumah, larvaciding dan biological control tidak pernah dilakukan oleh masyarakat karena anggapan hal ini merupakan tanggung jawab petugas kesehatan. Untuk mencegah gigitan nyamuk Malaria terhadap mereka yang memiliki kebiasaan berada di luar rumah pada malam hari dengan cara memakai pakaian baju kaos lengan panjang, jaket, dan sarung*

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panjang. Penggunaan kelambu saat tidur malam tetap dilakukan akan tetapi tidak digunakan secara rutin, hanya sesekali dan bahkan ada yang tidak menggunakan kelambu sama sekali. Pemakaian obat anti nyamuk jenis obat nyamuk bakar, selain karena hemat juga harganya terjangkau. Pemakaian kawat kasa tidak dilakukan, sebab sebagian rumah masyarakat masih semi permanen yang jendelanya terbuat dari papan dan memakai plastik bening serta kain sebagai gorden sebagai penutup jendela. ***Kesimpulan****: Upaya pencegahan Malaria oleh masyarakat tidak dilakukan secara konsisten dan menyeluruh karna adanya anggapan bahwa upaya pemberantasan nyamuk Malaria merupakan tanggung jawab petugas kesehatan.*

Kata Kunci*: Pencegahan Malaria, Perilaku Masyarakat, Pelayanan Kesehatan*

PENDAHULUAN

Malaria tergolong penyakit menular yang disebabkan oleh parasit dari genus *plasmodium* yang ditularkan melalui gigitan nyamuk *Anopheles* betina. Penularan Malaria dapat juga terjadi dari orang yang sakit kepada orang sehat melalui gigitan nyamuk. Bibit dari penyakit Malaria ini yang terdapat dalam darah orang sakit ini terhisap oleh nyamuk kemudian berkembang biak di dalam tubuh nyamuk tersebut, kemudian nyamuk tersebut kembali mengigit orang yang sehat sehingga menderita Malaria.

Kasus Malaria hampir ditemui diseluruh dunia, khususnya negara-negara beriklim tropis dan subtropis, oleh karena itu, penduduk berisiko terkena Malaria diperkirakan mencapai 2,3 miliar atau 41% dari jumlah penduduk di dunia. Sebanyak 35% dari populasi dunia tinggal di daerah yang berisiko penularan *Plasmodium falciparum*, dan sekitar 1 milyar orang-orang yang tinggal di daerah yang berisiko rendah dan masih ada penularan Malaria (Arsin, 2012).

Kejadian Malaria di Indonesia diperkirakan sebanyak 4,9 juta dari 262 juta penduduk. Kasus Malaria pada tahun 2017 tercatat 261.617 kasus yang telah mengakibatkan kematian setidaknya 100 orang. Sebanyak setengah dari jumlah 514 kabupaten/kota di Indonesia sudah mencapai kategori bebas Malaria. Artinya, terdapat 72 persen penduduk di Indonesia tinggal di daerah bebas Malaria (Kemenkes RI, 2017).

Peta situasi Malaria warna putih atau bebas Malaria terdapat di Pulau Jawa dan Bali, sementara sisanya mayoritas berwarna hijau (endemis rendah) seperti di Sumatera, Kalimantan, dan Sulawesi. Sebagian daerah di wilayah Indonesia timur masih berwarna merah atau endemis tinggi dan kuning atau endemis menengah. Daerah merah dan kuning tersebut masih banyak terdapat di wilayah timur Indonesia, antara lain Papua dan Papua Barat, Nusa Tenggara Timur, dan beberapa area Kalimantan (Kemenkes RI, 2017).

Khusus di Papua Barat, upaya penemuan kasus Malaria masih bersifat pasif. Data Dinas Kesehatan Provinsi Papua Barat menyebutkan, hingga Agustus 2018, tercatat 4.182 kasus Malaria di Provinsi Papua Barat, dan 2.346 kasus Malaria terjadi di Kabupaten Manokwari atau hampir 50%. Di urutan kedua ditempati Kabupaten Manokwari Selatan dengan 692 kasus dan ketiga, Kabupaten Teluk Wondama dengan 286 kasus (Dinas Kesehatan Provinsi Papua Barat, 2018).

Kabupaten Manokwari sebagai salah satu kabupaten yang sedang dalam masa perkembangan tentunya tidak dapat secara langsung mempengaruhi perilaku masyarakat dalam upaya penanggulangan Malaria. Berbagai perilaku masyarakat yang ada akan mempengaruhi gaya hidup, sebagai contoh kebiasaan berada di luar rumah pada malam hari ini dapat memudahkan untuk digigit nyamuk *Anopheles*. Sebagian masyarakat tidak mau memakai kelambu insektisida dengan alasan panas, di sisi lain masih ada juga penderita Malaria yang tidak konsisten minum obat Malaria. Kebiasaan tersebut tentu dapat mempengaruhi kejadian kasus Malaria di Manokwari, selain itu belum pernah ada penelitian yang dilakukan untuk menganalisis pengaruh faktor perilaku masyarakat atau gaya hidup (*life style*) terhadap kasus Malaria.

Karakteristik masyarakat Manokwari yang sebagian besar bermata pencaharian sebagai nelayan tentu terbiasa berada di luar rumah pada malam hari. Mereka beranggapan sudah terbiasa

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digigit nyamuk jika hanya mengenakan baju/celana pendek. Mereka hanya menghindari gigitan nyamuk apabila sedang berada di dalam rumah/saat tidur malam saja. Mereka juga memakai obat anti nyamuk bakar jika tidur malam supaya tidak digigit nyamuk dan apabila terjadi atau ada anggota keluarga mereka yang mengalami gejala Malaria, mereka terkadang menangani sendiri dengan membeli obat di apotek dan apabila gejala yang dirasakan tidak berubah/sembuh baru datang ke fasilitas kesehatan.

Karakteristik masyarakat di atas kemungkinan menjadi faktor penyebab sehingga penanganan Malaria tidak berjalan secara maksimal, oleh karena itu melalui penelitian ini akan mengungkap determinan perilaku terhadap kasus Malaria pada masyarakat di Kecamatan Manokwari Barat tahun 2019. Perilaku masyarakat yang dimaksud dalam penelitian ini yaitu kebiasaan masyarakat berada diluar rumah pada malam hari, penggunaan kelambu pada saat tidur, pemakaian obat anti nyamuk serta pemasangan kawat kasa pada jendela dan ventilasi rumah. Penelitian ini bertujuan untuk mengeksplorasi informasi tentang upaya pencegahan Malaria pada masyarakat di Kecamatan Manokwari Barat Kabupaten Manokwari.

METODE

Penelitian ini adalah penelitian kualitatif dengan pendekatan fenomenologi yang bertujuan untuk menggali informasi secara mendalam tentang upaya pencegahan penyakit Malaria yang dilakukan oleh masyarakat di Kecamatan Manokwari Barat. Lokasi penelitian adalah Kecamatan Manokwari Barat, Kabupaten Manokwari, Provinsi Papua Barat.

Informan dalam penelitian ini sebanyak 9 orang yang ditentukan dengan teknik *snowball*. Informan tersebut terdiri dari 8 orang warga yang berdomisili di Kecamatan Manokwari Barat dan 1 orang petugas kesehatan yang menangani program Malaria di Puskesmas Wosi yang berada di Kecamatan Manokwari Barat.

Cara pengumpulan data yang digunakan yaitu data primer dilakukan dengan cara wawancara mendalam (*indepth interview*) terhadap informan dengan menggunakan pedoman wawancara. Pengumpulan data sekunder diperoleh dengan cara membaca laporan dari instansi terkait yang berhubungan dengan penelitian ini. Observasi (pengamatan) dilakukan dengan mengamati langsung lokasi penelitian dan informasi dari informan. Pengolahan dan penyajian data dilakukan dengan mengumpulkan semua data/informasi yang sama dan dapat mewakili informasi yang diinginkan. Setelah berbagai data terkumpul, maka untuk menganalisisnya digunakan teknik analisis kualitatif meliputi tiga unsur yaitu reduksi data, penyajian data, dan penarikan kesimpulan untuk menggambarkan kembali data-data yang telah terkumpul mengenai perilaku pencegahan Malaria yang dilakukan oleh masyarakat. Data yang sudah diolah kemudian disajikan dalam bentuk naskah (narasi).

HASIL DAN PEMBAHASAN

Karateristik informan menunjukkan sebagian besar berjenis kelamin perempuan sejumlah 7 orang dan laki-laki sejumlah 2 orang, umur informan dominan kategori 20-40 tahun dan hanya 1 orang yang kategori 41-50 tahun, mayoritas informan merupakan ibu rumah tangga, dengan suami yang bekerja sebagai buruh kasar dan nelayan yang dalam kebiasaan sehari-harinya selalu beraktivitas di luar rumah pada malam hari.

Upaya Memberantas Jentik dan Nyamuk Dewasa

Upaya yang dapat dilakukan untuk membunuh jentik dan nyamuk dewasa, antara lain penyemprotan insektisida pada sekitar rumah khususnya daerah endemis Malaria sekurang-kurangnya dua kali dalam setahun dengan interval waktu enam bulan. *Larvaciding* dilakukan dengan cara menyemprot daerah rawa-rawa yang memiliki potensi menjadi tempat perindukan nyamuk Malaria. *Biological control* dilakukan dengan penebaran ikan kepala timah dan *guppy* dengan harapan ikan tersebut dapat menjadi pemangsa jentik nyamuk Malaria (Kemenkes RI, 2014).

Hasil penelitian menunjukkan bahwa sebagian besar informan jarang melakukan upaya membunuh jentik dan nyamuk dewasa. Kondisi ini terjadi karena mereka tidak memiliki bahan untuk melakukan penyemprotan di sekitar

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rumahnya. Informan menganggap bahwa penyemprotan biasanya dilakukan oleh petugas kesehatan. Kegiatan penyemprotan insektisida di wilayah kerja puskesmas Wosi sesungguhnya rutin dilakukan namun diprioritaskan pada daerah dengan kasus Malaria tinggi. Petugas puskesmas akan turun melakukan penyemprotan jika ada warga yang datang melaporkan kasus Malaria di wilayahnya. Kegiatan *larvaciding* dan *biological control* sama sekali tidak pernah dilakukan oleh masyarakat sebab mereka belum tahu dan belum memiliki dalam menerapkan metode tersebut. *Larvaciding* dan *biological contro*l hanya dilakukan oleh petugas kesehatan, namun tindakan tersebut dilakukan jika terjadi Kejadian Luar Biasa (KLB), sementara di Kecamatan Manokwari Barat dalam beberapa tahun terakhir tidak pernah terjadi KLB. Kegiatan penyemprotan insektisida selama ini hanya dilakukan oleh petugas kesehatan, namun dalam tiga tahun terakhir ini tidak ada petugas yang datang menyemprot. Kondisi tersebut disebabkan karena masyarakat jarang ada yang mau melaporkan kasus Malaria bila ada keluarganya yang menderita Malaria. Mereka lebih cenderung membeli obat langsung di apotek jika merasa sedang mengalami gejala Malaria. Penyakit Malaria sudah dianggap biasa terkecuali bagi mereka yang sudah terlanjur parah datang ke puskesmas untuk berobat. Seperti pada kutipan wawancara berikut ini:

> *"Tara pernah jo, tara pernah sama sekali disemprot disini so 3 tahun tinggal disini, mau semprot sendiri tarada bahan, tara pernah liat juga petugas datang semprot nyamuk, warga disini beli obat sendiri saja di apotek kalo ada sakit Malaria, kita sudah tahu juga toh oba'nya' biasa dikasi minum klo ada sakit Malaria tong nanti baru ke puskesmas klo tidak sembuh." (NC, 35 tahun).*

Sebagian besar masyarakat sudah mengetahui gejala dan tanda-tanda penyakit Malaria serta cara pencegahan yang efektif seperti penyemprotan insektisida, namun hal tersebut tidak dilakukan. Masyarakat berharap kepada petugas kesehatan yang melakukan penyemprotan, sementara petugas hanya menyemprot pada kampung-kampung atau kelurahan dengan kasus yang tinggi. Sebagaimana kutipan pernyataan informan berikut:

> *"Tara pernah. Tara pernah selama ini, tinggal disini so lama tara ada petugas datang menyemprot di rumah." (RB, 30 tahun).*

Informan menyatakan bahwa selama dia tinggal di Kecamatan Manokwari Barat, tidak pernah dilakukan penyemprotan rumah, *larvaciding* atau *biological control*.

> *"Tara pernah, tara ada penyemprotan, solama sekali itu, pemberian obat juga tara pernah." (HM, 45 tahun)*

Informan menyatakan bahwa sudah lama petugas tidak melakukan penyemprotan nyamuk, *larvaciding* dan *biological control*.

> *"Tara pernah semprot, tara adada petugas datang, mau lapor juga susah puskesmas jauh, biaya lagi datang kesana. Larvaciding, biological control tra tahu, mau bikin apa, tara tahu juga." (BM, 32 tahun).*

Hasil wawancara terhadap seluruh informan menunjukkan bahwa penyemprotan insektisida, *larvaciding*, dan *biological control* membunuh jentik dan nyamuk dewasa tidak pernah dilakukan. Mereka berharap aktivitas tersebut dilakukan oleh petugas kesehatan karena itu sudah menjadi tanggung jawabnya. Masyarakat juga tidak mengetahui cara untuk melakukan *larvaciding* dan *biological control*. Informan juga mengaku bahwa ia tidak memiliki biaya untuk melakukan pelaporan apabila terjadi kasus Malaria di puskesmas karena lokasinya yang jauh.

Tidak adanya penyemprotan untuk seluruh rumah yang ada di Kecamatan Manokwari Barat dibenarkan oleh petugas kesehatan di Puskesmas Wosi karena penyemprotan/*spraying* hanya dilakukan jika terjadi KLB (Kejadian Luar Biasa). Penyemprotan yang rutin dilakukan hanya diprioritaskan pada daerah dengan kasus Malaria yang tinggi. Petugas juga turun melakukan penyemprotan jika ada warga yang datang melaporkan kasus Malaria di wilayahnya. Keterbatasan petugas

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lapangan di puskesmas juga menjadi salah satu faktor sehingga aktivitas tersebut tidak dilakukan. Kemampuan untuk menyiapkan bahan dan alat juga menjadi salah satu kendala sehingga tidak melakukan *larvaciding* dan *biological control* di wilayah kerjanya. Pernyataan tersebut seperti pada kutipan hasil wawancara berikut ini:

> *"Kalau Malaria itu penyemprotan dengan menggunakan insektisida, spraing namanya. Itu nanti dilakukan jika terjadi KLB. Manokwari belum pernah terjadi KLB, kematian pun so tidak perna. Jumlah petugas di puskesmas juga kurang dan tidak ada petugas di lapangan yang mampu menyiapkan bahan dan alat untuk melakukan larvaciding dan biological control di Puskesmas Wosi." (IW, 25 tahun)*

Upaya pencegahan Malaria di Puskesmas Wosi yang merupakan layanan kesehatan tingkat pertama yang berada di Kecamatan Manokwari Barat hanya berupa membasmi jentik dan nyamuk dewasa melalui penyemprotan insektisida saja. Kegiatan itu hanya dilakukan jika di daerah tersebut pernah atau sudah terjadi KLB. Penyemprotan insektisida di daerah prioritas bertujuan untuk menurunkan kasus Malaria di Kecamatan Manokwari Barat.

Upaya membunuh jentik dan nyamuk dewasa melalui penyemprotan insektisida, *larvaciding*, dan *biological control* sesungguhnya sangat efektif dalam menurunkan kasus Malaria, namun jika kegiatan tersebut tidak dilakukan secara berkelanjutan tentu menjadi ancaman bagi masyarakat khususnya daerah endemik Malaria seperti Manokwari. Penyemprotan insektisida memerlukan kesadaran masyarakat agar lebih proaktif dalam melakukan upaya pencegahan Malaria seperti pelaporan kasus Malaria apabila ada warga yang sakit dan menjaga kondisi lingkungan agar tetap bersih. Petugas kesehatan juga harus proaktif turun ke lapangan untuk melakukan Survei Malariometrik dasar agar dapat mengetahui kondisi masyarakat dan kondisi lingkungan yang rawan terjadi kasus Malaria di wilayah kerjanya.

Timbulnya berbagai masalah kesehatan dapat timbul akibat perilaku masyarakat yang tidak menjaga perilaku hidup bersih dan sehat. Ahli kesehatan masyarakat telah sepakat bahwa untuk mengatasi perilaku diperlukan suatu upaya dalam proses pendidikan kesehatan masyarakat. Melalui proses tersebut diharapkan terjadinya perubahan perilaku menuju tercapainya perilaku sehat. Proses perubahan ini, perlu ditunjang dengan perubahan sikap dan pengetahuan (Mirontoneng, Ismanto and Malara, 2014).

Penelitian ini sejalan dengan penelitian di Provinsi Maluku Utara. Upaya pengendalian Vektor Malaria selama tahun 2010 dilakukan melalui penyemprotan rumah pada enam desa. Jumlah bangunan yang disemprot sebanyak 743 yang terdistribusi di empat desa di Kota Tidore Kepulauan, Halmahera Selatan, dan Halmahera Tengah masing-masing 1 desa. Penyemprotan hanya pada desa peningkatan kasus, mengingat adanya keterbatasan anggaran yang tersedia (Lestari, 2012).

Penilitian ini juga sejalan dengan penelitian di Kabupaten Bulukumba, Sulawesi Selatan. Kegiatan penyemprotan rumah seharusnya dilakukan sebagai upaya pengendalian vektor Malaria, namun kegiatan penyemprotan hanya difokuskan pada wilayah dengan kasus Malaria tertinggi di setiap wilayah kerja puskesmas. Penyemprotan pada rumah warga dilakukan oleh pihak Dinas Kesehatan Kabupaten Bulukumba dan bekerja sama dengan pihak puskesmas setempat (Ardiansyah, Susilawaty and Nurdiyanah, 2015).

Kebiasaan Berada di Luar Rumah pada Malam Hari

Kebiasaan mayoritas masyarakat Manokwari yang sering berada di luar rumah hingga larut malam merupakan salah satu factor risiko penyebab Malaria. Kebiasaan buruk ini menjadi faktor yang lebih bersifat spesifik dan eksofagi yang akan memperbanyak jumlah gigitan nyamuk *Anopheles*. Nyamuk *Anopheles* lebih senang menggigit pada malam hari. Aktifitas nyamuk *Anopheles* yang berlangsung sepanjang malam, sejak sekitar pukul 18.30–22.00 waktu setempat. Perilaku nyamuk Anopheles lainnya yang merupakan faktor risiko bagi masyarakat yang mempunyai kebiasaan berada di luar rumah pada malam hari adalah adanya golongan eksofagi

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(golongan nyamuk yang suka menggigit di luar rumah) (Tallan and Mau, 2016).

Hasil wawancara dengan informan menjelaskan bahwa upaya pencegahan Malaria yang sering dilakukan jika sedang berada di luar rumah pada malam hari biasanya memakai lotion anti nyamuk dan mengantisipasi gigitan nyamuk dengan cara mengenakan pakai yang tebal, misalnya baju lengan panjang, jaket, serta celana panjang ataupun memakai sarung panjang. Upaya tersebut dianggap cukup efektif mencegah gigitan nyamuk sebab telah disadari oleh sebagian besar masyarakat bahwa nyamuk Malaria sangat aktif mengigit pada malam hari.

> *"Kalau keluar malam, Katong paling disini saja, dekat-dekat rumah toh, biasa kumpul sama tetangga, begitu sampai jam 10 malam to. Kalau tara mau digigigit nyamu suruh suami sama anak pake celana panjang', pake jaket kalau dingin. Disini kan katong kadang dingin kadang panas, jadi kalau dingin pake jaket to." (NC, 35 tahun).*

Informan menyatakan bahwa jika suami dan anaknya keluar pada malam hari biasanya menyarankan untuk menggunakan celana panjang atau menggunakan jaket supaya terhindar dari gigitan nyamuk. Faktor cuaca yang tidak menentu juga kadang menyebabkan banyak nyamuk disekitar rumahnya.

> *"Katong biasa. Pake baju lengan pende', celana pendek saja, tapi pake sarung, bikin selimut' supaya tara digigi nyamuk, nyamuk bagitu paling sering gigi katong pebetis, makanya pakai sarung to." (RB, 30 tahun).*

Informan menyatakan bahwa jika keluar rumah pada malam hari, sudah terbiasa memakai baju lengan pendek dan celana pendek saja. Ia juga memakai sarung panjang untuk melindungi diri agar terhindar gigitan nyamuk, sebab betis merupakan bagian tubuh yang paling sering digigit nyamuk.

> *"Iyo', biasa. paetua keluar depan rumah sama pe teman main domino sampe tengah malam. Pake baju pende', celana pende saja'tapi petuah pakai minyak anti nyamu toh supaya tidak digigi nyamuk." (HM, 45 tahun).*

Informan menyatakan bahwa suaminya sering keluar pada malam hari, tinggal di depan rumah bermain domino hingga tengah malam dengan mengenakan baju dan celana pendek saja. Suami informan memilih untuk memakai lotion anti nyamuk sebelum keluar rumah menghindari gigitan nyamuk.

> *"Kalo pe'tuah pergi cari ikan sampai subuh, petuah tara pernah lepas pake sarung, kadang pake celana pendek saja. Pake baju kaos panjang toh" supaya tara gigi nyamuk." (MT, 30 tahun).*

Informan menyatakan bahwa apabila suaminya hendak pergi mencari ikan selalu memakai baju kaos panjang dan celana pendek. Ia mengungkapkan bahwa suaminya tidak pernah lepas untuk menggunakan sarung panjang agar terhindar dari gigitan nyamuk.

> *"Biasa, kaluar ke rumah kaka' paling. Lengan pende' saja, katong sampai setengah jam, 1 jam. So biasa pake autan supaya tara gigi nyamuk." (DM, 35 tahun).*

Informan menyatakan bahwa jika keluar rumah pada malam hari hanya mengenakan pakaian lengan pendek saja, Ia juga mengungkapkan bahwa selalu menggunakan autan (*lotion* anti nyamuk) sebagai upaya antisipasi agar tidak digigit nyamuk.

Hasil wawancara dengan seluruh informan menunjukkan bahwa kebiasaan masyarakat berada di luar rumah pada malam hari sudah menjadi kebiasaan masyarakat. Berbagai alasan sering keluar pada malam hari tergantung kepentingan masing-masing. Pekerjaan suami informan yang umumnya bekerja sebagai nelayan mengharuskan beraktivitas pada malam hari ini berisiko digigit nyamuk *anopheles*. Pencegahan terhadap gigitan nyamuk tidak dilakukan secara terus menerus, sekalipun berbagai cara telah dilakukan masyarakat agar tidak digigit nyamuk saat berada diluar rumah pada malam hari. Pencegahan yang dilakukan seperti memakai baju, celana panjang dan bahkan sebagian besar menggunakan sarung panjang saja untuk dijadikan

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selimut bila cuaca bersuhu dingin. Penggunaan *lotion* anti nyamuk juga menjadi pilihan praktis bagi yang sudah terbiasa keluar pada malam hari. Masyarakat sudah melakukan antisipasi secara sederhana namun tetap berpotensi digigit nyamuk, sebab disadari atau tidak mereka berada didaerah endemik Malaria yang tentunya sangat rawan menderita atau tertular Malaria.

Sejumlah penelitian juga menyatakan bahwa buruknya kebiasaan dan sikap masyarakat merupakan salah satu faktor pendukung penyebab Malaria. Contoh perilaku masyarakat yang mempermudah terjadinya kejadian Malaria yaitu kebiasaan masyarakat berada di luar rumah pada malam hari, kebiasaan tidur tidak menggunakan kelambu, dan tidur tanpa menggunakan obat anti nyamuk (Tallan and Mau, 2016).

Penelitian ini sejalan yang dilakukan Di Desa Sokoagung, Kecamatan Bagelen, Kabupaten Purworejo. Kasus Malaria yang ditemukan terjadi karena aktifitas laki-laki muda mengambil nira kelapa pada petang hingga malam hari serta pertemuan warga yang dilakukan di malam hari. Sementara itu, pada perempuan dapat terjadi karena aktifitas membuat gula kelapa hingga malam hari tanpa perlindungan dari gigitan nyamuk. Kondisi tersebut juga didukung dengan desain rumah yang tidak rapat serangga *(insect proofing)* serta adanya risiko kebiasaan tidak melakukan perlindungan diri terhadap gigitan nyamuk saat di luar rumah pada malam hari (Sholichah *et al.*, 2015).

Penelitian ini juga sejalan yang dilakukan di Desa Sudorogo Kecamatan Kaligesing Kabupaten Purworejo. Aktivitas masyarakat di luar rumah malam hari didukung karena adanya kegiatan keagamaan yang dilakukan secara bergilir dari rumah ke rumah setiap minggunya. Selain itu, ada juga yang sekedar pergi ke warung membeli kebutuhan dan pergi menonton televisi ke rumah tetangga. Kegiatan rutin lainnya yang dilakukan saat malam hari adalah shalat berjamaah di mushola. Berbagai kebiasaan ini dapat mempermudah terjadinya kontak dengan nyamuk *Anopheles* (Alami and Adriyani, 2016).

Hasil studi lain di Desa Konda Maloba menyebutkan, penularan Malaria masih tinggi terjadi pada saat masyarakat berada di luar rumah. Penularan ini dapat terjadi karena adanya perilaku dan aktifitas masyarakat yang banyak dilakukan di luar rumah, seperti bermalam di kebun saat musim menanam atau panen tanpa menggunakan pelindung diri untuk menghindari gigitan nyamuk (Sopi, 2015).

Indonesia memiliki berbagai suku bangsa dengan ragam kebiasaan dan perilaku, yang merupakan faktor berpengaruh dalam menunjang keberhasilan partisipasi masyarakat dalam program pengendalian Malaria. Sejumlah studi yang sudah pernah dilakukan di Jawa Tengah, Jawa Barat, NTB (Lombok), Riau, dan Papua (Timika) menunjukkan bahwa perilaku yang tidak menunjang dalam upaya pengendalian Malaria ini adalah kebiasaan berada di luar rumah sampai larut malam. Perilaku tersebut dapat mempermudah kontak dengan nyamuk *Anopheles*, apalagi nyamuk yang memang sifatnya lebih suka beristirahat dan menggigit di luar rumah (Kemenkes RI, 2011).

Hasil analisis tentang kebiasaan masyarakat di luar rumah pada malam hari di Kecamatan Manokwari Barat menjadi salah satu determinan Malaria jika tidak melakukan upaya antisipasi. Upaya antisipasi yang dapat dilakukan yakni dengan menggunakan baju lengan panjang dan celana panjang, memakai sarung, serta menggunakan *lotion* anti nyamuk. Diperlukan sosialisasi untuk meningkatkan kesadaran masyarakat yang tinggal di daerah endemis Malaria agar mengubah kebiasaan keluar rumah pada malam hari. Upaya ini perlu dilakukan sebagai langkah yang paling efektif agar tidak digigit nyamuk Malaria (*Anopheles*).

Penggunaan Kelambu

Penggunaan kelambu sebagai salah satu metode untuk mencegah gigitan nyamuk telah dilakukan sejak jaman dahulu. Pengalaman tersebut sampai sekarang masih ditemukan diberbagai pelosok kampung, hanya saja penggunaan kelambu di daerah perkotaan sudah jarang ditemui. Masyarakat kota menganggap hal ini merupakan perilaku primitif, padahal sesungguhnya penggunaan kelambu dapat mencegah gigitan nyamuk. Saat ini bahkan telah disediakan kelambu berinsektisida yang sangat efektif mencegah gigitan nyamuk anopheles yang dapat menyebabkan Malaria.

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Kementerian Kesehatan melakukan pembagian kelambu anti nyamuk sebagai salah satu upaya untuk menurunkan penularan Malaria di daerah endemis Malaria. Upaya in idilakukan karena dinilai efektif dalam memberikan perlindungan pada masyarakat dari gigitan nyamuk Anopheles. Di tahun 2017 dan 2018, Kementerian Kesehatan telah membagikan 2.824.450 buah kelambu anti nyamuk di 3 provinsi kawasan timur indonesia dengan rincian Papua 1.214.750, Papua Barat 485.700, dan NTT 1.124.000 (Biro Komunikasi dan Pelayanan Masyarakat, 2017).

Hasil wawancara dengan informan tentang pemakaian kelambu ketika tidur malam tidak dilakukan secara konsisten. Tidak semua masyarakat memiliki kelambu berinsektisida, dan bahkan mereka tidak mendapatkan pembagian kelambu oleh petugas kesehatan. Kelambu berinsektisida hanya diberikan kepada keluarga yang memiliki ibu hamil. Masyarakat juga kesulitan membeli kelambu berinsektisida karena harganya yang relatif mahal dan tidak tersedia dipasaran secara bebas. Mayoritas masyarakat beranggapan bahwa tidur di dalam kamar tidak perlu memakai kelambu karena terasa panas, kecuali bila tidur di luar kamar. Kelambu insektisida juga tidak dipakai karena penggunaannya yang dianggap merepotkan sebab harus dibongkar pasang. Alasan ini yang menyebabkan masyarakat lebih memilih menggunakan obat nyamuk saja untuk mencegah gigitan nyamuk, sebagaimana kutipan wawancara berikut:

> *"Kadang-kadang katong pake kelambu, kadang tidak. Kalo di kamar pake kelambu, kalo di luar tidak pake kelambu, obat nyamuk saja. Kelambunya di beli, kecuali ibu hamil dapat kelambu pembagian." (NC. 30 tahun).*

Informan menyatakan penggunaan kelambu tergantung tempat tidur yang mereka gunakan. Saat tidur di kamar mereka tidak memakai kelambu dan saat tidur di luar kamar, mereka lebih memilih menggunakan obat nyamuk. Kondisi ini disebabkan karena mereka enggan untuk membeli kelambu, sementara kelambu yang dibagikan hanya pada keluarga yang memiliki ibu hamil.

> *"Tara pakai' panas. Pake obat nyamuk dorang panas toh." (RB, 30 tahun).*

Informan menyatakan, dia tidak menggunakan kelambu karena gerah. Ia hanya menggunakan obat nyamuk.

> *"Tra pakai', tarada kelambu jo." (HM, 45 tahun).*

Informan menyatakan bahwa dia tidak menggunakan kelambu saat tidur malam karena dia tidak memiliki kelambu.

> *"Tara pake', pake kelambu panas jo." (MT, 30 tahun).*

Informan menyatakan bahwa dia tidak menggunakan kelambu waktu tidur malam karena gerah.

> *"Tarada uang', dorang tarada uang pake beli kelambu." (DM, 35 tahun).*

Informan menyatakan bawa dia tidak memakai kelambu sebab tidak memiliki uang untuk membeli kelambu. Hasil penelitian menunjukkan bahwa sebagian besar informan menyatakan bahwa pembagian kelambu hanya diperuntukkan bagi ibu hamil dibenarkan oleh petugas kesehatan sebab selain dari terbatasnya jumlahnya kelambu, risiko, dan dampak Malaria bagi ibu hamil sangat berbahaya bagi ibu hamil dan bayi yang akan dilahirkan. Kasus kejadian Malaria banyak terjadi di Manokwari, oleh karena itu ibu hamil ditetapkan sebagai sasaran prioritas untuk mendapatkan bantuan kelambu insektisida, sebagaimana kutipan dibawah ini:

> *"Cuma ibu hamil saja kita kasi kelambu kah cuma mereka yang rutin datang ke puskesmas, apakah warga punya kelambu atau tidak? Kita tidak tahu, sebab ada juga warga yang biasa beli langsung, Cuma kelambu tidak dijual bebas dipasar, dan harganya mahal, tapi kalau ibu hamil dan ibu menyusui kita wajib kasikan kelambu sebab dampaknya sangat besar yang bisa menyebabkan kematian bagi ibu dan bayi yang dilahirkan." (IW, 25 tahun).*

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Wawancara dengan petugas kesehatan menjelaskan bahwa terdapat beberapa alasan tidak menggunakan kelambu. Sebagian besar masyarakat tidak memakai kelambu secara konsisten oleh karena beberapa alas an, diantaranya tidak memiliki kelambu, terasa panas atau gerah, dan pemasangan yang cukup rumit karena harus dibongkar pasang sebelum dan sesudah dipakai. Masyarakat yang tidak memiliki kelambu insektisida harus membeli, sementara mereka tidak memiliki uang dan merasa kesulitan untuk membeli sebab kelambu tersebut jarang dijual dipasaran serta harganya yang relatif mahal.

Penggunaan kelambu tidak maksimal di Kecamatan Manokwari Barat, karena masyarakat yang sudah memiliki kelambu dengan alasan membeli sendiri dan tidak rutin memakai kelambunya saat tidur malam. Apabila pemerintah ingin membuat program kelambunisasi (pemberian kelambu) gratis, sebaiknya tidak hanya diperuntukkan bagi ibu hamil saja, tetapi juga seluruh masyarakat, karena kasus Malaria banyak juga terjadi pada anak sekolah.

Penelitian serupa yang telah dilakukan di wilayah kerja Puskesmas Kayeli, Kecamatan Wayapo, Kabupaten Buru, Maluku. Penggunaan kelambu berinsektisida menimbulkan efek nyaman bagi masyarakat. Kondisi ini disebabkan karena masyarakat mnganggap mereka dapat terhindar dari gigitan nyamuk dan ancaman Malaria. Masyarakat juga menunjukkan sikap positif terhadap penggunaan kelambu, bahkan penggunaan kelambu merupakan sebuah perilaku yang wajib dilakukan (Wael, Thaha and Riskiyani, 2013).

Studi lain yang dilakukan di Kabupaten Mamuju, Sulawesi Barat menunjukkan bahwa masyarakat memiliki keyakinan bahwa pemakaian kelambu dapat memproteksi diri dari gigitan nyamuk *Anopheles*. Atas dasar tersebut, umumnya masyarakat menggunakan kelambu meskipun kelambu yang digunakan adalah kelambu yang hanya dibeli di pasaran dan berinsektisida (Harpenas, Syafar and Ishak, 2017).

Penelitian sebelumnya di Desa Bumi Kawa, Kecamatan Lengkiti, Kabupaten Ogan Komering Ulu menunjukkan hasil bahwa semua kelambu yang diuji memiliki angka *knockdown* nyamuk < 95% dengan angka kematian nyamuk < 80%. Angka tersebut menjelaskan bahwa efektifitas seluruh kelambu berinsektisida yang diuji sudah sangat berkurang. Kondisi ini disebabkan karena kelambu sudah digunakan dalam jangka waktu lama, yakni berkisar 2 - 3 tahun dan lebih dari 3 tahun (Rahmadiliyani and Noralisa, 2013).

Pemakaian Obat Anti Nyamuk

Pencegahan Malaria dapat juga dilakukan melalui pemakaian obat anti nyamuk. Upaya ini sebagai alternatif bagi yang tidak dapat menggunakan kelambu secara konsisten. Obat anti nyamuk selain dapat dibeli dengan harga yang relatif murah juga mudah ditemui dipasaran. Berbagai jenis obat anti nyamuk diantaranya obat nyamuk bakar (*fumigon*), obat nyamuk semprot (*aerosel*), bahkan sekarang ini sudah tersedia obat nyamuk elektrik, dan obat nyamuk oles (*mosquito repellent*).

Hasil wawancara dengan sebagian besar informan diperoleh informasi bahwa masyarakat memakai obat nyamuk sebelum tidur sebagai upaya mencegah Malaria. Jenis obat nyamuk yang sering digunakan yaitu obat nyamuk bakar (baygon) karena harganya relatif lebih murah dibandingkan dengan obat nyamuk oles maupun semprot. Obat nyamuk bakar yang dibeli dengan harga Rp.500 (lima ratus rupiah) dapat dipakai hingga 2 malam, sementara obat nyamuk oles hanya bisa dipakai untuk 1 malam saja, sebagaimana hasil wawancara berikut;

> *"Pake obat nyamu', baygon, bakar. Hmm, lebih anu kalo baygon, tara' mempan karna disini banya' sekali nyamu'." (NC. 35 tahun).*

Informan menyatakan bahwa dia memakai obat nyamuk bakar (Baygon) karena lebih ampuh membunuh nyamuk yang banyak di rumahnya dibanding obat nyamuk jenis lainnya.

> *"Eh, bakar saja. tara biasa dong pake obat nyamuk laen." (BM, 32 tahun)*

Informan menyatakan bahwa dia memakai obat nyamuk bakar karena dia tidak biasa memakai obat nyamuk jenis lain.

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"Pake, bakar saja. Tra beli semprot', bakar saja karna murah, menghemat." (HM, 45 tahun).

Informan beranggapan bahwa obat nyamuk bakar lebih murah dan hemat dibanding obat nyamuk lain.

"Dorang beli obat nyamuk Bakar saja, tra ada uang." (MT, 30 tahun).

Informan mengatakan bahwa dia memakai obat nyamuk bakar karena tidak memiliki uang membeli obat nyamuk lain seperti semprot (aerosol).

"Yang dorang pake' ya, obat nyamu' yang 500, bakar saja toh. Kalo Autan, 500 1 malam saja, kalao bakar 2 malam, hemat kita toh." (SY, 26 tahun).

Informan mengatakan bahwa dia memakai obat nyamuk bakar karena lebih hemat dibanding obat nyamuk lain (oles) seperti Autan. Obat nyamuk bakar dapat dibeli dengan harga 500 rupiah dan bisa digunakan untuk 2 malam sedangkan Autan hanya dipakai untuk 1 malam saja.

"Pake, bakar. tarada' uang beli yang semprot, hemat juga yang bakar, 500 sudah bisa di pake 2 malam." (PS, 35 tahun)

Informan mengatakan dia memakai obat nyamuk bakar karena tidak memiliki uang membeli obat nyamuk semprot dan obat nyamuk bakar lebih hemat karena 500 rupiah sudah bisa digunakan untuk 2 hari. Hasil wawancara dengan keseluruhan informan menjelaskan bahwa penggunaan obat anti nyamuk bervariasi tergantung daya beli masing-masing individu. Dengan mengeluarkan biaya yang relatif murah mereka juga sudah mampu menjamin dirinya untuk tidak digigit nyamuk. Mereka mengeluarkan uang Rp.500,- dan sudah bisa mencegah gigitan nyamuk selama 2 malam. Obat nyamuk bakar dinilai lebih hemat dari segi biaya dibanding obat nyamuk oles dan obat nyamuk semprot.

Penelitian ini sejalan yang dilakukan di wilayah kerja Puskesmas Seira yang menunjukkan bahwa kebanyakan masyarakat tidak menyukai aroma yang dikeluarkan dari obat anti nyamuk bakar. Alasan inilah yang membuat masyarakat tersebut tidak menggunakan obat anti nyamuk bakar tersebut. Disamping itu, juga ada yang sebagian kecil masyarakat masih tetap menggunakan obat anti nyamuk. Ada yang menggunakan jenis obat anti nyamuk bakar, namun hanya menggunakan pada waktu tertentu saja. Penggunaan obat anti nyamuk bakar misalnya saat musim hujan, dimana pada waktu tersebut populasi nyamuk semakin bertambah. Warga juga ada yang hanya membakar serabut kelapa untuk mengusir nyamuk. Masyarakat sejauh ini telah menyadari pentingnya menghindari diri dari gigitan nyamuk, namun belum maksimal melakukan upaya pencegahan dengan penggunaan obat anti nyamuk ini (Lololuan, Riskiyani and Ibnu, 2013).

Penelitian ini tidak sejalan dengan penelitian yang pernah dilakukan di Puskesmas Rumbia Tengah. Hasil penelitian menegaskan bahwa masyarakat tidak memilih untuk menggunakan obat anti nyamuk bukan karena harganya yang lebih murah dibandingkan dengan upaya pencegahan lainnya. Masyarakat tidak memakai obat anti nyamuk karena alasan mengganggu kenyamanan (Engka, Rezal and Afa, 2017).

Dampak penggunaan obat nyamuk terhadap kesehatan penting diketahui oleh masyarakat, khususnya bagi yang sering menggunakan obat anti nyamuk bakar. Penggunaan obat anti nyamuk bakar dapat berisiko bagi kesehatan, asapnya mengandung zat karsinogen yang dapat berakibat kerusakan serius pada hidung, tenggorokan, dan jaringan paru manusia. Perubahan yang terjadi pada paru-paru setelah terpapar obat nyamuk bakar dan obat nyamuk elektrik selama 6 jam mengakibatkan pengecilan pada paru karena terjadi kolaps paru (Rianti, 2017).

Berbagai jenis obat nyamuk yang sering digunakan oleh masyakat sebagai tindakan yang dilakukan untuk mencegah penularan Malaria adalah jenis obat nyamuk elektrik yang berukuran 3x2 cm dan terbuat dari lembar lapik (*Mat*) mengandung insektisida yang mudah diuapkan, misalnya *bioallethrin* dan *d-allethrna. Selain itu,* banyak juga obat nyamuk oles (*Repellent)* dalam berbagai merk yang dikemas dalam bentuk cairan oles atau krim dan spray. Jenis obat nyamuk oles ini semuanya mempunyai fungsi yang sama, yaitu sebagai zat

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penolak dari gigitan nyamuk Anopheles penyebab Malaria.

Penggunaan Kawat Kasa di Jendela dan Ventilasi Rumah

Daerah tropis memang menjadi ancaman terhadap tempat berkembangbiaknya nyamuk dan serangga, oleh karena itu, masyarakat yang tinggal daerah tropis dan endemis Malaria sedapat mungkin melakukan antisipasi agar terhindar dari gigitan nyamuk, termasuk *Anopheles*. Obat nyamuk yang selama ini digunakan oleh masyarakat seperti obat nyamuk bakar, semprot, dan oles tentu saja memiliki risiko bagi kesehatan karena mengandung zat karsinogen. Masyarakat perlu mendapat penyuluhan tentang cara mengantisipasi risiko tersebut dengan cara alamiah dan ramah lingkungan. Cara tersebut dapat dilakukan dengan memasang kawat kasa pada jendela dan ventilasi rumah.

Pemasangan kasa nyamuk sangat efektif untuk mencegah nyamuk *Anopheles* masuk ke dalam rumah, sehingga rumah terhindar dari nyamuk selama 24 jam setiap harinya. Berbagai keuntungan lain yang dapat dirasakan yaitu suasana rumah lebih asri dan indah dipandang mata. Masyarakat juga tidak perlu mengeluarkan uang setiap hari untuk membeli obat nyamuk karena kawat kasa ini dapat bertahan dalam jangka waktu yang lama.

Hasil wawancara dengan informan menjelaskan bahwa mereka tidak memasang kawat kasa pada jendela dan ventilasi rumah dengan berbagai alas an. Alasan tersebut antara lain seperti tidak memiliki uang. Mereka beranggapan bahwa dengan memasang tirai/gorden juga dapat mencegah nyamuk masuk ke dalam rumah, serta adanya asumsi masyarakat bahwa dengan memasang plastik bening pada ventilasi juga mampu mencegah nyamuk dalam rumahnya, sebagaimana petikan wawancara berikut:

> *"Tarada', tara punya kawat kasa, so ada penutupnya toh." (NC. 35 tahun).*

Informan mengatakan bahwa dia tidak memasang kawat kasa karena jendela dan ventilasi rumahnya sudah ada penutupnya.

> *"Tarada doi' pake beli kawat, klo ada uang katong pake beli kebutuhnan makan saja." (RB, 30 tahun).*

Informan mengatakan bahwa tidak memasang kawat kasa sebab tidak memiliki uang untuk membeli kawat kasa. Ia lebih memilih untuk membeli keperluan makanan saja.

> *"Tarada, tra pake memang, pake kayu sama kain, tarada ongkos." (HM, 45 tahun).*

Informan mengatakan bahwa dia tidak memasang kawat kasa karena tidak memiliki uang. Dia hanya memakai jendela kayu dan kain sebagai penutup jendela.

> *"Tarada', tarada ongkos beli kawat kasa, dong pakai yang ada saja." (MT, 30 tahun).*

Informan mengatakan tidak memasang kawat kasa karena tidak memiliki uang untuk dipakai membeli kawat kasa.

> *"Tarada', Cuma pake kain gorden saja,ya tida' ada dana untuk beli." (DM, 35 tahun).*

Informan mengatakan bahwa tidak memasang kawat kasa karena dia sudah memakai kain gorden dan tidak punya uang untuk membeli kawat kasa.

> *"Tarada plastik saja kasian, plastik itu jo, biasa hujan, kurang dana juga." (SY, 26 tahun).*

Informan mengatakan tidak memasang kawat kasa sebab sudah memasang plastik di rumahnya. Selain karena anti hujan, dia juga tidak punya uang lebih untuk membeli kawat kasa.

> *"Tarada ada doi pake beli kawat kasa" (PS, 35 tahun)*

Informan mengatakan tidak memasang kawat kasa sebab tidak memiliki uang untuk membeli kawat kasa.

Hasil wawancara dengan keseluruhan informan mengungkapkan bahwa masyarakat tidak memasang kawat kasa pada jendela dan ventilasi rumahnya

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dengan alasan bahwa jendelanya terbuat dari kayu dan sudah ada kain tirai/gorden. Kondisi tersebut, dirasa cukup untuk mencegah masuknya nyamuk dalam rumahnya, selain itu, kebutuhan hidup seharinya-hari lebih penting dari pada membeli kawat kasa, khususnya bagi mereka yang tidak memiliki uang untuk membeli kawat kasa tersebut.

Pemasangan kawat kasa tidak dilakukan masyarakat karena sebagian rumah yang ada di Kecamatan Manokwari Barat konstruksinya masih semi permanen dengan jendela rumah dari kayu. Disamping itu, pendapatan masyarakat tidak mencukupi untuk pengadaan kawat kasa tersebut. Status ekonomi masyarakat yang masih rendah menjadi salah satu penyebab bertambahnya penderita Malaria di kabupaten Manokwari.

Penelitian ini juga sejalan dengan penelitian di Kabupaten Asmat, Papua. Penelitian tersebut menyebutkan, faktor lingkungan lain yang memungkinan terjadinya Malaria adalah rumah berdinding kayu dengan kerapatan yang kurang dibandingkan dengan rumah berdinding beton. Selain itu, masih banyak rumah yang tidak memakai kawat kasa pada ventilasi, meskipun pemerintah setempat telah menggalakkan penggunaan kawat kasa, terutama di rumah-rumah gratis yang dibangun oleh pemerintah (Debora *et al.*, 2018).

Hasil studi ini didukung oleh penelitian di wilayah kerja Puskesmas Kayeli, Kecamatan Wayapo, Kabupaten Buru, Maluku yang menunjukkan bahwa secara umum masyaarakat tidak menggunakan kawat kasa/ram pada ventilasi rumah mereka. Masyarakat mengaku bahwa mereka tidak memiliki uang untuk membeli kawat kasa/ram (Wael, Thaha and Riskiyani, 2013).

Program Pencegahan Malaria di Puskesmas Wosi

Pelayanan kesehatan kepada masyarakat di Kecamatan Manokwari Barat untuk mencegah penularan dan pengobatan Malaria sudah berjalan dengan baik, meski belum bisa dikatakan maksimal. Kondisi ini sebagaimana penjelasan yang diberikan oleh petugas kesehatan di Puskesmas Wosi:

> *"Yang menjadi 'primadona' sekarang dalam pencegahan Malaria adalah kelambunisasi, pemberian kelambu gratis kepada ibu-ibu hamil. Kenapa ibu hamil? Karna ibu hamil sangat rentan terkena Malaria. Kalau penyuluhan itu dilakukan jika dilihat ada peningkatan jumlah kasus Malaria pada bulan yang satu dengan bulan yang lain pada tahun yang sama. Penyemprotan itu spraing namanya, itu dilakukan jika terjadi kejadian luar biasa atau kematian di suatu daerah." (IW, 25 tahun).*

Program pencegahan Malaria yang dilaksanakan oleh Puskesmas Wosi yaitu:

a. Penyuluhan

Penyuluhan ini merupakan kegiatan pokok yang dilakukan oleh bagian promosi kesehatan di Puskesmas Wosi. Penyuluhan Malaria sudah rutin dilakukan pada kegiatan posyandu khususnya pada wilayah kerja Puskesmas Wosi kasus Malaria yang tinggi. Penyuluhan ini memang seharusnya rutin di setiap daerah sebab penyuluhan tentang Perilaku Hidup Bersih dan Sehat (PHBS) seperti pembersihan SPAL (Saluran Pembuangan Air Limbah) yang dapat menjadi tempat perindukan Malaria.

b. Penyemprotan

Penyemprotan dilakukan hanya bila terjadi KLB atau kematian di suatu daerah. Penyemprotan itu disebut s*praying*. Sedangkan penyemprotan yang disebut *fogging* merupakan program pencegahan Demam Berdarah *Dengue* (DBD). Kegiatan penyemprotan seharusnya dilakukan jika sudah terdapat kasus Malaria di suatu daerah, agar penyebaran nyamuk tidak berkembang dan kasus Malaria berkurang.

c. Kelambunisasi (Pemberian Kelambu)

Kelambunisasi dilakukan atas adanya bantuan donor *agency*, karena Manokwari dinilai masih menjadi daerah yang memiliki kasus Malaria yang cukup tinggi. Kelambunisasi berinsektisida seharusnya tidak hanya dilakukan pada ibu-ibu hamil, melainkan di setiap rumah di daerah endemis agar kasus Malaria tidak bertambah dan pencegahan Malaria benar-benar terlaksana dengan baik.

SIMPULAN

Upaya pencegahan Malaria pada masyarakat di Kecamatan Manokwari Barat seperti membunuh jentik dan

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nyamuk Malaria dewasa melalui penyemprotan rumah, *larvaciding*, dan *biological control* tidak pernah dilakukan oleh masyarakat. Masyarakat menganggap bahwa hal ini merupakan tanggung jawab petugas kesehatan. Tindakan yang dilakukan untuk mencegah gigitan nyamuk *Anopheles* kepada mereka yang memiliki kebiasaan berada di luar rumah pada malam hari yakni dengan memakai pakaian baju berlengan panjang, jaket, dan sarung panjang untuk menghindari gigitan nyamuk. Penggunaan kelambu saat tidur malam dilakukan, namun tidak rutin, hanya sesekali, dan ada juga yang tidak menggunakan kelambu sama sekali. Pemakaian obat anti nyamuk jenis obat nyamuk bakar, selain karena hemat juga terjangkau harganya buat mereka. Pemakaian kawat kasa pada jendela dan ventilasi rumah masyarakat tidak dilakukan, sebab beberapa rumah warga di Kecamatan Manokwari Barat merupakan bangunan semi permanen yang jendelanya terbuat dari papan dan hanya memakai plastik bening serta kain gorden sebagai penutup jendela. Program pencegahan Malaria di Puskesmas Wosi ada 3 (tiga) yaitu penyuluhan, penyemprotan dan pemberian kelambu, dan program andalan saat ini adalah pemberian kelambu (kelambunisasi).

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Family, Social, and Health Worker Support of Complience Behaviour to Patients with Hypertension In Bogor, Indonesia

Siska Maytasari[1)], Ratu Ayu Dewi Sartika[2)]

[1] Health Service Quality Study Group, Public Health Faculty, Universitas Indonesia, Depok, Indonesia
[2] Department of Public Health Nutrition, Public Health Faculty, Universitas Indonesia, Depok, Indonesia
Email: siska.maytasari45@gmail.com

ABSTRACT

***Background**: Abnormalities of the heart and blood vessels were marked by an increase in blood pressure are known as hypertension. Worldwide, high blood pressure is estimated to affect more than one in three adults aged 25 years and over, or about one billion people. Overall, high-income countries have a lower prevalence of hypertension (35% of adults) than low and middle-income groups (40% of adults). The prevalence of hypertension in Indonesia based on the Basic Health Research (Riskesdas) data in 2018 was 34.1%. **Objective**: This study determines the relationship of family support, social support, and health worker support with compliance of patients with hypertension. **Methods**: This research was conducted at the Tegal Gundil Community Health Center, North Bogor District, Bogor City, Indonesia, which was conducted from May to December 2017. The design of this study was cross-sectional. Sampling was carried out with a purposive sampling method with inclusion and exclusion criteria. The former consisted of all patients with hypertension aged 25-65 years who routinely control during the last six months who are present and willing to be interviewed during the study. The later includes patients with hypertension who have memory disorders with the number of samples of 110 respondents. **Results**: The results showed the respondents were dominated by the age of under 59 (75.5%), female (86.4%), junior high school as the highest education (68.2%), have no job (81.8%), and the prevalence of their sufferers' compliance was 47.3%. The results of the Chi-square test showed that family support, social environment, and health workers were associated with compliance in patients with hypertension (OR = 2.461; CI 95% 1.140 to 5.310; P Value = 0.034). **Conclusion**: In order to improve compliance of patients with hypertension, it is necessary to pursue a program of activities focused on health promotion activities not only for patients but also involving family and social members.*

***Keywords**: Family, Health Workers, Hypertension, Social, Support.*

INTRODUCTION

Hypertension is abnormalities of the heart and blood vessels that are marked by an increase in blood pressure (WHO, 2013). If the measurement results are twice with a distance of 5 minutes and inadequate rest conditions, the results of blood pressure of more than 140/90 mmHg are declared hypertension (Kementerian Kesehatan Republik Indonesia, 2014). In 2017, the American Heart Association (AHA) and the American College of Cardiology (ACC) issued the latest hypertension guidelines. This guideline contains many significant changes in the management of hypertension. One of the biggest jumps in this guideline is a change in classification or even the definition of hypertension. In the hypertension guidelines, hypertension is determined when systolic blood pressure ≥ 130 mmHg or diastolic blood pressure ≥ 80 mmHg (Whelton *et al.*, 2018).

Every year, hypertension is the number one cause of death in the world because hypertension is one of the entry points or risk factors for diseases such as stroke, heart disease, diabetes, kidney failure (Kemenkes RI, 2019). According to the WHO data showed one in three adults aged 25 years and over experience high blood pressure worldwide, or around

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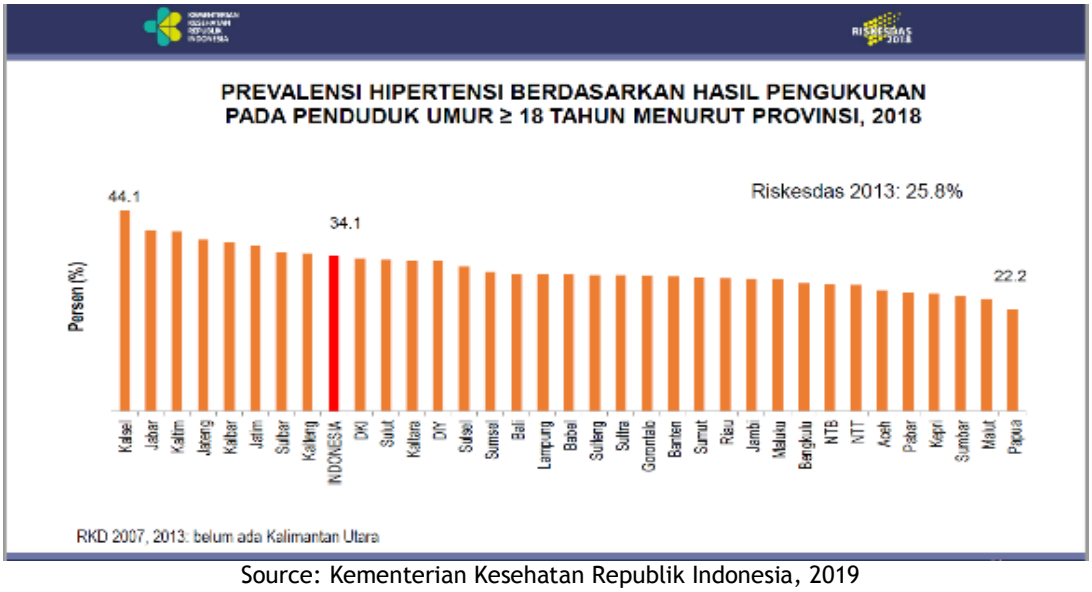
1.13 billion people who suffer from hypertension. Low and middle-income countries have a higher prevalence (40% of adults) compared to high-income countries (35% of adults) (WHO, 2013), and 80% of adults with diabetes mellitus have hypertension (CDC, 2013). The main modifiable risk factor for cardiovascular disease (CVD) and premature death in the United States and around the world is hypertension (Forouzanfar *et al.*, 2016; Mills *et al.*, 2016). A positive and robust relationship between blood pressure (BP) and CVD risk and mortality has been proven in observational studies (Wei *et al.*, 2017).

According to the 2017 International Health Metrics Monitoring and Evaluation (IHME) data in Indonesia, the first cause of death is caused by stroke, followed by ischemic heart disease, diabetes, tuberculosis, cirrhosis, diarrhea, Alzheimer, lower respiratory tract infections, and disorders neonatal and traffic accidents. Data from the Health Insurance Administering Agency (BPJS) states that the cost of hypertension services has increased every year, namely in 2016 amounting to 2.8 trillion rupiahs, in 2017 and 2018, amounted to 3 trillion rupiahs. The prevalence of hypertension in Indonesia based on the results of blood pressure measurement in population ≥ 18 years by province based on Basic Health Research (Riskesdas) data in 2018 is 34.1%, the highest in South Kalimantan (44.1%), while the lowest in Papua is (22.2%).



Source: Kementerian Kesehatan Republik Indonesia, 2019

Figure 1. Prevalence of Hypertension in the Population Aged ≥18 Years Based on Province

From the prevalence of hypertension of 34.1%, it is known that as much as 8.8% were diagnosed with hypertension and 13.3% of people diagnosed with hypertension did not take medication, and 32.3% did not take medication regularly. It shows that the majority of hypertension sufferers do not know that they are hypertension and, therefore, do not get treatment. The reasons for hypertension sufferers that did not take medication are because hypertension sufferers feel healthy (59.8%), irregular visits to health facilities (31.3%), taking traditional medicine (14.5%), using other therapies (12.5%), forgot to take medicine (11.5%), unable to buy medicine (8.1%), there were side effects of the drug (4.5%), and hypertension medication was not available in health care facilities (2%) (Kementerian Kesehatan Republik Indonesia, 2019a).

The prevalence of hypertension in Bogor City in 2017 is 22.07%, and it is number two in the top ten diseases in public health centers. The main contributors to poor hypertension control and the main obstacles to reducing CVD deaths are that patients do not follow recommended medical or health advice, including failure to survive with drugs and make lifestyle modifications that are suggested. Only about 20% of patients with hypertension followed their treatment plan well enough to improve, and Up to 25% of patients do not fulfill their initial prescription for

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antihypertensive therapy. During the first year of treatment, the average patient had antihypertensive drugs, only 50% of the time, and only 1 in 5 patients had adherence high enough to achieve the benefits observed in clinical trials. Many factors contribute to poor compliance. So as a solution, there need to be efforts to improve compliance at the patient, provider, and health care system level (Whelton *et al.*, 2018). The objectives of this study were to determine the relationship between family support, social support, and health workers' support with compliance of patients with hypertension.

METHOD

The study was hospitality based and conducted at the Tegal Gundil Community Health Center, North Bogor District, Bogor City, Indonesia, which was conducted from May to December 2017. The design of this study was cross-sectional. The target population is all adult hypertension sufferers, male and female in physical and mental health, aged 25-65 years in the community health-center work area. The population of this study was patients diagnosed with hypertension and routine treatment and control for the last 6 (six) months at the Tegal Gundil community health center. It was done to get a sample of people who suffered from hypertension, based on the population which was the study sample, sampling was carried out with purposive sampling method, with Inclusion criteria namely all patients with hypertension aged 25-65 years who routinely control during the last six months who are present and willing to be interviewed during the study, exclusion criteria namely patients with hypertension who have memory disorders. Subjects for this study were selected from a list of a known hypertensive subject; the number of samples in this study was 110 respondents.

After obtaining informed consent, the respondent was administered a semi-structured questionnaire that had several issues, including collected blood pressure data (in this study, hypertension was defined as a systolic BP of 140 mmHg or higher or a diastolic BP of 90 mmHg or higher), food intake, physical activity, knowledge, attitude, Perception of perceived benefits, Perception of the perceived barrier, Perception about self-efficacy, family support, social support and health workers, medication adherence, dietary compliance, stress levels, cigarette consumption, compliance with routine blood pressure checks, and routine weight weighing compliance and Semi-Quantitative Food Frequency Questionnaire (SFFQ).

The research instrument used in data collection was a questionnaire. Family support, Social support, and health workers support were assessed in the questionnaire using the question (1) As long as you suffer from hypertension, which gives the motivation and motivation to live a healthy lifestyle in applying diet and taking medicine (2) Be reminded to take medicine (3) Warn to avoid prohibited foods/drinks (4) Invited to exercise regularly (5) Participate in a hypertensive diet (participate in consuming low-salt foods) (6) Remind to check blood pressure and consult a diet regularly (7) Helps manage stress (8) Always remind to stop smoking (9) Remind to weigh regularly. Compliance was defined using the 13 questions on the questionnaire patient compliance consisting of medication, dietary compliance, non-smoking adherence, compliance with physical activity, compliance with routine blood pressure checks, and routine weight checks. The use of compliance as a variable was defined as compliant (where the respondent answers ≥ seven questions). Researchers used secondary data. Data were analyzed by univariate analysis and bivariate analysis using the chi-square test.

RESULTS AND DISCUSSION

Based on Table 1, it is described that the largest percentage of each variable is as follows: 75.5% age of respondents is <59 years, 86.4% of respondents' gender is female, 68.2% of respondents with the latest education ≤ Junior High School, 81.8% of respondents did not work, 52.7% of respondents had low knowledge and 60% had negative attitudes. 84.5% felt perceived benefits were good, 51.8% felt perceived obstacles perceived good, 83.6% felt good perception of self-efficacy, 52% felt

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family support, social environment, and health workers support were good enough, and 52.7% of respondents were not compliant.

Table1. Demographic characteristics, knowledge, attitude, Perception, support, and compliance of respondents

Variables	n	%
Age		
< 44 year	22	20
≥ 45 year	88	80
Sex		
Male	15	13.6
Female	95	86.4
Level of education		
≤ Junior high school	75	68.2
> Junior high school	35	31.8
Job		
Unemployed	90	81.8
Employed	20	18.2
Knowledge		
Not Sufficient	58	52.7
Sufficient	52	47.3
Attitude		
Negative	66	60
Positive	44	40
Perception of perceived benefits		
Not good	17	15.5
Good	93	84.5
Perception of a perceived barrier		
Not good	53	48.2
Good	57	51.8
Perception of self-efficacy		
Not good	18	16.4
Good	92	83.6
Family, social, and health workers support		
Not sufficient	53	48
Sufficient	57	52
Patient compliance		
Not compliant	58	52.7
Compliant	52	47.3

Hypertension is a disease that can prevent and be prevented. Recently hypertension shows a high prevalence in the adult population (CDC, 2013). One of the most critical factors that play a role in blood pressure control is the patient's approval of care and diet. Patients who show low coverage for treatments that have uncontrolled high blood pressure and cause negativity arising from these complications are death (Wei *et al.*, 2017). Therefore, it is essential to determine and consider the factors that affect patient compliance.

Under the statement of the Black and Hawks in Temang that age is one of the factors that influence blood pressure, the older a person is, the greater the risk of developing hypertension due to old age. The large arteries lose flexibility and become stiff because of that when the blood throbs forcefully to pass through blood vessels that are narrower than usual and cause an increase in blood pressure (Temang, 2013). It is consistent with the 2018 Riskesdas data, and hypertension occurs in the age group 31-44 years (31.6%), ages 45-54 years (45.3%), ages 55-64 years (55.2%) (Kementerian Kesehatan Republik Indonesia, 2019a), it appears that the prevalence hypertension increases with age.

In this study, the results showed that hypertension sufferers with the highest sex are women (86.4%). It is in line with Tarigan's results that women with hypertension are more numerous than men (53.7%) (Tarigan, Lubis and Syarifah, 2018) and in line with Arnoldus, namely patients hypertension in women is higher at 60.5% compared to patients with hypertension in men (Arnoldus, 2019).

Based on the results of the chi-square test showed in Table 2, there is no relationship between age, sex, level of education, occupation, knowledge, attitudes, perceptions of perceived benefits, perceptions of perceived barriers, perceptions of self-efficacy (P Value>0.05). There is a relationship between factors of family support, social environment, and health workers with compliance of patients with hypertension (OR = 2.461; CI 95% 1.140 TO 5.310; P Value = 0.034).

Sociodemographic factors and individual characteristics that have been shown to influence adherence even though the mechanism is unclear is age, although the effect of age is not always the same in research. Several studies have shown a positive relationship between age levels and patient compliance. Younger patients tend to be more disobedient compared to older patients (Temang, 2013). The social demographic factors of age in Olowookere's research results show a significant relationship with adherence; the study showed that nonadherence was higher in young respondent and those with lower education (Olowookere *et al.*, 2015).

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Table 2. The Correlation of Individual Perceptions, Modifying Factors, and the Likelihood of Action with Patient with Hypertension's Compliance

Variable	Patient compliance				P Value
	Not compliant		Compliant		
	n	%	n	%	
Age					
≥ 45 year	43	49	45	51	0.166
< 44 year	15	68	7	32	
Sex					
Male	8	53	7	47	1
Female	50	53	45	47	
Level of education					
≤ Junior high school	41	55	34	45	0.696
> Junior high school	17	49	18	51	
Job					
Employed	14	70	6	30	0.143
Unemployed	44	49	46	51	
Knowledge					
Not sufficient	34	59	24	41	0.264
Sufficient	24	46	28	54	
Attitude					
Negative	34	52	32	49	0.907
Positive	24	55	20	46	
Perception of Perceived Benefits					
Not good	12	71	5	29	0.180
Good	46	50	47	51	
Perception of Perceived Barrier					
Not good	32	60	21	40	0.174
Good	26	46	31	54	
Perception of Self Efficacy					
Not good	13	72	5	28	0.120
Good	45	49	47	51	
Family Support, Social Support, and Health Workers					
Not sufficient	34	64	19	36	0.034
Sufficient	24	42	33	58	

In contrast to the results of this study, there is no relationship between age and adherence, which is in line with the results of a study which shows no the relationship between age and adherence (Mathew *et al.*, 2016), as well as the results of the study in 2013 there was no relationship between age and patient compliance with hypertension management (Temang, 2013).

Gender has no direct effect on adherence. It is interesting because research conducted in different places and with different populations can give different results. In this study, the results showed there was no relationship between sex with compliance; this is in line with the results of research by Mathew in Kerala, which showed no relationship between sex with adherence (Mathew *et al.*, 2016), as well as the results of Temang's research In 2013 there was no relationship between sex and patient compliance with hypertension management, although there was no significant correlation in the value of the Odds Ratio (OR) of 0.65, which means that men had a 0.65 chance to be more obedient than women (Temang, 2013).

The level of education indirectly affects blood pressure. The level of education influences lifestyles such as smoking habits, alcohol drinking habits, and physical activity habits such as sports. The high risk of developing hypertension in low education may be caused by a lack of knowledge about health and the difficulty of receiving information provided by health workers so that it impacts on healthy behavior. Patients with a higher level of formal education tend to have better knowledge about hypertension and its management (Temang, 2013).

In this study, there was no significant relationship between education and hypertension patient compliance. The results of this study are

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consistent with the previous research, which states about education; there is no clear trend with compliance (Osamor, 2015). In contrast to the results of research conducted in 2015 stated, education shows a significant relationship with compliance (Olowookere *et al.*, 2015). It is supported by the Temang research results, which show that there is a significant relationship between education and patient compliance with hypertension management, with an OR score of 7.1, which means that respondents with junior and senior high school education have a 7.1 chance to be more obedient compared to respondents with low education (Temang, 2013).

The results of the analysis of the relationship between the level of knowledge with adherence in this study found that there was no significant relationship between the level of knowledge with patient compliance; this is in line with the results of research by Temang; namely, there is no significant relationship between knowledge with patient compliance with hypertension management with OR 2, 52 then respondents with a high level of knowledge have a 2.52 times chance to be more obedient compared to respondents who have insufficient knowledge (Temang, 2013).

Patients' perceptions determine the response to their disease. Patients who get adequate information from health workers and believe in beneficial treatment, illness can have a severe impact, they are susceptible to disease, they can carry out prescribed treatments, and have a positive attitude towards treatment, showing better adherence against hypertension (Temang, 2013).

The results of the analysis of the relationship between perception of disease and treatment with adherence in this study found that there was no significant relationship between perception of disease and treatment of patient compliance. It is different from the results of research in 2013; namely, there was a significant relationship between perception of disease and treatment with patient compliance with hypertension management with OR 3.15, respondents who have an excellent perception have a 3.15 times chance to be more obedient compared to respondents who have a poor perception (Temang, 2013).

The results of this study indicate that there is a significant relationship (P Value = 0.034) between family support, social support, and health workers with the compliance of patients with hypertension. This study is line with the result of other research that also proves that family support and social support are strongly associated with adherence to treatment of hypertension (Li, G., Hu, H.H., & Aroo, 2015). Patients with good family support had better adherence compare to those with low-income family support (Olowookere *et al.*, 2015). In southwest Nigeria, social support is strongly associated with hypertension treatment compliance in the community (Osamor, 2015). These findings emphasize the need to ensure family and social support at the start and continuation of antihypertensive therapy (Padhy *et al.*, 2016).

In Indonesia, the results of research in 2016 showed that there was a supportive and healthy relationship between family support and patients with hypertension, which showed that family support contributed 61.8% to support patients with hypertension. Previous researches stated that there was a relationship between families related to diet in patients with hypertension (Yeni, Husna and Dachriyanus, 2016; Prihartono, Andarmoyo and Isroin, 2019). Other research stated there was a relationship between family support and taking medication in patients with hypertension (Arnoldus T, 2019). Good family support has a six times chance of implementing a good hypertension diet compared to low-income family support (Tarigan, Lubis and Syarifah, 2018). Likewise, another study stated that there was a positive and significant relationship between family support and hypertension diet (Kusumawati, 2014). It is in line with the results of research by Temang; namely, there is a significant relationship between social support and patient compliance with hypertension management with OR 6.7 then respondents who have good social support have a 6.7 times chance to be more obedient compared to respondents who have poor social support (Temang, 2013). From the various research results above, it can be seen that one of the factors affecting

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hypertension patients is family and social support. It is because patients with relatively high elderly use large medicinal substances, parents who help others, namely family members, to remind them to take medicine and diet.

Family and social support are essential in supporting adherence to people with hypertension. Family attention can foster motivation for patients to be obedient. Health workers change the pattern of relationships to be equal to the patient, show empathy, want to listen, and explain correctly will affect compliance (Temang, 2013).

Chronic diseases, such as hypertension, require a lifetime of care. It is a challenge for patients and families to be able to maintain the budget for years of care. One way to increase motivation is through family support. Social support will increase awareness to use health services, which is one of the critical components that meet the requirements (Osamor, 2015).

Various studies have shown that antihypertension is a global problem that requires many solutions (Si, 2012; Desai and Choudhry, 2013). The study reported a decline rate of 52.7% among respondents. While in 2012, 32%, and in 2015 it was approved that 39% of patients were not approved for therapy (Si, 2012; Olowookere *et al.*, 2015). Furthermore, the results of research in the Kingdom of Saudi Arabia, the meeting was 35.1% (Mahmoud, 2012). The difference in judgment is mainly by the various measurement methods agreed upon by these authors. But these varied results imply that what cannot be solved remains a problem that requires a solution

CONCLUSION

Based on the results of data analysis and research results, the conclusion obtained in this study is that there is a relationship between family support, social support, and support from health workers on hypertension patient compliance. Community health centers, as primary health care facilities, need to make efforts to improve hypertension patient compliance so that risk factors and hypertension complications can be reduced or prevented.

In order to improve compliance of patients with hypertension, it is necessary (Kementerian Kesehatan Republik Indonesia, 2019b)to pursue a program of activities focused on health promotion activities not only for patients but also involving family and social members. Activities can include routine health checks, emphasizing healthy living behavior, carried out education or dissemination of information in the form of the development of information media both to patients and families related to hypertension.

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Perilaku Kepatuhan Konsumsi Tablet Tambah Darah Remaja Putri di Jember, Indonesia

Compliance Behavior of Iron Tablet Suplement Consumption to Adolescent Girls In Jember, Indonesia

Diana Febriyanti Quraini[1)], Farida Wahyu Ningtyias[1)], Ninna Rohmawati[1)]

[1] Departemen Gizi Kesehatan Masyarakat, Fakultas Kesehatan Masyarakat, Universitas Jember, Kember, Indonesia
Email: farida.fkm@unej.ac.id

ABSTRACT

***Background**: Anaemia in teenage girls is an important nutritional problem to be prevented and to overcome since it affects the first 1,000 days of life period. One of the anaemia precaution strategies in adolecents girls and women of childbearing age (WCA) is by consuming one iron tablet supplement (ITS) every week. An indicator of the success of the program is the adherence of teenage girls and WCA in the consumption of ITS. An individual's behavior can be predicted from the individual's intentions formulated in the theory of planned behavior (TPB). **Objective**: This study aimed to analyze the relation of perceived behavioral control factors related to the intention of the adherence of teenage girls' regular consumption of ITS. **Methods**: The method in this research was analytic observational with a cross-sectional approach. A sample of 328 adolescent girls was taken by the stratified proportional random sampling method. The research variable was the perception of behavioral control, and intention to comply with ITS was analyzed by Chi-Square statistical test. **Result**: In this study, the results showed that most people who are ≤ 13 years old or the seventh-grade students experienced normal puberty and got the symptoms of low anaemia, the majority of them had normal nutritional status. There was a relationship between perceived behavioral control and intentions to compliance behaviour to regular ITS consumption. The majority of respondnts had strong behaviour control (52,7%) and intenttion to obey (57%) (P Value = 0.000; OR = 3.906; 95% CI = 1.906-6.640). **Conclusion**: Teenage girls with strong perceived behavioral control will have a positive intention of the adherence of teenage girls' regular consumption of ITS 3.906 times compared with teenage girls with weak perceived behavioral control.*

Keywords: Anaemia, Perceived behavioral control, Iron Tablet Supplement

ABSTRAK

***Latar Belakang**: Anemia merupakan masalah gizi pada remaja putri yang perlu dicegah dan ditanggulangi karena akan berdampak pada periode 1000 hari pertama kehidupan (HPK). Pemerintah memprioritaskan program suplementasi tablet tambah darah (TTD) remaja putri dan wanita usia subur (WUS) untuk menurunkan prevalensi anemia pada kelompok tersebut. Salah satu indikator keberhasilan program tersebut yakni kepatuhan remaja putri dalam mengonsumsi TTD. Perilaku seorang individu dapat diprediksi dari niat individu tersebut yang dirumuskan dalam theory of planned behavior (TPB). **Tujuan**: Menganalisis hubungan kontrol perilaku dengan niat patuh dalam mengonsumsi TTD secara teratur.**Metode**: Jenis penelitian ini adalah analitik observasional dengan pendekatan cross sectional. Sampel berjumlah 328 remaja putri yang diambil dengan metode stratified proporsional random sampling. Variabel penelitian adalah persepsi kontrol perilaku dan niat patuh minum TTD yang dianalisis dengan uji statistik Chi-Square. **Hasil**: Hasil penelitian ini didapatkan 51,2% responden berumur ≤ 13 tahun, 85,7% responden mengalami pubertas yang normal. Mayoritas responden memiliki kontrol perilaku (52,7%) dan niat(57%)Terdapat hubungan antara kontrol perilaku (P Value= 0,000; OR= 3,906; 95 % CI= 1,906-6,640) dengan niat patuh konsumsi TTD teratur. **Kesimpulan**: Remaja yang memiliki kontrol perilaku yang kuat akan memiliki niat patuh konsumsi TTD*

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teratur 3,906 kali dibandingkan remaja putri dengan kontrol perilaku lemah terhadap konsumsi TTD.

***Kata Kunci**: Anemia, Persepsi Kontrol Perilaku, Niat Patuh, Tablet Tambah Darah (TTD)*

PENDAHULUAN

Prevalensi anemia pada ibu hamil berdasarkan data Riset Kesehatan Dasar (RISKESDAS) 2013 sebesar 37,1 %, hal ini adalah dampak lanjut dari tingginya prevalensi anemia remaja putri (25%) dan wanita usia subur (17 %) (Kementerian Kesehatan RI, 2016). Jenis penyakit anemia yang berisiko diderita remaja putri pada masa pubertas adalah anemia gizi besi (Adriani and Wirjatmadi, 2012).

Remaja putri yang mengalami anemia memiliki risiko menjadi ibu hamil anemia. Berbagai upaya perlu dilakukan untuk mencegah dan menangani anemia pada remaja putri. Kondisi ibu hamil yang mengalami anemia dapat mempengaruhi periode 1000 hari pertama kehidupan (HPK). Dampak yang ditimbulkan antara lain adanya risiko melahirkan bayi berat lahir rendah (BBLR) yang berisiko 3,63 kali menjadi bayi usia dibawah dua tahun (baduta) *stunting* (Kementerian Kesehatan RI, 2016).

Gerakan Upaya Percepatan Perbaikan Gizi untuk memutus mata rantai *stunting* diprioritaskan pada 1000 HPK melalui intervensi spesifik dan sensitif yang antara lain terintegrasi dengan program penanggulangan anemia kepada sasaran remaja putri dan wanita usia subur (WUS) (Kementerian Kesehatan RI, 2016). Salah satu upaya intervensi yang dilakukan yakni suplementasi zat besi atau tablet tambah darah (TTD). Pemberian asupan zat besi yang cukup memiliki fungsi yakni untuk meningkatkan pembentukan hemoglobin (Kementerian Kesehatan RI, 2016).

Pemerintah Indonesia melakukan intensifikasi program pencegahan dan penanggulangan anemia pada remaja putri dan WUS dengan memprioritaskan pemberian TTD satu tablet setiap minggu untuk mengurangi 50% prevalensi anemia pada remaja putri dan WUS di tahun 2025. Program suplementasi TTD remaja putri usia 12-18 tahun dilakukan di sekolah melalui unit Usaha Kesehatan Sekolah (UKS). Hasil wawancara dengan pemegang program TTD Remaja putri Dinas Kesehatan Kabupaten Jember, Kabupaten Jember telah menjalankan program tersebut sejak bulan Februari 2018 melalui UKS di setiap SMP dan SMA sederajat.

Kepatuhan remaja putri dan WUS mengkonsumsi TTD merupakan salah satu indikator keberhasilan program pencegahan dan penanggulangan anemia pada remaja putri dan WUS (Kementerian Kesehatan RI, 2016). Ketidakpatuhan dalam meminum tablet tambah darah menghambat manfaat suplementasi zat besi (Fe) tersebut (Yuniarti; Rusmilawaty; Tunggal, 2015). Ketidakpatuhan remaja putri konsumsi TTD dapat disebabkan perasaan bosan atau malas, rasa dan aroma yang tidak enak dari TTD (Aditianti, Permanasari and Julianti, 2015), efek samping yang dirasakan setelah mengkonsumsi TTD, seperti mual dan muntah, nyeri atau perih di ulu hati dan tinja berwarna hitam (Kementerian Kesehatan RI, 2016; Yuniarti; Rusmilawaty; Tunggal, 2015).

Kepatuhan dalam mengonsumsi TTD merupakan suatu bentuk perilaku sehingga kecenderungan remaja putri untuk patuh dalam konsumsi TTD secara teratur dapat dianalisis menggunakan teori perilaku. Teori perilaku yang dapat digunakan salah satunya adalah *Theory of Planned Behavior* (TPB). Perilaku seorang individu dapat diperkirakan dari niat individu tersebut yang dirumuskan dalam TPB (Ajzen, 2005).

Perilaku patuh merupakan hasil dari niat remaja putri tersebut untuk mengkonsumsi TTD dengan frekuensi satu tablet setiap minggu sepanjang tahun. TPB atau teori perilaku terencana menyebutkan dimensi yang mempengaruhi terbentuknya niat individu adalah sikap, norma subjektif, dan persepsi kontrol perilaku (kontrol perilaku) (Ramdhani, 2016).

Persepsi kontrol perilaku atau kontrol perilaku adalah persepsi individu mengenai sulit atau mudahnya mewujudkan suatu perilaku tertentu (Ajzen, 2005). Semakin besar faktor pendukung dan kesempatan yang ada

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serta semakin sedikit hambatan yang dimiliki, maka akan semakin besar pula persepsi individu untuk dapat mengontrol atau melakukan perilaku tersebut sehingga menyebabkan lebih kuat untuk mewujudkan niat (Wikamorys and Rochmach, 2017).

Wilayah kerja Puskesmas Sumbersari, Kecamatan Sumbersari, Kabupaten Jember memiliki jumlah remaja usia sekolah dengan status anemia tertinggi dibandingkan puskesmas lain. Jumlah remaja putri usia 10-14 tahun yang mengalami anemia sebesar 237 remaja dan usia 15-19 tahun sebanyak 330 remaja berstatus anemia. Penelitian ini dilakukan untuk menganalisis hubungan kontrol perilaku dengan niat patuh konsumsi TTD teratur pada remaja putri di wilayah kerja Puskesmas Sumbersari Kabupaten Jember.

METODE

Penelitian ini termasuk dalam penelitian analitik dengan desain *cross sectional*. Penelitian analitik memiliki tujuan utama untuk mencari hubungan antara variabel penelitian Desain penelitian *cross sectional* mempelajari hubungan antara faktor risiko dengan penyakit (efek), pengukuran terhadap variabel bebas, dan terikat dilakukan sekali dalam satu waktu bersamaan (Sastroasmoro and Ismael, 2011).

Penelitian ini menggunakan teknik pengambilan sampel dengan metode *multi stage random sampling*. Langkah pengambilan sampel dalam penelitian ini terdiri atas dua tahap. Tahap pertama dengan menentukan sampel sekolah SMP/Sederajat menggunakan c*luster sampling*. Tahap kedua yakni menentukan responden penelitian dari setiap sekolah yang terpilih menggunakan teknik *stratified proporsional random sampling*. Lokasi penelitian bertempat di lima sekolah yang mewakili wilayah kerja Puskesmas Sumbersari, yaitu SMPN 3 Jember, SMPS IT Al Ghozali, SMPS Darul Istiqomah, SMPS Agus Salim, dan SMPN 9 Jember. Pengambilan data dilakukan selama Agustus hingga Oktober 2018. Penelitian ini memiliki sertifikat etik dengan nomor sertifikat No.278/UN25.8/KEPK/DL/2019.

Responden yang terlibat dalam penelitian ini yakni 328 orang remaja putri. Responden yang terpilih telah memenuhi kriteria inklusi. Kriteria tersebut antara lain merupakan siswi SMP atau sederajat, tempat tinggal di Jember. Syarat yang kedua adalah sedang tidak sakit dan masuk sekolah saat pengambilan data, serta yang ketiga bersedia menjadi responden penelitian.

Variabel bebas dalam penelitian ini adalah persepsi kontrol perilaku remaja putri. Variabel terikat dalam penelitian ini adalah niat patuh remaja putri untuk konsumsi TTD teratur. Sebagai data tambahan juga dilakukan pengambilan data tentang karakteristik responden, usia *menarche* pertama, gejala anemia, dan status gizi.

Teknik pengumpulan data pada penelitian ini menggunakan angket penelitian dengan penilaian *scoring*. Variabel persepsi kontrol perilaku dengan rentang nilai 0-6, dikategorikan menjadi kontrol perilaku lemah (0-3) dan kuat (4-6). Variabel niat memiliki rentang nilai 0-8 yang dikategorikan menjadi niat tidak patuh konsumsi TTD (0-4) dan niat patuh konsumsi TTD (5-8) (Rismalinda, 2017).

Pengumpulan data juga dilakukan melalui pengukuran tinggi badan (TB) dan berat badan (BB) untuk menghitung status gizi menurut Indeks Massa Tubuh (IMT)/umur. Pengukuran tinggi badan menggunakan mikrotoa dengan posisi *frankfurtplane* dan pengukuran berat badan memakai timbangan injak dengan ketelitian 0,1 mm.

Data kontrol perilaku dan niat selanjutnya dianalisis secara deskriptif dan analitik menggunakan uji *chi-square* untuk mengetahui hubungan antarvariabel independen dengan variabel dependen. Uji statistik tersebut menggunakan (α=5%). Data karakteristik responden yang diperoleh, kemudian diolah dan disajikan dalam bentuk tabel dan dianalisis secara deskriptif.

HASIL DAN PEMBAHASAN

Distribusi frekuensi karakteristik responden disajikan Tabel 1. Tabel 1 menunjukkan bahwa diketahui mayoritas responden berumur ≤13 tahun (51,2%), mengalami pubertas normal (85,7%), mengalami gejala anemia pada *level* rendah (85,4%), dan mayoritas memiliki status gizi normal (81,4 %).

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Tabel 1. Karakteristik Responden berdasarkan Umur, Usia *Menarche* pertama, Gejala Anemia, dan Status Gizi

Karakteristik	n	%
Umur		
≤13	168	51,2
14	110	33,5
≥15	50	15,3
Usia *menarche* pertama		
Belum menstruasi	38	11,6
Pubertas dini	9	2,7
Pubertas normal	281	85,7
Gejala anemia		
Rendah	280	85,4
Tinggi	48	14,6
Status gizi (IMT)		
Kurus	3	0,9
Normal	267	81,4
Gemuk	43	13,1
Obesitas	16	4,6
Total	328	100

Umur

Umur responden dalam penelitian ini yaitu umur 11-16 tahun. Umur ini termasuk dalam kategori remaja awal (11-14 tahun) dan remaja menengah (15-17 tahun (Irianto, 2014). Ciri khas remaja pada usia ini (12-16 tahun) antara lain cenderung lebih mempercayai apa yang ada di dalam pikirannya, tidak mau menerima sebuah pendapat tanpa alasan yang masuk akal. Ciri khas lainnya yakni remaja memerlukan orang yang dapat mengarahkan mereka pada pematangan diri yang utuh (Adriani and Wirjatmadi, 2012).

Hasil penelitian ini didapatkan paling banyak responden adalah remaja awal (51,2%) berumur ≤13 tahun. Penelitian sebelumnya mengungkapkan bahwa karakteristik remaja awal ditandai oleh terjadinya perubahan-perubahan psikologi. Perubahan tersebut antara lain krisis identitas, jiwa yang labil, pentingnya teman dekat, terdapat pengaruh teman sebaya (*peer group*) yang dominan seperti bertingkah laku sama, remaja ini hanya tertarik pada keadaan sekarang bukan masa depan (Fishbein and Ajzen, 2011). Remaja dapat memahami bahwa tindakan saat ini dapat memiliki efek pada masa yang akan datang, dengan demikian seorang remaja mampu memperkirakan konsekuensi dari tindakannya, termasuk terdapat kemungkinan yang dapat membahayakan dirinya (Dewi, Oktiawati and Saputri, 2015). Remaja putri pada penelitian ini telah mampu berencana untuk patuh atau tidak mengonsumsi TTD teratur seminggu sekali sepanjang tahun dengan benar dan telah mampu mempertimbangkan konsekuensi atas perilaku tersebut.

Usia *Menarche* Pertama

Usia *menarche* mayoritas responden (85,7 %) terjadi pada umur 12-13 tahun sehingga dapat disimpulkan remaja putri pada penelitian ini memiliki status pubertas normal. Kebutuhan zat besi remaja putri pada penelitian ini meningkat karena mayoritas responden (88,4 %) telah memasuki usia pubertas dan mengalami menstruasi setiap bulannya (Adriani and Wirjatmadi, 2012). Remaja putri akan berisiko menderita anemia ketika kebutuhan zat besi tidak terpenuhi. Penelitian yang dilakukan di Pekanbaru menunjukkan bahwa terdapat hubungan yang signifikan antara menstruasi dengan kejadian anemia pada remaja putri (Irianti, 2019).

Menstruasi dini disebabkan oleh beberapa faktor. Faktor-faktor tersebut antara lain faktor hormonal yang tidak seimbang dan asupan makanan yang berlebihan namun tidak diselingi dengan aktifitas fisik yang menyebabkan berat badan tubuh berlebih (Ekawati and Buton, 2018). Hubungan usia *menarche* ibu dengan putrinya adalah sangat erat, faktor lain yang berperan penting adalah status gizi, remaja putri gemuk akan mendapat *menarche* lebih awal daripada yang kurus (Irianto, 2014).

Gejala Anemia

Hasil penelitian ini mendapatkan sebagian besar responden (85,4%) mengalami gejala anemia yang rendah. Responden dengan gejala anemia rendah bukan berarti tidak mengalami anemia karena remaja akan merasakan gejala anemia ketika penyakit anemia yang diderita telah parah. Penderita anemia ringan belum memiliki gejala maupun tanda dari penyakit anemia (WHO, 2011).

Anak usia 12-14 tahun menderita anemia ringan jika *level* hemoglobin 11-11,9 g/dl, anemia sedang 8-10,9 g/dl, dan anemia berat <8 g/dl. *Anemic syndrome* atau gejala anemia umum dapat dijumpai pada anemia dengan kadar hemoglobin kurang dari 7-8 g/dl (WHO, 2011). Gejala yang ditimbulkan

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antara lain badan terasa lemah, telinga mendenging, mata berkunang-kunang, cepat lelah, serta lesu.

Status Gizi menurut IMT/U

Hasil penelitian menunjukkan mayoritas memiliki status gizi normal (81,4%). Hasil ini sejalan dengan penelitian di SMAN 2 Jember bahwa status gizi remaja putri mayoritas adalah normal (78,1%) (Nurcahyani, 2014). Hasil penelitian ini juga didukung oleh data RISKESDAS 2013, prevalensi status gizi (IMT/U) remaja putri umur 13-15 tahun di Indonesia sebesar 80,8% berstatus gizi normal (Kementerian Kesehatan RI, 2013).

Berat badan normal adalah idaman setiap individu agar tercapai tingkat kesehatan optimal. Keuntungan yang didapatkan dengan berat badan normal diantaranya penampilan baik, lincah, dan memiliki risiko rendah terutama penyakit infeksi maupun degeneratif. Responden penelitian mayoritas memiliki status gizi normal, namun bukan berarti tidak memiliki risiko anemia. Hasil penelitian di Peterongan, Jombang menunjukkan tidak ada hubungan yang bermakna antara status gizi, energy, protein, dan vitamin C dengan kejadian anemia pada remaja putri. Artinya, meskipun mayoritas responden memiliki status gizi yang normal tidak menutup kemungkinan remaja putri tersebut untuk mengalami anemia (Sya'Bani and Sumarmi, 2016).

Pernyataan ini didukung oleh hasil penelitian mendapatkan bahwa tingkat konsumsi protein, lemak, dan karbohidrat berhubungan dengan status gizi remaja putri. Karbohidrat, lemak, dan protein merupakan zat gizi penyuplai energi terbesar bagi tubuh (Nurcahyani, 2014). Zat besi adalah zat gizi mikro dan asupan zat gizi mikro tidak mempengaruhi status gizi berdasarkan IMT/U karena memiliki kandungan energi yang sedikit, dan jika terjadi kekurangan mungkin sudah berlangsung lama (Rosmalina and Ernawati, 2010).

Kontrol Perilaku

Hasil penelitian pada Tabel 2 menunjukkan 173 respoden (52,7%) memiliki kontrol perilaku yang kuat untuk konsumsi TTD teratur. Hasil ini sejalan dengan penelitian yang menyebutkan sebanyak 62% remaja putri memiliki kontrol perilaku yang baik (Cahyaningrum, 2014). Kontrol perilaku mengindikasikan bahwa motivasi seseorang dipengaruhi oleh bagaimana individu tersebut memandang tentang ada atau tidaknya faktor yang memudahkan atau mempersulit jika suatu perilaku dilakukan (Ajzen, 2005).

Tabel 2. Karakteristik Responden berdasarkan Kontrol Perilaku dan Niat Konsumsi TTD Teratur

Variabel	n	%
Kontrol Perilaku		
Lemah	155	47,3
Kuat	173	52,7
Niat		
Niat Tidak Patuh	141	43
Niat Patuh	187	57
Total	328	100

Kontrol perilaku adalah persepsi individu mengenai mudah atau sulitnya mewujudkan suatu perilaku yang ditentukan dua faktor. Faktor yang pertama yakni keyakinan individu terhadap ketersediaan sumber daya berupa peralatan, kompatibilitas, kompetensi. Faktor kedua yakni kesempatan (*control belief strength*) yang mendukung atau menghambat perilaku yang akan diprediksi dan besarnya peran sumber daya (*power of control factor*) dalam mewujudkan perilaku tersebut (Ramdhani, 2016).

Kontrol perilaku kuat terhadap konsumsi TTD teratur seminggu sekali akan timbul jika responden setuju dengan pernyataan yang mendukung (*favorable*) terhadap perilaku patuh konsumsi tablet tambah darah teratur, yaitu pertanyaan tentang TTD selalu tersedia dari puskemas, efek samping yang dirasakan setelah mengonsumsi tablet tambah darah adalah hal yang tidak membahayakan bagi kesehatan, memiliki kewajiban untuk konsumsi TTD seminggu sekali sepanjang tahun. Hasil angket menunjukkan responden yang memiliki kontrol perilaku kuat, sebagian besar setuju dengan tablet tambah darah selalu tersedia dari puskemas dan tidak setuju pada pernyataan efek samping yang dirasakan setelah mengonsumsi tablet tambah darah adalah hal yang tidak membahayakan bagi kesehatan. Hasil ini selaras dengan hasil penelitian (Putra, Sukaatmadja and Yasa, 2016).

Kontrol perilaku lemah responden akan muncul jika setuju

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dengan pernyataan yang negatif (*unfavorable*) terhadap konsumsi tablet tambah darah teratur, yaitu:

> *"Efek samping yang dirasakan setelah mengonsumsi TTD membuat saya ingin berhenti mengonsumsi tablet tambah darah secara teratur, saya akan kesulitan untuk mendapatkan tablet tambah darah pada masa liburan semester sekolah, dan saya tidak bersalah jika saya mengonsumsi tablet tambah darah dua minggu sekali ketika masa libur sekolah".*

Responden dengan kontrol perilaku yang lemah sebagian besar setuju pada pernyataan efek samping yang dirasakan membuat ingin berhenti dan merasa tidak bersalah jika responden mengonsumsi tablet tambah darah dua minggu sekali ketika masa libur sekolah.

Perceived behavior control (PBC) merupakan persepsi individu terhadap mudah atau tidaknya individu tersebut dalam melakukan perilaku dan diasumsikan merupakan refleksi dari pengalaman yang telah terjadi sebelumnya juga berbagai hambatan yang diantisipasi. Semakin banyak faktor pendukung dan sedikit faktor penghambat yang dirasakan oleh individu dalam berperilaku, maka semakin besar kontrol yang mereka rasakan atas perilaku tersebut, begitu pula sebaliknya. Persepsi tersebut ditentukan oleh keyakinan seseorang, untuk mengendalikan faktor yang menghambat ataupun yang mendorong munculnya perilaku (Ajzen, 2005). Keyakinan ini dapat diakibatkan oleh pengalaman masa lalu dengan tingkah laku tersebut, tetapi juga dapat dipengaruhi oleh informasi yang tidak langsung akan tingkah laku tersebut yang diperoleh dengan mengamati pengalaman orang yang dikenal atau teman, sedangkan faktor yang dikontrol adalah faktor internal dan eksternal (Lestarina, 2018).

Niat Patuh Konsumsi TTD

Niat merupakan pendahulu dari suatu perilaku yang sudah direncanakan sebelumnya (Ajzen, 2005). Hasil penelitian pada Tabel 2 menunjukkan sebanyak 187 respoden (57%) dari total 328 respoden memiliki niat patuh konsumsi TTD teratur. Hasil ini sejalan dengan penelitian sebanyak 57,7% remaja putri memiliki niat yang baik dalam mengonsumsi TTD (Cahyaningrum, 2014).

Niat patuh mengonsumsi TTD pada remaja putri akan muncul jika responden setuju dengan pernyataan yang mendukung (*favorable*) terhadap perilaku patuh konsumsi tablet tambah darah teratur, yaitu:

1. Rencana untuk saling mengingatkan dengan teman dekat dalam konsumsi TTD teratur
2. Rencana untuk mengatur alarm hp milik remaja atau keluarga atau membuat tulisan pengingat di kalender untuk jadwal minum tablet tambah darah agar dapat teratur meminumnya saat libur sekolah
3. Meminta keluarga mengingatkan untuk minum TTD pada saat libur sekolah
4. Mengonsumsi sumber protein hewani seperti hati, ikan, telur atau sumber vitamin C seperti jeruk dan pepaya setelah minum tablet tambah darah agar penyerapan zat besi dalam tubuh menjadi maksimal.

Sebaliknya, niat tidak patuh responden akan muncul jika setuju dengan pernyataan yang negatif (*unfavorable*) terhadap konsumsi tablet tambah darah teratur, yaitu antara lain:

1. Berencana untuk menghindari jadwal minum TTD di sekolah karena tidak ingin meminumnya
2. Berencana tidak mengonsumsi TTD secara teratur seminggu sekali ketika hari libur semester ganjil atau kenaikan kelas
3. Jika memiliki aktivitas yang padat di hari jadwal minum TTD, tidak akan meluangkan waktu untuk meminumnya
4. Akan minum tablet tambah darah dengan minum teh atau kopi atau susu.

Hasil angket pada pernyataan niat, responden yang memiliki niat patuh untuk konsumsi TTD mayoritas setuju pada pernyataan (rencana untuk saling mengingatkan dengan teman dekat dalam konsumsi TTD teratur dan akan meminta keluarga mengingatkan untuk minum tablet tambah darah pada saat libur sekolah). Responden dengan niat tidak patuh konsumsi TTD sebagian besar setuju dengan pernyataan (berencana tidak mengonsumsi tablet tambah darah

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secara teratur seminggu sekali ketika hari libur semester ganjil atau kenaikan kelas dan berencana untuk menghindari jadwal minum TTD di sekolah karena tidak ingin meminumnya).

Kontrol Perilaku dengan Niat Patuh Konsumsi TTD pada Remaja Putri

Hubungan kontrol perilaku dengan niat patuh konsumsi TTD teratur diperoleh melalui analisis bivariabel dengan menggunakan uji *chi-square*. Hasil uji statistik didapatkan tidak ada *cell* dengan nilai *expected* <1 dan tidak terdapat *cell* dengan nilai *expected* <5 lebih dari 20%, sehingga memenuhi persyaratan menggunakan uji *chi-square*. Hasil uji *chi-square* antara variabel norma subjektif dengan niat didapatkan *P Value* 0,000, artinya Ho ditolak. Hasil tersebut menunjukkan terdapat hubungan yang signifikan antara variabel kontrol perilaku dengan niat patuh konsumsi TTD secara teratur karena nilai *P Value* (0,000) < α (0,05). Nilai OR yang diperoleh sebesar 3,906, hasil analisis tersebut menunjukkan bahwa remaja yang memiliki kontrol perilaku yang kuat akan 3,906 kali memiliki niat patuh konsumsi TTD teratur dibandingkan dengan remaja yang mempunyai kontrol perilaku yang lemah.

Tabel 3. Tabulasi Silang antara Kontrol Perilaku dan Niat Konsumsi TTD Teratur

Kontrol Perilaku	Niat				Total	
	Tidak patuh		Patuh			
	Frekuensi	Persentase	Frekuensi	Persentase	Frekuensi	Persentase
Lemah	93	28,4	62	18,9	155	47,3
Kuat	48	14,6	125	38,1	173	52,7
Total	141	43	187	57	328	100

Hasil uji *chi-square* antara variabel kontrol perilaku dengan niat menunjukkan terdapat hubungan bermakna secara statistika, artinya responden yang memiliki keinginan untuk patuh konsumsi TTD teratur memiliki kontrol perilaku yang kuat. Penelitian ini sejalan dengan hasil penelitian di Jakarta mendapatkan terdapat pengaruh variabel kontrol perilaku terhadap niat merokok pada remaja di Jakarta (Rosdiana, 2011). Penelitian lain mendapatkan bahwa kontrol perilaku berhubungan positif dengan niat merokok pada siswa SMP di kota Bandung. Artinya, semakin tinggi kontrol perilaku yang dirasa remaja terhadap perilaku merokok, maka semakin tinggi pula niat untuk merokok. Persepsi remaja mengenai mudah atau sulitnya mewujudkan suatu perilaku berasal dari keyakinan mengenai ketersediaan sumberdaya dalam hal ini batang rokok yang mudah didapatkan dan dengan harga yang masih dapat dijangkau (Sagitania, 2017).

Kontrol perilaku mirip seperti *self efficacy* atau efikasi diri (Ajzen, 2005). Efikasi diri adalah keyakinan individu bahwa ia akan berhasil menguasai keterampilan yang dibutuhkan untuk menyelesaikan tugas-tugas tertentu. Penelitian yang dilakukan pada remaja di Surabaya mendapatkan bahwa efikasi diri yang dirasa remaja putri berhubungan dengan niat untuk konsumsi TTD (Aprianti, Sari and Kusumaningrum, 2018). Sama dengan persepsi positif remaja putri akan ketersediaan TTD dan kemudahan untuk mendapatkannya terutama saat libur semester akan membentuk kontrol perilaku yang tinggi sehingga membentuk niat untuk patuh konsumsi TTD teratur sepanjang tahun dengan benar. Remaja putri yang sedikit merasakan faktor pendukung dan banyak faktor penghambat untuk dapat melakukan perilaku konsumsi TTD teratur dengan patuh, maka remaja putri akan cenderung mempersepsikan diri sulit untuk melakukan perilaku tersebut. Remaja putri yang merasakan banyak faktor pendukung dan sedikit faktor penghambat untuk dapat melakukan perilaku patuh konsumsi TTD teratur, maka lebih besar kontrol yang mereka rasakan atas perilaku tersebut sehingga menghasilkan niat untuk patuh konsumsi TTD teratur.

Hasil tabulasi silang pada responden yang memiliki kontrol perilaku kuat (173 remaja putri) didapatkan 14,6% memiliki niat tidak patuh. Artinya, meskipun remaja putri memiliki persepsi yang kuat akan kemudahan dalam berperilaku patuh mengonsumsi TTD teratur namun tetap memutuskan untuk berniat tidak patuh. Penjelasan dari hal tersebut dapat dilihat dari analisis

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jawaban angket responden yang memiliki kontrol perilaku kuat namun berniat tidak patuh. Hasil angket menunjukkan mayoritas responden memberikan skor 0 pada aspek efek samping yang akan dirasakan (pernyataan postif dan negatif). Hasil ini menunjukkan bahwa efek samping yang dirasakan adalah faktor penghambat terbesar sehingga responden memutuskan untuk berniat tidak patuh konsumsi TTD. Keyakinan tersebut dapat didasari oleh pengalaman individu yang berkaitan dengan perilaku konsumsi TTD, maupun oleh informasi lain mengenai perilaku yang diperoleh dari pengalaman orang-orang yang dikenalnya, teman-temannya dan oleh faktor lain yang meningkatkan persepsi kesulitan untuk melakukan suatu perilaku konsumsi TTD teratur (Ajzen, 2005).

SIMPULAN

Mayoritas responden memiliki persepsi kontrol perilaku kuat dan memiliki niat untuk patuh konsumsi TTD teratur. Ada hubungan antara kontrol perilaku dengan niat patuh dalam mengonsumsi TTD secara teratur. Remaja yang memiliki kontrol perilaku yang kuat akan memiliki niat untuk patuh konsumsi TTD teratur 3,906 kali dibandingkan remaja putri dengan kontrol perilaku lemah terhadap konsumsi TTD. Peningkatan pengetahuan dan persepsi kepada remaja putri tentang efek samping TTD perlu dilakukan melalui pendidikan kesehatan disekolah UKS secara kontinyu tentang pentingnya minum TTD dan manfaat yang dirasakan ketika minum TTD secara rutin. Penguatan niat untuk mengkonsumsi TTD secara rutin dan penguatan persepsi kontrol perilaku dari pihak sekolah dalam bentuk pengumuman waktu minum TTD melalui *Whats app group* maupun *alarm* di sekolah sebagai tanda minum TTD yang dapat dipantau oleh guru.

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The Role of Family Social Support in Decision Making Using Long-Term Contraceptive Methods

Sindi Eka Putri [1)], Sri Widati [2)]

[1] Health Promotion Unit, Brambang Primary Health Care, Brambang No. 114, Diwek Sub-district, Jombang District, Indonesia
[2] Department of Health Promotion and Behaviour Science, Faculty of Public Helth, Universitas Airlangga, Surabaya, Indonesia
Email : sindi.eka.putri-2017@fkm.unair.ac.id

ABSTRACT

***Background**: One of the efforts made by the government to reduce the rate of population growth is through the Family Planning program. Many contraceptive methods are used by Fertile Age Couples (FAC), including the Long-Term Contraception Method or* Metode Kontrasepsi Jangka Panjang *(MKJP) and the non-Long-Term Contraception Method (non-MKJP). Low interest in fertile-couples for long-term use of contraception cannot be separated from family support to use these contraceptives. There is a need for an understanding of MKJP for FAC. Family support was defined as the attitude, actions, and acceptance of the family of its members. Family members see that those who are supportive are always ready to provide help and assistance. With family support, FAC can easily decide which contraception will be used. **Objective**: The purpose of this study was to analyze the relationship of family social support to the interest of FAC in using the long-term contraception method in RW 5, Sidotopo Village. **Methods**: This research was an observational analytic study using a cross-sectional research design. The sample of this research consists of 48 participants, taken randomly using multistage random sampling. The research instrument was in the form of a questionnaire. Then, the data were analyzed using the Chi-square test. **Results**: The characteristics of family planning acceptors in RW 5 of the Sidotopo sub-district starting from the dominating age are 21-35 years old with high school as the highest level of education. The income level in the area is middle to the upper level from 2 million to 5 million rupiahs per month. Based on the results of statistical tests, there is a correlation between family instrumental social support with the interest of Fertile Age Couples to use MKJP. **Conclusion**: Based on the results of the bivariate test using Chi-Square, it was found that between the four support variables, only one of them has a relationship that is instrumental support. The results of this study can be used as a rationale for policymaking in order to increase the number of long-term family planning acceptors.*

***Keywords**: Contraception, Fertile Age Couple, Long Term Contraception, Social Support*

INTRODUCTION

The implementation strategy for family planning services listed in the Direction Policy for Population and Family Planning Program Strategies. It is a way to increase the acceleration of achievement of the 2015-2019 National Medium Term Development Plan (RPJMN). RPJMN has many programs, one of the programs focuse on being the cultivation of the Population and Family Planning Program. It aimed to increase the use of Long-Term Contraception Method (MKJP) such as Implants, Intra-Uterine Device (IUD), Female Operating Method (MOW), and Male Contraception Method (MOP). family planning is very beneficial for women themselves, their offspring, and society. Some of those benefits result from increasing the proportion of births that are optimally spaced (Moore *et al.*, 2015).

Based on sources of Performance and Accountability Survey (SKAP), the achievement of the use of MKJP in 2018 has reached 23.1% of the 2019 RPJMN target of 23.0% (BKKBN, 2012). The global trend shows that the use of permanent contraception to prevent unwanted pregnancy is high. Although the trend also

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shows a rise in the use of long-acting reversible methods, these are still underutilized despite having contraceptive as well as non-contraceptive benefits. Lack of knowledge among women, dependence on the provider for information, and provider bias for permanent contraception are cited as reasons for this reduced uptake (Joshi, Khadilkar and Patel, 2015).

In 2017, the number of active MKJP participants was 22.8%, while for non-MKJP contraception was 77.2% (Health Profile of East Java, 2015, 2016, 2017). One of the National Population and Family Agency efforts to reduce the maternal mortality rate is to increase the use of MKJP contraceptives. MKJP is certainly more effective compared to other contraceptive methods. If there are more couples in childbearing age choosing to use MKJP contraceptive method, the programs to address population problem will succeed or at least will be slightly overcome (Surantini, 2018). However, until now not many married couples are interested in using this method. They are more interested in using non-MKJP contraceptive methods. This can be seen from the new Family Planning (KB) participants who tend to prefer injections over other contraceptives. The method of injection contraception has increased, whereas the use of MKJP tends to decrease over time (Hariyani *et al.*, 2014; Aryati, Widyastuti and Sukamdi, 2019).

Low interest in Fertile Age Couples (FAC) for long-term use of contraception cannot be separated from family support. It shows the need for a proper understanding of MKJP for FAC. Family support is the attitude, actions, and acceptance of the family of its members. Family members see that people who are supportive are always ready to provide help and assistance if needed. With family support, FAC can easily decide which contraception that they are going use (Oftikasari and Yanti, 2017).

The population of Surabaya reached 874 millions with male population of 1,420 million, female population of 1,454 million, and the number of FAC is 488,699 couples with a range of active family planning participants in 2017 is 77%. The number of residents of Citizen Association (RW) 5 in Sidotopo sub-district in 2018 was 2,348 residents, consisting of 11 Neighborhood Associations (RT). The number of fertile age couples (EFAs) in RW 5 of Sidotopo is 1,011 couples consisting of age groups of more than 15 years to less than 65 years (Surabaya City Health Office, 2018). The number of active MKJP Family Planning participants in 2018 in RW 5 Sidotopo were 56 participants, while for non-MKJP participants were 216 participants and dominated by injection contraceptive methods.

Various indicators are used as reference for the success of the family planning program. The indicators include the increasing number of family planning participants, a shift in the use of family planning from ineffective to effective contraception, and low birth rates.

From the background above, it is apparent that family planning acceptors in RW 5 Sidotopo sub-district are more tend to choose non-MKJP methods instead of MKJP methods. The choice of contraception for family planning acceptors is inseparable from the social support that comes from family members to family planning acceptors in order to choose the effective contraception.

Social support can be achieved in the form of emotional, instrumental, informative, and appreciation support (Baron, Branscombe and Byrne, 2008). Based on the explanation of background above, it is necessary to conduct further research on "The Role Of Family Social Support In Decision Making Using Long-Term Contraceptive Methods".

METHOD

This research was an observational analytic that explained the relationship between variables through hypothesis testing without providing treatment because the data was obtained through observation and measurement of research subjects. This study used cross sectional method which was a study used to the dynamics between the phenomena of both factors and effects.

Population of this study was taken from active family planning participants who live in RT 11, RW 5, Sidotopo sub-district with a total of 273 active family planning participants. The sample of research was taken from active family planning program participants who were

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registered by the cadres and were willing to filled out the questionnaire. The inclusion criterias consisted of active family planning participants, having two or more children, and using non-MKJP or MKJP contraceptive method. The sample was calculated using purposive sampling technique, so that all of the population members had the same opportunity to became respondents. The sample size was 48 which was calculated using the Lemeshow formula. The location of the study was conducted in RW 5, Sidotopo sub-district from February to December 2019.

The research instrument of this study was a questionnaire which consisted of individual characteristics (age, occupational status, monthly income, educational status, and number of children) and the type of social support which the respondents got from their family. As many as ten people were tested before to found out the level of validity and reliability. The variables in this study were divided into two, namely dependent and independent variables. The independent variable in this study was social support, which includes appreciation support, instrumental support, emotional support, and information. The dependent variable was the use of long-term contraception and short-term contraception

The data that had been collected would be processed with editing, coding, scoring, and tabulating. In data processing, social support variables were divided into two categories namely low and high categories. The category is low if the score ≤ 50 and the high category if ≥ 51. This study had ethical clearance certificate with serial number 518/HRECC.FODM/VII/2019.

RESULTS AND DISCUSION

Sidotopo was a sub-district located in Semampir District, Surabaya. It has a rather dense population compared to other sub-district in the nearby area. Table 1 shows that the distribution of the age group of family planning acceptors are dominated by the first age group (21-35 years) (68.8%).

The age variable can be used to determine the ideal phase of contraceptive use. The age group below 20 years old is a phase of delayed pregnancy due to underage marriage. While the age group of 20-35 years old is a phase of adjusting the pregnancy gap between 2-4 years, and for age over 35 years are a phase to end pregnancy which is the phase of not wanting to get pregnant again and/or not wanting to have more children.

Table 1. Distribution of Respondents Characteristics in the Area of Sidotopo RW 5

Variables	n	%
Age (Years Old)		
21-35	33	68.8
36-55	12	25
≥55	3	6.2
Education		
None	1	2.1
Elementary	13	27.1
Junior High	12	25.0
High School	20	41.7
College	2	4.1
Income		
≤500.000	2	4.2
>500.000 - 2000.000	11	22.9
>2000.000 – 5000.000	35	72.9
Occupational Status		
Unemployed	1	13.5
Housewife	42	55.3
Employees	5	31.2
Number of Children		
1	10	23.2
2	24	52.4
>2	14	24.4
Total	48	100

A previous research showed a significant correlation between age and the use of contraception methods. As many as 13 respondents under 30 years old used MKJP contraception methods, while 60 respondents over 30 years old tended to use IUD. The study also suggested that age can affect the organ system, organ function, biochemical composition, and hormonal system, so there are differences in the use of contraceptives based on the age period (Triyanto and Indriani, 2018).

The research above is in accordance with research conducted in 2019. It is mentioned that most respondents aged 20-30 years used non-MKJP and respondents who were older than 30 years used MKJP. Women over 30 years should end their pregnancy after giving birth to two or more children (Sumartini and Indriani, 2016). This research is also in line with the research in 2019. It is mentioned that there is correlation between age and the choice of

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contraception method used by respondents. The percentage of respondents between 20-30 years old are classified as safe reproduction and safe reproduction category (Aryati, Widyastuti and Sukamdi, 2019).

There are 20 active KB participants (41.7%) in RW 5, Sidotopo sub-district who graduated from high school diploma. While the respondents who have no formal education experience is 2.1%.

A study in 2015 mentioned that almost 57.5% of respondents had low knowledge about contraception (Rokayah and Kurniawati, 2015). It is mentioned that low education level can affect the ability to absorb knowledge. Most of the time, knowledge is obtained from family, family members, and health workers. The level of education is directly proportional to the ability to receive knowledge. The knowledge about contraception methods can help the family planning acceptors to choose what contraception method that really suitable for them.

The real meaning of education is a process of delivered material to the target which aims to change a situation with change in behavior and life goals (Notoadmodjo, 2005). Educational level can influence individual in taking action and finding solutions for existing problems. People can act rationally, so that it will be easier to receive new ideas (Kusuma, 2016).

Table 1 shows that most of the respondents have monthly income between 2,000,000-5,000,000 IDR. The correlation between income and individual's interest in family planning is they can choose a contraception tool that suits their income. A recent study showed that there is no correlation between the level of income and the selection of non-effective contraceptive methods in family planning acceptors in Kenjeran, Surabaya (Kristanto, 2019).

Most of the family planning acceptors were housewives (55.3%). Statistical test shows that there were no significant influences between respondents' characteristics (age, education, work status, and number of children owned) and the choice of contraceptives method. Women of Childbearing Age who work or has a permanent job will tend to choose effective and efficient contraception, because they do not have to go repeatedly to health services. They will choose MKJP contraceptive method which could limit the number of children certainly, so it does not interfere with career and work. Setting a pregnancy distance for career women is very important. This is related to the jobs they have which aim to support the family economy. However, another research showed that there was no correlation between work and the use of the contraceptive method chosen (Triyanto and Indriani, 2018).

Table 1 shows that 24 out of 48 family planning acceptors in RW 5, Sidotopo sub-district have two children (31.6%). A previous study showed that most respondents prefer to use non-MKJP contraceptive method since it is more practical when they plan to conceive and restore fertility without visiting health services (Sumartini and Indriani, 2016).

Another research argued that number of children and the level of education has a significant correlation with the choice of contraceptive method. In other research, individual characteristics such as the number of children also affect the KB acceptor in choosing the contraceptive method that will be used. Couples who have a few children tend to choose the type of contraceptive method with low effectiveness, while couples with a large number of live children will tend to choose contraceptive method with high effectiveness (Triyanto and Indriani, 2018).

Social support is support given to individuals who can come from families or community groups. Social support can be in the form of information support, instrumental support, appreciation support, and emotional support. Supporting information to individuals can be in the form of providing information about MKJP. It is given to increasing their insight about MKJP. Instrumental support, for example, accompanies family planning acceptors to visit the primary health care and provides transportation facilities or financial support for them. Appreciation support can be given through gives full support to family planning acceptors to make decision about what contraceptive method to be used. Emotional support can be in the form of giving love to individuals

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when they have related to family planning and contraceptive method.

Table 2 illustrates that the information support in the use of MKJP is lower at 52.1% by 25 people. One of the influential factors is the presence or absence of information. The information including advice, guidance, and feedback. This result is in line with the results of research conducted in 2014 about husband's support for Female Surgery Method states. Husband did not provide information support to his wife to use female surgery contraceptive method, so that the wife does not clearly know the benefits from it (Muniroh, Luthviatin and Istiaji, 2014).

Table 2. Distribution Frequency Based on Social Support

Social Support	n	%
Informative support		
Low	25	52.1
High	23	47.9
Total	48	100
Appreciation support		
Low	23	47.9
High	25	52.1
Total	48	100
Instrumental support		
Low	23	47.9
High	25	52.1
Total	48	100
Emotional support		
Low	24	50
High	24	50
Total	48	100

Family can also provide assistance in the form of information. Information can help individuals find the right alternative for solving problems that might be faced by them. The information support can be in the form of experience, convey the knowledge gained, or provide information sources such as reading material about family planning. Health workers need to promote family planning information to FAC and their families.

Appreciation support is an expression of respect, encouragement to move forward, and help individuals to be able to see the positive side. It can cause the increase of self-esteem and approval of other ideas or feelings. Support that can be given by spouses (husbands) to wives is by giving consent to use MKJP. Table 2 shows that the community of RW 5, Sidotopo sub-district gave more support to family in the use of MKJP (52.1%). It means that the appreciation support given is at high level.

A research conducted about spouses' support for the use of MKJP mentioned that one of the respondents refused to give their wives' consent to conduct Female Surgery. In accordance with Indonesian culture that the highest decision lies with the head of the family, this causes the wife to follow orders from their spouses (Muniroh, Luthviatin and Istiaji, 2014).

Table 2 illustrates that FAC in RW 5, Sidotopo Sub-District are more likely to provide instrumental support regarding the use of MKJP (52.1%). This value shows that the instrumental support is included in the high category. The instrumental support given by the family to the FAC is in the form of direct assistance needed by the acceptor. In terms of family planning, instrumental support can be provided such as providing the cost for the use of the MKJP and willing to take the wife primary healthcare for consultation with medical staff. Spouses take role as facilitator to their wives in providing their needs to check reproductive health such as visiting health workers (midwives or doctors) and primary healthcare. The instrumental support provided by the husband to his wife would be very helpful for FAC (Muniroh, Luthviatin and Istiaji, 2014). In addition, from Table 1 it can be illustrated that the FACs in RW 5, Sidotopo Sub-District provide emotional support in the use of MKJP. Table 1 shows the same percentage (50%) between those who provide emotional support and those who do not provide emotional support.

Emotional support that families can provide to FAC can be in the form of good communication between husband and wife in terms of family planning participation. Table 2 shows that emotional support has a balance value between low and high categories. Communication between FAC is interpersonal communication, which can build, maintain, and establish relationships with new people, old friends, or family members. Such communication can be related to the number of children desired by the FAC.

Family support in family planning program can be in the form of encouragement or motivation that can lead to the belief that individuals feel

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loved and cared. Family support means giving and receiving affection as an ideal lifestyle towards a prosperous small family. Bivariate analysis is used to determine social relations with families using Long-Term Contraception in RW 5, Sidotopo sub-district using the Chi-Square test is shown in Table 3.

Table 3. The Relationship of Family Social Support to the Interest of Fertile Age Couple in the Use of MKJP.

Social Support	MKJP		Non MKJP		P Value (0.05)
	n	%	n	%	
Information Support					
High	2	25	23	57.5	0.13
Low	6	75	17	42.5	
Instrumental Support					
High	1	12.5	23	57.5	0.04
Low	7	87.5	17	42.5	
Appreciation Support					
High	3	37.5	20	50	0.703
Low	5	62.5	20	50	
Emotional Support					
High	3	37.5	21	52.5	0.701
Low	5	62.5	19	47.5	
Total	8	100	40	100	

Based on the Table 3, out of the four support variables, only one variable which has a significant correlation, namely instrumental support. Based on Chi-Square test, P Value= 0.04 was obtained for instrumental support. It can be concluded that there is correlation between instrumental support for the family with the interest of FAC to use MKJP. As a result, three variables such as emotional support, appreciation support and information support do not have significant correlation with the interest of FAC to use MKJP.

Support from husband is not a major factor in the quality of life for IUD contraception acceptors. It shows that the majority of IUD acceptors receive high support of 83.55% of 66 respondents. The meaning of the support itself is information that can come from others such as verbal and non-verbal information, tangible advice or behavior provided by people close to people such as family or husband in the form of presence in things that can provide emotional benefits and can affect the recipient's behavior ((Caruso, Agnello, Romano, Cianci, Presti, Malandrino, et al, 2011 in Pradanie, Armini and Prastika, 2019)).

The results of the previous research showed that the type of husband support that gets the highest score is emotional support, while the lowest support is information support. The research also mentioned that respondents who received low husband support were as many as 12 respondents (92.3%) (Pradanie, Armini and Prastika, 2019). Husband or family support will help to improve the family planning acceptors' quality of life of. The majority of the MKJP used by FAC is IUD contraceptive method. This method is quite effective and durable, which has protection level up to 10 years. In addition, IUD is also fairly inexpensive with sufficient levels of efficiency and comfort (Triyanto and Indriani, 2018). The failure rate in the first year was fairly low (0.8%). Another advantage of the MKJP is that it does not affect the menstrual cycle and must not have to take pills regularly or continue to visit medical services such as doctors or midwives.

In addition, long term contraceptives such as IUD absolutely has no effect on the sexual environment. The use of IUD does not affect on hormones, which if the contraception acceptor is still in the breastfeeding phase it would not interfere with breast milk production even though the IUD is installed immediately after giving birth. IUD method is a good long-term contraception method because it does not affect fertility even after releasing it. It is flexible, so it can be placed in the uterus and removed easily and safely.

Instrumental support is a type of social support provided by individuals which can be in the form of direct assistance. It can be in the form of provide services of goods. Instrumental support can be done by provide financial support for reproductive check, or provide transportation facilities to visit health services. Based on the results of research conducted in 2017, it was stated that as many as 33.3% of respondents who had vasectomy received instrumental support from the family. Support provided by the family to respondents can be financial or non-financial (Cahyani, 2017).

Spouses' support includes helping to choose the appropriate contraception, use it correctly, seeking help if complication occur, take their wives to health care facilities for periodical check, and help to find an alternative method if the

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contraception is unsatisfactory (Baron, Branscombe and Byrne, 2008).

The study of effects on weight gain and husband's support with the transfer of Depo Medroxyprogesterone Acetate (DMPA) contraception into injectable birth control showed that spouses' instrumental support can affect wives' decision to switch contraceptive method. Such instrumental support can be in the form of deliver and provide transportation for the wife to re-visit the health center for the contraception (Sulistyaningsih, 2016).

Information support is social support given by family members to family planning acceptors. Informative support can be in the form of giving advice, suggestions or feedback to individuals about contraceptive method and family planning services. Information support such as advice from those that had experienced similar situations will help individual understand the situation, so that they can solve the problems.

The results of this research show that there is no correlation between informative support with the interest of FAC in the MKJP. Some respondents did not give permission to their wives to visit health workers who gave counseling about vasectomy contraception, so respondents did not know clearly about the vasectomy contraception. In addition, there are limited information in terms of mass media both print and electronic in advertising or discussing about male birth control (Cahyani, 2017).

Emotional support is social support given by family members to family planning acceptors in the form of provide motivation, empathy, or care for individuals, so that individuals feel loved. This can be in the form of continuously encouraging individuals when they have problems with their contraception. In this study, there was no significant correlation between emotional support from the family and FACs' interest in MKJP.

The previous research about social support for vasectomy participants showed that the reasons for husbands to undergo vasectomi are because of the wives' health and the wives' complaints on contraception. Therefore, wives allow their husbands to have vasectomies (Cahyani, 2017).

Appreciation support is support given by the family to individuals in the form of positive respect to the individual. It can be also in the form of encouragement and agreement with individual ideas or feelings and positive comparison of that person with others. In family planning, the appreciation that families can give to family planning acceptors is by giving consent to the contraceptive to be chosen.

In this study, there was no significant correlation between the appreciation supports with the FACs' interest in MKJP. A research found that respondents who did not get appreciation support from their partners did not go through vasectomy. It also mentioned that the respondents were given freedom because they are husband. However, the respondents did not get permission from their wives because the fear of its side effects (Cahyani, 2017).

Social support is one of the determining factors for FAC in choosing the contraceptive method to be used. The decision cannot be separated from family social support both emotional support, instrumental support, appreciation support and information support. However, until recently, FAC is tend to choose non-MKJP method instead of MKJP. The use of non-MKJP causes the continuity of the use of contraception to decrease. The government's effort in overcome the population explosion is now re-launching the MKJP contraceptive program. It is a contraceptive method with a relatively long effective period. These method include the Women's Operation Method (MOW), Contraception in the Womb or IUD with a validity period up to ten years, Under-Skin Contraception (AKBK) or implants with a validity period of three years (BKKBN, 2016).

Previous research stated that as many as 60% of respondents did not know about the contraceptive model correctly. In this research, it is known that respondents' knowledge about contraceptive method is influenced by the level of education. Women who have higher education will be more likely to understand on which contraception is more suitable for them (Manurung, 2015).

This is related to the culture of Indonesians who assume that husband is the main decision maker in the family, so the wife tends to follow them. In family planning program services, husbands should be involved so that they can

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encourage their partners to use contraception that is rational, effective, and efficient in accordance with family planning.

Everything has both negative and positive sides, including the use of contraception that has advantages and disadvantages. Faintness that occurs from the use of contraception is a side effect that is often experienced by the respondents. These side effects such as blood spotting between menstrual cycles and the presence of vaginal discharge that is sometimes excessive. In addition, there are still many women of childbearing age and couples of childbearing age who are still having trouble choosing the type of contraception that should be used. It proves that there is still lack of knowledge possessed by couples of childbearing age about the requirements that must be known and the safety of contraceptive methods.

Support from husband and family is a very important factor in helping family planning acceptors to choose the contraceptive method. Husband and family are the closest people who might be invited to a discussion and are people who can be trusted. The use of contraception will be done if the woman has a strong support from her husband. The husband is more dominant to direct his wife in using contraception and end the contraception that will be used. Moreover, family planning acceptors also need support from their family members as the person who they trust, provide encouragement, and give advice or opinion.

In some behavioral theories, husband or family support is a motivating factor that can influence wife's behavior related to positive behavior. Thus, the health workers need to embrace the husband and family to be able to support the selection of contraceptive methods, so that the family planning program can be implemented successfully.

CONCLUSION

From the four family support variables, only information support which had the lowest percentage. While for other social support such as appreciation, emotional, and instrumental support have fairly high percentage value. Among the four support variables only one that had a correlation with the use of MKJP, namely instrumental support. Instrumental support has significant relationship to the interest of the FAC in the use of MKJP.

The results of this study can later be used as a basis for policy making related to increase the number of MKJP acceptors through the development of supporting instruments. In addition, it can also be used as a baseline for similar research, particularly in relation to the model and type of instrumental support development for FACs in deciding to choose the right and suitable MKJP.

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The Role of Health Workers and Community Leaders to Prevent Dengue Hemorrhagic Fever In Magetan, East Java

Dimas Abdullah Marha Putra[1)], Mohammad Zainal Fattah [2,3)], Winarko[4)]

[1] Epidemiological Control and Surveillance, Surabaya Class 1 Port Health Office, Sidoarjo, Indonesia
[2] Indonesian Society on Health Promotion and Education, Indonesia
[3] Department of Health Promotion and Behaviour Science, Faculty of Public Health, Universitas Airlangga, Surabaya, Indonesia
[4] Health Polytechnic, Ministry of Health, Surabaya, Indonesia
Email: dimas.abdullah.marha-2017@fkm.unair.ac.id

ABSTRACT

Background: *Dengue hemorrhagic fever (DHF) is still one of the major public health problems in Indonesia. With the increasing mobility and population density, the number of people and vast distribution area are increasing. Village of Tawanganom is one endemic region, for three consecutive years, there is an incidence of dengue. The incidence of dengue can be influenced by several aspects, including vectors, climate change, environment, mobility of people, and people's behavior. The participation of health workers and community leaders become important related behavior. These include the role of motivation, coordination, policy implementation, as well as healthy behaviors.* ***Objective:*** *This study aimed to determine the role of health workers and community leaders in response to the incidence of dengue in the Village Tawanganom.* ***Methods:*** *This research was qualitative study by phenomenological approach. Data was colected by in-depth interviews. The number of informants were 13 peoples. Consisting of health professionals that the holder of dengue program, Health Promotor, and village midwives, community leaders the Head of the village, RW, as well as health cadres.* ***Results:*** *The motivation of public figures came from the concern over them because of the many cases of DHF and personal experiences of informants and families. Health workers motivate people to do counseling, which was supported because of responsibility as health professionals. Coordination has been made with the relevant sectors. Reporting cases of executed massively and focused. Implementation of policies in the prevention of dengue fever has been carried out based dengue prevention program Magetan District Health Office. Healthy behavior is shown with dengue prevention measures such as 3M Plus, giving abate powder in the bathroom, as well as maintaining the cleanliness of the home environment.* ***Conclusion:*** *The motivation to do a public figure driven intrinsic motivation of the individuals themselves, while medical personnel with extrinsic motivation based on the responsibility as health workers to encourage people to do the prevention of dengue. Coordination has been carried out massively and regularly within the scope of cross-fertilization. Implementation of policies based on the program of the Health Service Magetan. Healthy behavior implemented preventive and promotive measures.*

Keywords: *Community Leaders, Dengue Hemorrhagic Fever, Health Workers*

INTRODUCTION

Dengue hemorrhagic fever (DHF) still becomes the public health problem in Indonesia. Dengue is a disease caused by dengue virus that can be transmitted by the mosquito Aedes aegypti and Aedes Albopictus (Monintja, 2015). Cases of dengue fever in Indonesia was discovered for the first time in 1968 in Surabaya and Jakarta. Until today, the case of dengue fever experiences fluctuation that tends to increase. In 2011, as many as 65,725 cases, 90,245 cases in 2012, 112,511 cases in 2013, 100,347 cases in 2014, 129,650 cases in 2015, 204,171 cases in 2016, 59,047 cases in 2017, and 65,602 cases in 2018 (Indonesian Ministry of Health, 2018). Recorded up to February 3rd, 2019, there were as many as 16,692 DHF patients and 169 patients were pronounced dead. Based on these data, East Java was ranked first in cases of

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dengue (Indonesian Ministry of Health, 2019).

Magetan is the district with the highest number of CFR third with a percentage of 4.0% similar to the Bojonegoro, with targets in East Java CFR <1% (East Java Province, 2018). Data from the Magetan Primary Healthcare or *Puskesmas* Magetan showed the incidence of DHF in Magetan occurred from 2013 to 2017 (Magetan District Health Office, 2018). DHF incidence factors included host factors, environment, and agent.The factors causing DHF are geographical conditions and the demographic. The geographical conditions are including weather and climate, drainase basin. while the demographics conditions are including population density, mobility, people's behavior, and also socioeconomic population (Purwaningrum, Widyanto and Widiyanto, 2016). DHF does not only affect the infected individual clinically but also affect socio-economic condition of the society. Therefore, the prevention cannot only be handled by the health sector, but also requires an active role from the society, across sectors, local governments, especially at the district/city level (Tairas and Posangi, 2015).

It is expected that the health workers as the 'extension' of the government, can prevent DHF incidence in the society. Health workers have a role in improving and managing health. In accordance with research by Pitriani which stated that there is a relationship between the role of health workers and the use of the Intrauterine Device (IUD) (Pitriani, 2015). The role of health workers is important in the prevention of dengue fever, according to research by Chasanah, that the role of health workers can affect maternal mortality. Also, health workers have a role in the mobilization of cadres (Chasanah, 2015). The role of health workers on DHF is to motivate behavioral change (Widiyaning, Syamsulhuda and Widjanarko, 2018).

Furthermore, cadres have a role in the success of society mobilization, because the presence of cadres in society is better known in the environment. Cadres are a part of society leaders. Society leaders also play a role in success in handling the incidence of DHF, since they have the power to awaken and guide the society to carry out DHF prevention activities. Along with research on the success of the Routine Larva Monitoring or *Pemantau Jentik Rutin* (PJR) in increasing the Larva Free Number or *Angka Bebas Jentik* (ABJ), one that has a relationship is support from the head of local society (*ketua RT*) so that it can improve the performance of PJR (Utami, Nugraha and Husodo, 2018). Society leaders in this study were head of urban village or *ketua RW*, *ketua RT*, and the health cadres.

The role of health workers and community leaders will have an impact on changes in community behavior in DHF prevention. The participation of health workers and community leaders can be demonstrated by motivation, coordination and policy implementation.

Motivation is an effort that can encourage someone to take the desired action, including by giving direct encouragement to the society to take more personal actions to prevent dengue. In addition, it can also provide an appeal to the society to check the existence of larvae in bathtubs, water reservoirs, and standing water in the home environment (Yusuf, 2014). Coordination as a unification of each part and harmonizes business or activities along with their operations so that they can make the maximum contribution to the success of cooperative efforts, coordination activities that can be carried out include holding meetings to discuss DHF prevention plans. Policies can be derived from an actor or group of actors that includes a series of programs/activities/actions with the specific purpose (Ramdhani and Ramdhani, 2017), with the policy of the authorities in this regard, are stakeholders (local mayor or *kepala desa*, *ketua RW*, and *ketua RT*) it will encourage people to take preventive measures and control of dengue.

Tawanganom village is one of the villages in Magetan from the total 14 villages. There is always dengue incidence recorded annually in Tawanganom. Starting from the year 2012 with only 1 case, 3 cases in 2013, 1 case in 2014, 2 cases in 2015, 4 cases in 2016, 2 cases in 2017. It showed that Tawanganom is a dengue-endemic area.

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The participation of health workers and society leaders in dengue incidence mitigation needs assessment. Therefore, there should be a study to determine how the role of health workers and society leaders in the response to dengue incidence in Tawanganom village, Magetan.

METHOD

This reasearch was qualitatif study with phenomenology approach. The location in Tawanganom, Magetan East Java same as researcher stayed so the informations can collect comprehensively. Data collection and analysis by researcher. Data collect by in-depth interviews with the total of 13 informants. The analysis using contain analysis. The study was conducted from March to November and data collection was done in November.

In-depth interview for health care workers and society leaders conducted by the researchers in the form of open-ended questions consisted of 13 questions related to the role of health workers and community leaders in dengue prevention activities in Tawanganom. Within one month, the interviews were conducted approximately 30 to 45 minutes per respondent.

Informants in this study were health workers and workers responsible for the health promotion dengue program at the puskesmas and the Health Department Candirejo Magetan, Tawanganom village midwives, and society leaders in Tawanganom, Magetan. Comprised of society leaders such as *ketua RW, ketua RT*, as well as health workers, because they have the authority and have responsibility to people in their environment.

Primary and secondary data were collected. Primary data collection was carried out by researchers using in-depth interviews with all informants assisted by interview guides and recording devices to make it easier for researchers to collect data, and secondary data was obtained from documentation studies in the form of data records contained in related institutions. After the data was collected, data analysis was carried out including data reduction, data presentation, drawing conclusions, and verification. The validity of the data in this study used the source triangulation method, namely by comparing and checking the degree of confidence of information obtained through different time and tools. The data obtained from in-depth interviews with each informant will be compared with the key informants.

RESULT AND DISCUSSION

Motivation in DHF Prevention

Starting from the concerns of several informants from each individual, they agreed that DHF is a dangerous and deadly disease. Therefore, they started to be vigorous and not discouraged in inviting and controlling DHF. Starting from inviting individually to groups. Personally and communally. The following are some of the results of in-depth interviews with informants:

> *"Concern* mas *(bro), although not from our families. We'll usually when our citizens, we visit the hospital to his home. Usually suggest what to eat, how to overcome DB let not hit again."* (Informant 7, society leader, 32 years old)

> *"Yes, from that I am also concerned about the carp if there are one or two of our citizens affected by the outbreak. I advocate for mosquito eradication, if any tin cans, or places the puddle, we'll need to drain, or flipping the goods."* (Informant 8, society leader, 44 years old)

But there was another informant who is engaged under the direction of superiors. If there was new command, they would execute it. As for dengue prevention activities were done according to the situation, only when there was a new move of their case.

> *"...I guess for the people, it is always welcome the movement of the local government or of the health office in which to implement the prevention program, it only supports its citizens."* (Informant 9, society leader, 57 years old)

Most informants in this study, especially society leaders to motivate citizens when routine gathering activities in the environment, such as gathering RT, RW social gathering, Empowerment Family

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Welfare or *Pemberdayaan Kesejahteraan Keluarga* (PKK), even when to help in one of the residents who have special events (*rewang*). There were indeed using an arbitrary to make the lines of the dengue prevention activities to the people. The appeal to their people could directly carry out the dengue prevention activities in their environment. Based on some of the informants was an appeal is always carried out by the people, especially when closely rainy season.

> *"...yes, when meeting, the first in RW, both at RT, so when we walk mas, met there to chat. Mas ya lah chat anyway, so just continue to let go in later let them be concerned. Occasionally fitting condolence, we talk pass so, yes we gave inputs related to dengue prevention activities.* Rewang-rewang *time so we yes provide input so to them ... usually me when fitting gathering RW mas remind mothers especially when approaching the rainy season so, wes I do not feel sick marine mas ki lek jueh. "*(Informant 13, society leader, 49 years old)

> *"We make a circular letter to the PKK, to RT RW, to do service projects and keep the environment clean."* (Informant 5, society leader, 36 years old)

Health workers often provide motivation to do the prevention of dengue during PJR, giving counseling in the Posyandu and activities that are invited from the clinic or health department.

> *"Our role as health workers, we are also counseling in communities, in Posyandu about dengue. if counseling is often lo mas in fact, now there we usually also asked that people want to carry out activities of prevention and control of dengue mas. "* (Informant 1, the health worker, 49 years old)

Health workers do motivation based on external encouragement. The external encouragement is in the form of the main duties of health workers who are responsible for their work as health workers, so that it will encourage health workers to make calls and appeals to residents in handling the incidence of DHF.

Activities to motivate residents to carry out the prevention of DHF carried out by health workers and community leaders in Tawangnom village are invitations, appeals, and providing information related to DHF prevention.

Based on the research results, it was known that the motivation of society leaders originated from the concern of each individual. This sense of concern will trigger society leaders to encourage people to prevent dengue fever from occurring. According to Afrian, Widayati and Setyorini (2016), individual motivation is influenced by intrinsic and extrinsic factors, intrinsic factors originating from within the individual himself, including the sense of concern by community leaders in Tawanganom Village. However, not all informants, there are informants who carry out the prevention of DHF only if there are new directions to move.

In line with Aticeh, Maryanah and Sukamti (2015), which explains that individual motivation that can be active or function when there is external stimulation is called extrinsic motivation. Motivation of some informants who will only move if there is stimulation or encouragement from outside the individual can be called extrinsic motivation. Motivation carried out by health workers includes extension activities. Health workers invite and at the same time encourage the community to be able and willing to carry out DHF prevention activities, so that the incidence of DHF is reduced and there is no more DHF incident.

There is an important potential to be developed to be meaningful for improving the health of yourself and the environment. The health worker can motivate people associated with the prevention of dengue with a group approach in extension activities. Health workers moved to invite and encourage the society in the prevention of dengue fever which came from the outside base on responsibility as health professionals. This is borne out in the opinions expressed by Aticeh, Maryanah and Sukamti (2015) that motivation comes from outside the individual called extrinsic motivation.

Activities to motivate citizens by health workers and society leaders in the Tawanganom village with solicitation, appeal, and the provision of information related to the prevention of dengue. The motivation activities, the role of health

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workers and community leaders in the form of manpower and expertise. This is by following under proposed by Prasetyowati (2015) that form of participation in mind, energy thought and effort, expertise, goods, and money.

Individual motivation should come from within yourself so that when the self has high motivation will have an impact on the increase in the incidence of dengue prevention activities to the public. A High impulse that comes from within the individual will lead a person to act more than others, giving its spirit so that someone who is affected/encouraged in doing countermeasures incidence of dengue will be more motivated to countermeasures.

Coordination in DHF Prevention

Coordination activities in DHF prevention in Tawanganom village were carried out across sectors, from the health, security sector, village/sub-district government officials, local governments, and society leaders. Coordination activities were administered to overcome the dengue fever incidence in the village environment, the implementation of coordination is carried out by society leaders along with the Tawanganom government apparatus, *Puskesmas* Candirejo, and Magetan District Health Office. This coordination is often carried out during the reporting of dengue cases in the Tawanganom village. In addition, usually health workers as human resources in holding cross-sector meetings, provide information related to DHF prevention.

> *"Across sectors in here are really good, the Districts, and* Koramil *too. Forkompinca (*Polsek, Koramil, KUA, Dindik, kb, village*) was nice, Sir. (Like* Babinsa*)."* (Informant 1, the health worker, 49 years old)

> *"Yes, actually we often yes gathering of cross-sector, especially across religious, huh community leaders. Often we have put together, usually right when the village religious leaders were certainly heard. It truly often ... In addition to religious leaders, we (DHO) also exist with education (schools), Village, itself* mas *health centers for the prevention of dengue. "* (Informant 3, healthcare workers, 54 years)

> *"If there are positive dengue, we received a report on the lab results right photo, we now report to bu *** (village midwife), continued later reported to the clinic. Later Puskesmas will follow. Coordination is done only by health centers and health departments, we are from villages generally assisted by a pack of RT and RW officials of the block. "* (The informant 6, leaders of the community, 35 years)

Health agencies (Health Office or *Dinas Kesehatan* and *Puskesmas*) often carry out coordination activities in the prevention of dengue fever by holding meetings with related agencies. This has the aim of building cross-sector communication in order to carry out prevention activities, the results of the meeting will be an appeal to the community through society leaders. Therefore, there is good coordination between the society, society leaders, health workers and related agencies to carry out DHF prevention. If a DHF case is found, coordination is established between the society and society leaders, which will then be followed up by the relevant agencies to take action related to DHF cases.

The reporting process for case findings is carried out from the society to the *Puskesmas* and the Health Office. If there is an incident in the society that proves positive for DHF, a society figure will be recorded who will then report it to health workers or to village/residence officials. After that the health worker or village/residence apparatus will provide a report to the *Puskesmas*. Furthermore, the *Puskesmas* will conduct an Epidemiological Investigation (EI) to confirm cases as well as carry out surveys before follow-up is carried out. From the EI results it will be known whether fogging is necessary or not. If the spread of cases is found, fogging will be carried out which will then be followed up by the Health Office. If there is no spread of cases, then counseling and Mosquito Nest Eradication or *Pemberantasan Sarang Nyamuk* (PSN) movements are carried out simultaneously.

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Coordination is carried out by the health, security sector, village/residence government officials, local governments, and community leaders. This activity took the form of a meeting to discuss the prevention of DHF. Furthermore, the results of the meeting will be conveyed to the people through society leaders. When there is a DHF case, coordination is carried out quickly and swiftly from society leaders to health workers and then forwarded to the *Puskesmas* Candirejo and the Magetan District Health Office for follow-up on the DHF case. This is in line with the objectives of coordination by Siyam and Cahyati (2019) namely: realizing Coordination, Integration, Synchronization, and Simplication (CISS) so that goals are achieved effectively and efficiently. In addition, it can solve the conflicts of interest of various related parties.

The process of reporting dengue cases is carried out massively and with direction. Starting from the society to *Puskesmas* Candirejo and the Health Office. Starting from the society affected by DHF, then society leaders (health cadres) will report to the village or residential midwife and apparatus. Furthermore, *Puskesmas* Candirejo will follow up to conduct EI (Epidemiological Investigation). From the EI results, it will be known what follow-up should be done, fogging or not. Fogging will be carried out by the Magetan District Health Office. This coordination activity is in accordance with the objectives of coordination by Siyam and Cahyati (2019) which states that coordination can be demonstrated by making regular efforts to provide the right amount and time and direct implementation to produce a united and harmonious action on predetermined targets. Where the action is a result of IE with the target society. The existence of good coordination activities is expected to reduce the incidence of dengue fever in Tawanganom village .

Implementation of DHF prevention policy

The incidence of dengue control programs by Kasie P2 Magetan District Health Office are as follows; Counseling, Fogging, PSN, 3M Plus, Formation 1 house 1 *Jumantik* (larva monitoring family), Division of larvicides (abate), Promotion with radio, installation of billboards for 30 points in the district, on the prevention of dengue, 1 hour in 1 week to eradicate dengue (with voluntary work movement of people).

The activity is an effort in DHF incidence in the region prevention (Magetan). In line with this, Tawanganom village has undertaken many activities to carry out DHF prevention programs by *Puskesmas* Magetan. Incidence of dengue prevention activities carried out in the Tawanganom village including PSN, volunteering, the establishment of a house one *Jumantik*, abate distribution, and fogging

The fifth of these activities has been implemented in Tawanganom as efforts in DHF prevention. However, in reality, people still rely on fogging, whereas it is not effective for the prevention of dengue fever because it only kills adult mosquitoes and does not kill the larvae (*uget*-uget) located in the neighborhood. Furthermore, it also harms health, because fogging uses chemicals that can damage the respiratory system in humans. Reporting from in-depth interviews following results:

> *"…PSN movement executed simultaneously, voluntary work synchronously and simultaneously PSN also aided by the Army, of Babinsa help. Then there are activities, the establishment of village cadres in the village Jumantik. Wamantik in schools, but not all schools to implement. "* (Informant 1, the health worker, 49 years)

> *"Which is not done in other districts, namely, the establishment of one house one Jumantika. That is if you look at the other districts ga ... What is clear is that the countermeasures that no fogging, but fogging were merely limiting the transmission. The society wants the case asked him directly if there is fog. Besides there is a mass larvasidasi mas, if Tawanganom must understand mas, including the PSN, there will also usually mas voluntary work. Yes, it depends on the rural/ urban village mas for the implementation of the work of the office."* (Informant 3, healthcare workers, 54 years)

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Concurrently, efforts in the prevention of dengue fever are also intensively conducted by health workers through outreach activities. It has a purpose that people want to implement prevention activities incidence of dengue in the neighborhood. Outreach activities conducted by the health worker routine, when Posyandu, Posbindu, as well as associations RW in the village. Implementation of counseling conducted twice a year.

> *"...What is clear so unremitting we do outreach in the community about how to prevent and prevention DBD itself..."* (Informant 3, healthcare workers, 54 years)

> *"Before the rainy season is from the P2 and Promkes was doing a talk show on the radio, and then replace the whole Baliho (media promotion) in Magetan with countermeasures incidence of dengue, then we instruct to my friends in the clinic to do counseling, monitoring, or directly carrying out voluntary work."* (Informant 4, health workers, 52 years)

> *"We're there, if during this yes. Extension is already, in the community and cadres and prominent citizens "*(Informant 1, the health worker, 49 years)

Incidence of dengue prevention program implemented in Tawanganom is PSN, the formation of one house one Jumantik, voluntary work, abate distribution, and fogging. PSN is the Mosquito eradication nest, activity by examining mosquito larvae in the tub, water reservoirs, as well as a pool of water in the home environment. Furthermore, the establishment of a home of the Jumantik has the same activity with the PSN, but these activities are controlled by the larva monitoring in one house there is one larva monitoring. This is by following under the method that causes dengue vector control by Indonesian Ministry of Health on points Mosquito Nest Eradication/PSN-DBD, Dengue vector prevention most efficient and effective way is to break the chain of transmission through mosquito eradication . Its implementation in the society is done through the efforts of PSN-DBD in the form of activity 3M Plus. Drain the tub, toilet shut the household water tanks (jars, drums, etc.), bury or destroy secondhand goods (cans, tires, etc.). The depletion of water reservoirs needs to be done regularly at least once a week so that mosquitoes cannot breed in that place. The community must doing Plus 3M's activities conducted simultaneously, continuous, and sustainable by not only Jumantik, but also whole community.

People's voluntary work is done by cleaning and re-arrange the environment so that there is no place for mosquito breeding. This is by following under the method causes dengue vector control by Indonesian Ministry of Health on environmental management points, which says that a physical environment such as the type of settlement, water supply infrastructure, vegetation and season affects the habitat of dengue vector breeding and growth. Aedes aegypti mosquito as the settlement has the main habitat in artificial containers are located in residential areas. Environmental management is the management of the environment that is not conducive habitat for breeding or known as source reduction as efforts 3M plus (drain, close, and take advantage of used goods, plus: spraying, keep the fish predators, sowing larvicides, etc.) and inhibit the growth of vector (maintaining the cleanliness of the home environment) (Indonesian Ministry of Health, 2017).

The distribution of abate and fogging is an activity to overcome dengue fever using chemical methods. The Ministry of Health explained that the chemical method of handling dengue fever is carried out using insecticides. This method is one of the control methods that are more popular in the community than other control methods. The target for this insecticide is at adult and pre-adult stage vectors because insecticides are poisonous, so their use must first consider the impact that will be on the environment and organisms. The determination of the type of insecticide, dosage, and method of application is an important requirement to understand in vector control policies. Repeated application of insecticides in ecosystem units will cause resistance to target insects. Chemical insecticides for DHF control are; Target adult mosquitoes:

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Organophospate (Malation, methyl pirimiphos), Pyrethroid (Cypermethrine, lamda-cyhalotrine, cyflutrine, applied by means of fogging and cold mist or Ultra-low Volume (ULV). Target pre-adult mosquitoes (larvae): Organophospat (Temephos) (Indonesian Ministry of Health, 2017).

Healthy Behavior in DHF Prevention

Healthy behavior carried out by health workers and community leaders is an implementation of the DHF program in Magetan in general, especially in Tawanganom village. These behaviors include 3M, draining the bath, giving abate powder obtained from the health center, maintaining the cleanliness of the home environment, and participating in routine society service activities with residents in their environment.

> *"If my attitude ya* mas*, related to dengue. I do not want to carp, family, I am personally affected by dengue. kan it also can lead to death if ya mas dengue. which I warned that create a home that always maintains the cleanliness, check puddle missed like a bird drinking water, which is what it's gallon container mas, where it lo, dispensers, dispenser yes sir. Also continues to drain the tub larva let me not exist."* (Informant 1, the health worker, 49 years old)

> *"Yes, if I still sir, usually always cleaning my home environment, yes because then I would also mothers ya mas sure that clean so yes already common. Continues besides, I gave abate in my bathtub mas that I can from the clinic. "*(Informant 2, health worker, 32 years old)

> *"With the dengue much in the neighborhood, I was so wary carp. Yes checking larvae in the shower /toilet, in puddle water like in the dispenser, the back of the refrigerator, keep ya when fitting the rainy season there is a puddle so yes I throw it near my house if ya mas. 3M was mas I did. Kan I also always recommend to people to keep the home environment, my future did not implement sir? (Chuckle) laugh. "*(The informant 6, society leader, 35 years old)

> *"If I was ya* mas*, certainly I was checking in my bathtub, puddles like bird feed, dispenser, sometimes also in a vase, burying garbage, shut water reservoirs, yes 3M mas, continued also I always join voluntary work in the neighborhood sir. "* (Informants 7, society leader, 32 years old)

There were several informants whom already been affected by dengue, both informant and their family. They are more concerned about healthy behaviors so that they will not be affected by DHF again. The concern is to check up when the heat for three days or more. Treatment of the DHF can be overcome and avoid delays.

> *"For the DBD itself, I was already 12 times lo mas DHF, during my life. Yes don't know sir, from there I like already know just the signs of dengue-like. So yes I have to do so is not exposed again, if you've got a few days so yes most guns three days I've immediately see, whether I also applied to children or relatives of my wife. Because yes I've memorized it mas. Hahahaha (laugh)."* (Informant 5, society leader, 36 years old)

> *"Because of my children who already had experienced DHF ya mas, my misgivings again mas. If we've heat for more than 3 days so I checked into the lab, the hospital let me know whether it was dengue or not. Additionally yes I often bring to citizens, if there are children or relatives to heat more than 3 days I suggest to immediately be brought to the clinic, to check the lab."* (Informant 8, society leader, 44 years old)

Healthy behaviors performed by health workers and community leaders in Tawanganom village aimed to control DHF incidence. Most informants have done a healthy behavior by preventing dengue such as 3M Plus and giving abate. A small part has realized the importance of early awareness against DHD because of personal experience, so they could take

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early treatment if exposed to dengue. They could also be immediately detected and handled by the health workers. They hoped to survive and recovered from DHF.

The healthy behavior of health workers and society leaders in Tawanganom village is their awareness of the dangers of DHF due to personal experience of both themselves and family members, so they are more alert if symptoms that lead to DHF occur. In addition, healthy behavior is demonstrated by dengue prevention activities such as 3M Plus, providing abate powder in the bathroom, and maintaining the cleanliness of the home environment. The efforts that have been made, will not be infected by dengue and reduce cases of dengue incidence in Tawanganom village. This is in line with Notoatmodjo (2012) which defines healthy behavior as behavior related to efforts to prevent or avoid disease and prevent or avoid the causes of disease or health problems (preventive), as well as behavior in seeking, maintaining and improving health (promotive).

CONCLUSION

The role of health worker and community leader has been supported to prevent HDF. They have strong motivation and good awareness. The motivation carried out by health workers and community leaders in handling DHF in Tawanganom village came from within the individual and from outside. The coordination of stakeholder has been carried out across sectors, starting from the health, security sector, village/residential government officials, local governments, and society leaders. They have regulary meeting to to discuss the prevention of DHF in Tawanganom village.The implementation of policies in DHF prevention in Tawanganom village has been implemented such as PSN activities, the establishment of one house for one jumantik, voluntary service work, and distribution of abate, and fogging.

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How is Mothers' Characteristics of Toddlers Below the Red Line?

Nurshe Aliviolla Azmi[1)], Malik Afif[2)]

[1] Department of Health Promotion and Behavior Science, Faculty of Public Health, Universitas Airlangga, Surabaya, Indonesia
[2] East Java Provincial Health Office, Surabaya, Indonesia
Email: nurshe.aliviolla.azmi-2017@fkm.unair.ac.id

ABSTRACT

***Background**: Below the Red Line is the main cause of death among children <5 years old. Indonesia is one of the countries that still have some nutritional problems such as malnutrition, short nutrition and over nutrition, leading to 54% of deaths among children under five years old. Toddlers aged 12-59 months in Surabaya are still suffering from malnutrition despite receiving health services from the puskesmas. That is caused by several factors influencing the mother's role in taking care of her children. **Objective**: This study aimed to describe the mother's characteristic of the Red Line incidence among children. **Methods**: The population in this study were 691 toddlers aged 12-24 months with 31 toddlers in Below the Red Line category in Puskesmas Wonokusumo, Surabaya. The sample was taken using a simple random sampling method. Data analysis was conducted using descriptive analysis with percentage and frequency distribution techniques. **Results: The** data showed that 69.8% of the mothers aged 21-30 years are classified in the healthy reproductive period. As many as 81.1% of them are unemployed, 49.1% graduated from elementary school, and 52.8% have adequate knowledge. **Conclusion**: Mothers' participation to Integrated Healthcare Center or* Pos Pelayanan Terpadu (*Posyandu*) *to rose their knowledge about nutritional status. Mothers will get information delivered by cadres and health workers through the counseling desk at Posyandu.*

***Keyword**: Below the Red Line, Factors, Malnutrition, Nutrition Interventions*

INTRODUCTION

Below the Red Line (BRL) is a condition of children under-five years old who experience growth disorders due to malnutrition which indicated by underweighed on <5 years old children, which is the sign of Below the Red Line on *Kartu Menuju Sehat* (KMS), poor nutritional status (BW/A<-3 SD), and the presence of clinical signs.

Kartu Menuju Sehat (KMS) is a card that contains a growth curve for children <5 years old based on the anthropometric index of Body Weight by Age (BW/A) which functions as a tool to monitor the health and growth of children <5 years old. *Kartu Menuju Sehat* (KMS) can indicate the nutritional status of children <5 years old. Toddlers in the green area/color shows adequate nutrition, while the yellow color shows malnutrition status, and below the Red Line indicates the poor nutritional status (Indonesian Ministry of Health, 2010).

Nutritional status of children <5 years old can determine the quality of public health since they are considered as the next generation who should be nurtured in order to continue the nation's development. Nutrition problems for children <5 years old in Indonesia at this time are having growth problem with weight Below the Red Line. As many as 54% of children <5 years old deaths were caused by Below the Red Line which also the main cause of infant mortality in the world. Among children under the Red Line are classified into a state of severe malnutrition caused by low consumption of energy and protein from daily food and occurs in a long time (Novitasari, Destriatania and Febry, 2016).

The poor nutritional status in toddlers will affect their future where malnutrition is the leading problem. It will not only have short-term effects such as the infants' vulnerability to infectious diseases, low survival ability, low IQ, low cognitive abilities and also deaths for the

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long-term effect (Rahma and Nadhiroh, 2016).

The number of health targets for children <5 years old in 2018 in Indonesia was very large at around 19,270,715 or 7.5% of the total population (Indonesian Ministry of Health, 2018). Therefore, the quality of growth and development of toddlers in Indonesia needs serious attention. Getting good nutrition, adequate stimulation and affordable quality health services including early detection and intervention of growth and development disorders. The toddler period is a critical period and cannot be repeated, the golden period for the survival of the child's growth and development, if there is a disorder in growth and development that is not detected, it may become untreated and difficult to cure (Larasati, 2019).

Indonesia is one of the countries that still has several nutritional problems such as poor nutrition, malnutrition, short nutrition, and over nutrition. Based on *Riset Kesehatan Dasar* (2018) the prevalence of malnutrition problems among children aged 0-59 months according to the BW/A index in 2013 was 19.6%, decreased to be 17.7% in 2018. It showed that the prevalence were high, exceeding the target of National Medium Term Development Plan/*Rencana Pembangunan Jangka Menengah Nasional* (RPJMN) which was 17% (RISKESDAS, 2018).

The results of *Riset Kesehatan Dasar* East Java data observing in 2013 showed that the prevalence of malnutrition children aged 0-59 months were 4.9%, and the prevalence of malnutrition children in 2018 were 3.35% (Indonesian Ministry of Health, 2018). In East Java, there are still many toddlers experiencing malnutrition.

On the other hand, according to Surabaya City Health Office information in 2015, the percentage of children <5 years old Below the Red Line were 0.7%, increased to 0.76% in 2016 (Surabaya City Health Office, 2016a). However, in 2017, the prevalence of toddlers Below the Red Line decreased in small number by 0.64% (Surabaya City Health Office, 2017). Based on data from the Surabaya City Health Office, the status of Below Red Line of children <5 years old in *Pos Pelayanan Terpadu* or Integrated Healthcare Center (*Posyandu*) throughout Surabaya in 2017 was 0.66% with a total of 1,193 children out of 179,662. Even though in Surabaya the case of malnutrition has decreased, malnutrition problem is not completely gone and it needs to be considered to prevent malnutrition in Surabaya from increasing because in Surabaya there are still mothers who lack knowledge about nutrition which affect the intake given to their children.

The number of children Below the Red Line (BRL) in Puskesmas Wonokusumo in 2017 were 2.07%. The high number of children <5 years old Below the Red Line in Surabaya, especially in Puskesmas Wonokusmo is exceeding the target of malnutrition prevalence <1% (Surabaya City Health Office, 2016b). This happened due to several factors. There are still toddlers with malnutrition in Surabaya which can influence development in Indonesia as the result of incapability to improve the quality of human resources' life.

Surabaya City Health Office has made several malnutrition treatment programs to reduce malnutrition problems in Surabaya such as supplementary feeding or *Pemberian Makanan Tambahan* (PMT), counseling, and home visits (Surabaya City Health Office, 2017). Almost all of Puskesmas in Surabaya provide health services for children <5 years old Below the Red Line. There are still high case from malnutrition although they are receiving health services. Especially in the area of Puskesmas Wonokusumo where there were 80 infants (1.93%) Below the Red Line whom still exceed the target of the Strategic Plan by <1%. This study aimed to determine the description of Below the Red Line incidence in children <5 years old in Puskesmas Wonokusumo, Semampir (district), Surabaya.

METHOD

This research was a descriptive study. The population in this study were 691 toddlers aged 12-24 months and 31 Below the Red Line toddlers. This study used Simple Random Sampling with total sample were 53 toddlers aged 12-24 months. 38 toddlers were in good nutrition, 5 toddlers were in short nutrition (yellow line), and 10 toddlers are poor nutrition (red line).

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The research setting was on Puskesmas Wonokusumo Surabaya and the scheduled research was on August 2019 to October 2019. The data collection technique used primary data obtained by direct interviews to the toddlers' mothers. Interview was conducted by visiting the mothers' residence and using questionnaire media. Secondary data was obtained from the Puskesmas Wonokusumo data and KMS toddlers in the *Posyandu* Wonokusumo, Semampir. Data analysis used descriptive analysis with percentage and frequency distribution techniques. Variabels was age, occupation, education and knowledge about nutritional status of toolders.

RESULT AND DISCUSSION

Description of Mothers' Age Towards Below the Red Line Incidence

According to the results of previous research, the characteristics of mothers of toddlers aged 12-24 months consist of age, education, occupation and family income were grouped into normal and abnormal nutritional status. Based on age, 48.9% mothers of toddlers <5 years old were 26-35 years old. If they were grouped according to the nutritional status of toddlers aged 12-24 months, mothers who are <35 years old had more toddlers with normal nutritional status (80.8%).

Mother's age is one of the factors that can indirectly affect nutritional status in infants among the other factors. This study showed that the mothers were relatively young (<35 years) that they did not have sufficient knowledge yet about nutrition during pregnancy and postpartum (Puspasari and Andriani, 2017).

According to the other research results, based on respondents' age characteristics, it was found that as many as 32 mothers were in vulnerable age group (15-20 years old). Knowledge is influenced by age, experience, and education. The more matured a person's age is, the more that person will have matured way of thinking (Rahmatillah, 2018). Mother's age is one of the indirect factors, and being classified as young, means the mother still lacks knowledge about good nutrition for their children, so that children become vulnerable to malnutrition.

Table 1. Distribution of Respondents' characteristics in Puskesmas Wonokusumo, Surabaya

Characteristics	n	%
Age (Years)		
21-30	37	69.8
31-40	15	28.3
>40	1	1.9
Occupation		
Employed	10	18.9
Unemployed	43	81.1
Education		
No education	1	1.9
Elementary School	26	49.1
Junior High School	12	22.6
Senior High School	12	22.6
College	3	3.8
Knowledge		
Good (76-100%)	22	41.5
Adequate (56-75%)	28	52.8
Insufficient (<56%)	3	5.7
Total	53	100

Description of Mothers' Occupation towards Below the Red Line Incidence

Based on the research, 18.9% of employed mothers, 13.2% of them were having toddlers Below the Red Line while 5.6% were in good nutrition status. The mothers' employment status affected the lack of parenting and supervision towards their children. According to the interview results, one of the respondents was actively working mother and she admitted that she did not visit *Posyandu* routinely so that she had minimum information about Below the Red Line.

In Wonokusumo, there were as many as 13.2% of toddlers Below the Red Line with employed mothers. This situation happened because the mothers need steady income to fulfil family needs, including food to provide proper nutritions for the whole family. However, this situation had reduced the mothers' time to take care of their children such as preparing for food and nurturing the children.

According to the results of previous research regarding the mothers' occupational status, it was classified into unemployed, employed, entrepreneurs, farmers/fishermen/laborers, and others in this study. Based on the mothers' occupation, 82.9% of the mothers were unemployed. 55.3% toddlers aged 12-24 months showed normal status with unemployed mothers' classification. It showed that there is no significant

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relationship between mother's occupational status and the toddlers' nutritional status. The mothers' occupational status was not related to the children's nutritional status (BW/A) since if most of them did not work then they could not fulfil their family needs. Mothers' occupation could be influenced by their level of education. The higher the level of education was, the higher chance of getting better job (Puspasari and Andriani, 2017).

This study is in line with the results of research done in 2016, which revealed that 62 respondents showed no significant relationship between mothers' occupation with the children's nutritional status. Mothers who were working tend to lose time to give better food intake for their toddlers and affected the toddlers' nutritional status. Mothers who worked had more underweight nutritional status than mothers did not (Rozali, Subagyo and Widhiyastuti, 2016).

The biggest negative impact for working mothers or having outside routine activites was neglecting their children. The children's development is influenced by parenting and nutritional conditions until 5 years old since the stages are important for their growth. At that age, children cannot provide their own needs and only depend on their mothers or caregivers (Nurul Budi Lestari1, 2016).

The results of this study was in line with the results study in India which showed that even though malnourished children had more employed mothers than unemployed ones (15% v/s 12.17%) but in the proportion of children's nutrition to mothers occupation status was found to be insignificant (Notoatmodjo, 2010). So that the mother works to influence the nutritional status of her child, because toddlers under 5 years old are golden periods that affect their growth and that period is a critical period and cannot be repeated, and the mother's role is very important for parenting that influences her child's growth and development.

Description of Mothers' Education towards Below the Red Line Incidence

Based on the data, 49.1% of the mothers of children Below the Red Line had elementary school education and 61.5% mothers who graduated from elementary school had good nutritional status. It can be concluded that education level influences the way a person obtains information. Someone with a proper level of education will provide good care for their children.

Based on Puspasari's research in 2017, mothers' education means the last education finished by them. 42.5% of mothers with 12-24 months old toddlers had elementary/Islamic-based elementary schools as their last education. Among mothers who graduated from elementary school, as many as 25.5% had toddlers with normal nutritional status while 17.0% had abnormal nutritional status. The level of education plays an important role in public health. Parents with higher and more proper education tend to choose foods with balanced nutrition and make sure the children's nutritional needs are fulfilled (Puspasari and Andriani, 2017).

The result of study administered in 2016 revealed that mothers did not go to the *Posyandu* routinely might influenced by the low level of education related to their children's nutritions. As many as 67.9% of mothers had low education level. Lack of education would make it difficult for mothers to receive and understand the information especially in the importance of monitoring their toddlers growth through *Posyandu* visits. The low education level also affected the mothers' participation in *Posyandu*. Moreover, *Posyandu* is also the source of information and a place to increase knowledge for mothers of toddlers <5 years old (Novitasari, Destriatania and Febry, 2016).

The study is also in line with the results of other research in Surakarta. In this study, there is a relationship between mothers' education level and the nutritional status of children <5 years old. It is because the level of mothers' education will affect the attitudes and mindset of mothers in giving attention to food intake of toddlers starting from searching, obtaining, and receiving various information about nutrition toddlers' food intake so that it will affect food selection that determine the toddlers' nutritional status (Rozali, Subagyo and Widhiyastuti, 2016).

Other research in Nigeria suggested that mothers' education play a major role in determining the nutritional status of children. Most of the study results showed that the mothers' low education level was the main determining

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factor of malnutrition (Boma *et al.*, 2014). Therefore, the high education level affected the children's nutritional status related to receiving information, sorting needs of food in order to balance children's nutrition. However, the level of education was not sophisticated unless the mothers visit *Posyandu* routinely to obtain the latest information related to their children's nutritional status.

Description of Mothers' Knowledge towards Below the Red Line Incidence

Based on the data, 35.7% of the mothers of children with Below the Red Line had less knowledge compared to 64.2% of those with less knowledge having children with good nutritional status. According to those results, it is known that mothers' knowledge about children's growth is one of the factors that can influence toddlers' nutritional status. Mothers who have sufficient knowledge were supposed to be able to monitor their children's growth. Mothers' nutritional knowledge can be influenced by age, education, knowledge, occupation and income.

It was easier to monitor children's growth for the mothers who had adequate knowledge about children's growth and if disorder is found, it can be prevented or treated immediately. This is in line with the results of the study that 86.7% mothers with adequate knowledge tend to have no children <5 years old Below the Red Line. Adequate or bad mother's knowledge is also influenced by the mothers' participation in *Posyandu* because mothers who go to the *Posyandu* routinely will get information delivered by cadres and health workers through the counseling desk at the *Posyandu* (Novitasari, Destriatania and Febry, 2016).

This study was also in line with other research in 2017. It was revealed that as many as 57.5% of mothers with knowledge about nutrition had toddlers with normal nutritional status while 2.1% of them had toddlers with abnormal nutritional status. Mothers' knowledge was correlated to the children's nutritional status (BW/A). Mothers' high level of knowledge on nutrition could affect toddlers' diet and nutritional status (Puspasari and Andriani, 2017).

This study was different from a research in Nokilalaki Public Health Center, which showed that the respondents' level of knowledge had no effect towards Below the Red Line incidence. It was because the mothers routinely brought their children to the *Posyandu* to get vaccines, therefore, the toddlers' immune level improved and not susceptible to disease as well as weighing regularly to see the development of a toddlers' weight in order to avoid the Below the Red Line incidence and often participated in health education, and had received nutritious food in the form of supplementary feeding (Purnama Sari, Laenggeng and Tasya, 2016).

Sophisticated mothers' knowledge about nutrition will make it easier to take care of their children, especially giving attention to children's food intake so that the nutritional status is good. While mothers with inadequate knowledge about nutrition can result in reduced ability to apply information in daily life which is one of the causes of nutritional disorders (Notoatmodjo, 2010). Therefore, it is important for mothers to get information in order to increase knowledge related to good nutritional status for their children, and can prevent their children from being in the red line or below the red line and become prone to experience malnutrition.

Intervention of Children Below the Red Line

Indonesia experiences nutrition problems in children <5 five years old. In order to overcome this problem, the National Movement for the Acceleration of Nutrition Improvement was carried out in the first thousand days of life (1000 HPK) (Rosha *et al.*, 2016).

The cause of Below the Red Line is because many toddlers experience malnutrition and then become malnourished from the late treatment. The role of the mother is the main role for nutrition problems in children. The factors include relatively young age, mother's education, occupation and mothers' knowledge of nutritional status in parenting for their children. In Indonesia, both in preventing and overcoming malnutrition incidence is growth monitoring. This growth monitoring activity is aimed at preventing nutritional problems with regular weighing activities for children five years old at the *Posyandu*, but overcoming

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nutrition problems depends on active participation from the public and support from health workers for the importance of participating regularly at the *Posyandu*.

Mothers who are not actively visiting *Posyandu* have less of information about the importance of the nutritional status of children under-five years old. They also do not get support from health workers if their toddlers have health problems, as well as monitoring the growth which cannot be monitored optimally. (Fitriani, 2018).

The next intervention is the Supplementary Feeding Activity (SFA). This program is a food supplementation program to improve the nutritional status of malnourished children. SFA is given for children aged 6-11 months in the form of Complementary Food for Breastmilk /*Makanan Pendamping Air Susu Ibu* (MP-ASI) or blended food for children aged 1 (Purnama Sari, Laenggeng and Tasya, 2016).

Biscuits are given as much as 75 grams/day and milk powder as much as 80 grams/day to the 2-59 months old toddlers. Giving SFA must be considered based on the critical growth period of children (Inayah and Hartono, 2016).

The Nutrition Awareness Family Program/*Program Keluarga Sadar Gizi* (KADARZI) is also a program dealing with nutritional problems supported by the toddlers' family in practicing good nutritional behavior, such as weighing regularly, giving only breast milk to babies from birth to 6 months, eat a variety of foods, using iodized salt and nutritional supplement drinks as recommended (Rachmayanti, 2017).

According to research result in Wonokusumo village, Surabaya regarding the implementation of the KADARZI program, it has not been optimized since most of the families did not know and understand the program. Therefore, the role of health workers is needed to maximize home visits program to toddlers below the red line or have poor nutritional status to explain information related to KADARZI (Rachmayanti, 2017).

Various malnutrition prevention programs carried out by the government, often experience failure or the program will stop with the cessation of existing funds (Lisang, 2017). This happened because the planning and decision-making process in development programs is often carried out from the top down. Public development program plans are usually made at the central (top) level and implemented by provincial and district agencies. People or society are often included without being given choices and opportunities to provide input. In this vision, the public is placed in a position that needs outside help.

In overcoming the Below Red Line incident, the government is carrying out programs such as growth monitoring, supplementary feeding and KADARZI programs that have not been maximized due to the lack of education by health workers and the role of the public actively. Toddlers Below the Red Line services should be provided in an integrated and comprehensive manner in order to prevent recurring malnutrition and infectious diseases in children. As a promotional service in the form of food education and children's health. Preventive services in the form of notification of underweight children, education of diet, weighing, referral to health workers and supplementary feeding. And improvement of curative services (Laurentia *et al.*, 2016). Toddlers Below the Line services not only require the role of mothers and midwives, but the need for the support of doctors, specialist doctors for health education, then cadres and districts.

Indonesia is the 17th country from 117 countries that have complex nutrition problems, stunting, wasting and overwight. In order to overcome this nutritional problem in 2010 the United Nations launched the Scalling Up Nutrition (SUN) program, which was a joint effort by the government and the public to realize a vision of being free of food insecurity and malnutrition (zero hunger and malnutrition).

The program is also known as the First 1000 Days of Life (1000 DoL). Movement carried out by 61 countries in the world with the aim of eliminating various types of malnutrition. SUN is a global effort to strengthen commitments and action plans to accelerate nutrition improvement and also support the Sustainable Development Goals (SDGs) by protecting children's rights to obtain adequate nutrition (Rosha *et al.*, 2016).

Like in India, there is the ICDS (Integrated Child Development Services Scheme) program, which was established

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in 1975 since they ranked 5th the highest country in the world with malnourished toddlers compared to Africa. Almost half of infants' deaths in India were caused by malnutrition (Dixit, Gupta and Dwivedi, 2018).

This program provides counseling to mothers regarding awareness of health risks, especially on children's nutritional status. In addition, it also emphasizes in the provision of nutritional supplementation, improvement of environmental hygiene and the practice of feeding children. In toddlers, Below the Red Line can be carried out in pharmacological and non-pharmacological handling efforts. Therefore, it is necessary to identify eating patterns or diet that include type of food, because toddlers who experience Below the Red Line, are usually caused by parents mistakes in giving nutritional intake (Safitri and Darmaning, 2016). The intervention had been running to prevent the occurrence of malnutrition, but the lack of public participation in the program also prevented the program from going well.

CONCLUSION

The mother's characteristic was age, occupation, education and mothers' knowledge can towards of behaviour their children's nutritional status and the incidence of toddlers Below the Red Lines. Maternal knowledge affecting the nutritional status of toddlers, especially in preventive measures for children <5 years old. In addition, mothers' participation to *Posyandu* can increase mothers' knowledge. Mothers will get information delivered by cadres and health workers through the counseling desk at *Posyandu*. The next factor is the level of education. Parents who graduated from higher education tend to choose balanced nutritional foods and give more attention to the nutrition intake.

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Preventive Behaviour to Obesity in Elementary School Students in Surabaya, Indonesia

Rif'atin Haibah[1)], Muji Sulistyowati[1)], Ismayani [2,3)]

[1] Department of Health Promotion and Behavior Science, Faculty of Public Health, Universitas Airlangga, Surabaya, Indonesia
[2] East Java Provincial Health Office, Surabaya, Indonesia
[3] Indonesian Society for Health Promotor and Educator (ISHPE), East Java, Surabaya, Indonesia
Email: rifatin.haibah-2017@fkm.unair.ac.id

ABSTRACT

***Background**: Overweight and obesity are two of the main non-communicable disease risks, causing mortalities in developed and developing countries. Obesity is a condition of excessive body fat, which causes overnutrition and obesity in children increases each year. Child obesity raises physical health problems that have the impact on the quality of life and the child's body development. Moreover, it potentially makes children suffer from diseases. **Purpose**: This study aims to identify the related factors of preventive behavior for obesity among elementary school students in Surabaya by using the Health Belief Model Theory. **Methods**: This study was a cross-sectional study, which involved 104 elementary school students in fourth and fifth grade in SD Dr. Soetomo V, Surabaya as samples. These samples were taken with simple random sampling. The independent variables in this study were perceived susceptibility, perceived severity, perceived benefits, perceived barriers, self-efficacy and cues to action. While the dependent variable was preventive behavior for obesity. Data were analyzed by using double logistic regression after the candidates selectionwith p<0.25 was obtained from the analysis of dependent and independent variables. **Results**: The results show that perceived susceptibility (P Value= 0,262), perceived severity (P Value= 0,967), perceived barriers (P Value= 0,255), and cues to action (P Value= 0,565) does not have a correlation with preventive behavior for obesity among the students. Factors related to preventive behavior for obesity were perceived benefits (P Value= 0,037) and self-efficacy (P Value= 0,037). **Conclusion**: The factors which are related to preventive behavior for obesity among the students at Dr. Soetomo V Elementary School, Surabaya are perceived benefits and self-efficacy.*

***Keyword**: Students, Obesity, Preventive Behaviour, Health Belief Model*

INTRODUCTION

One of the health issues in the developing countries that can cause disruption of physical growth and development is obesity. Overweight is a situation when a bodyweight and height overly grow beyond the normal state (overweight), while obesity is a condition of excessive body fat as a result of an over-plus amount of calories that triggers various diseases to emerge inside the body (Prihaningtyas *et al.*, 2018). Those two physical problems are the main non-communicable disease risks, causing mortalities in developed and developing countries. The amount of over-nutrition and obesity prevalence in children increases each year. Child obesity causes physical health and mental problems that have the impact on the quality of life and the child's physical development. Moreover, it potentially makes children suffer from diseases in the future.

The obesity problem among children between 5-12 years old, it shows that the number had been doubled since 2010 which is 18.8%, in which the percentage consists of 10.8% overweight category and 8.8% obesity category (Kementerian Kesehatan Republik Indonesia, 2013). Prevalence of nutrition status among children with age between5-12 years old, based on the sex characteristic shows that the percentage of overweight among boys is 10.4% and the percentage of girls is 11.2%, meanwhile the obesity percentage for

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boy category is 10.7% and 7.7% among girls (Kementerian Kesehatan Republik Indonesia, 2018).

Other research shows that several factors can cause obesity among children, including dietary habits, physical activity, allowance, and parental physical fatness (Wulandari, Lestari and Fachlevy, 2016). It is supported by another research result by the Ministry of Health in 2018, the activity proportion among citizens increases from 26,1% to 33,5%, and the proportion of vegetable consumption by citizens older than five years old stays at 95% (Kementerian Kesehatan Republik Indonesia, 2018).

The development of industry and globalization in advanced technology will ease our daily activity that can change our lifestyle in completing our physical activity. The decreasing amount of physical activity will become one factor that causes obesity. This opinion is supported by other research, which stated that children who lack physical activity would experience the risk of obesity as much as 6,388 times compared to children who have enough physical activity (Kosnayani and Aisyah, 2016). The vast spread of fast food and children's habits who consume it regularly will danger their health, parents who lack attention to their children's nutrient condition will raise the risk of that dangerous situation such a dangerous situation. Fast food is a good choice in terms of time management, food hygiene, and easy to find. Dietary habits among children during school time who consume lots of food with high fat, glucose, and calories, supported by their lack of activity, will be a factor for obesity.

The number of children with overweight condition right now is concerning. Obesity and overweight trend among citizens of East Java are increasing, that the province occupies third place after Jakarta and Papua within overweight prevalence among children of 5-12 years old, it is 13,2%, and obesity prevalence is 11,1% within the bad dietary habit of ≥1 time/day. Children who are older than three years old regularly consume sweet food, sweet beverage consumption, and fat including cholesterol and fried food. Surabaya is one of the cities in East Java that many overweight experiences among students have occurred. The former study at Tambaksari Sub-district, Surabaya showed that phenomenon. It was said that under-nutrition prevalence is about 63,4%, it was bigger than overweight prevalence which is 28,8%, and obesity prevalence which is 34,6% (Rosyidah and Ririn Andrias, 2015). The result had exceeded its previous study conducted, it stated that overweight and obesity prevalence among elementary school students of SDN Ploso 1-172 Surabaya is about 20%, consists of 94 students with 18% overweight and 2% obesity (Yaqin and Nurhayati, 2014).

Health Belief Model can be used to motivate people to have a healthy habit and positive activity to improve their health by prevention activity. This theory suggests that individual action to prevent or to control illness condition influenced by primary concepts of susceptibility, seriousness, benefits and barriers to a behavior, cues to action, and self-efficacy. Perceived susceptibility is a belief of how susceptible a person to get overweight to obesity. Perceived severity is a hunch about how severe the disease would affect the person toward obesity. Perceived Benefits is an individual belief of the advantage of preventing obesity. Perceived Barriers is an obstacle to preventing obesity. Self-efficacy is the ability to take action and cues to action is a sign that encourages individuals to take action (Glanz, Rimer and Viswanath, 2008). The theory could be implemented towards children, teenagers, or adults (Delisle, Ledoux and Strychar, 2014)

Obesity prevention programs among children can be implemented through dietary habits and patterns and also increase physical activity in daily-life. This study aims to identify related factors of obesity preventive behavior among elementary school students in Surabaya by using the health belief model theory.

METHODS

This study was analytic observational, with a cross-sectional design. The population was all students in grade 4 and grade 5 in SDN Dr. Soetomo V Surabaya. The total population was 237 students, and total sample were 104. The sample was

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collected by probability of simple random sampling. The independent variables were perceived susceptibility, perceived severity, perceived benefits, perceived barriers, self-efficacy and cues to action. While the dependent variable was preventive behavior for obesity.

Primary data were directly collected through questionnaire where guidance and explanation were given by the researcher in advance. The informed consent was already agreed and signed by parents that allow their children to be the respondents of this study. Secondary data were retrieved by literature study, journal, other sources reference that are related to the study.

Multivariate analysis used in this study was a double logistic regression test. Data were analyzed by using double logistic regression after the selection of candidates with P Value<0.25 was obtained from the analysis of dependent and independent variables (Lapau, 2012).

RESULTS AND DISCUSSION

SD Dr. Soetomo V/327 Surabaya is one of elementary school which is located in Surabaya downtown. During the school year of 2019/2020, the school had 762 students, consists of 378 male and 384 female students. Based on table 1, it is revealed that 50% respondents had susceptible toward obesity, 52,9% respondents assumed that obesity was not something to be worried about, 58,4% respondents felt the advantages of performing obesity prevention, 53,8% respondents experienced some obstacles while doing obesity prevention, 52,9% respondents revealed that they were unable to prevent obesity, and 59,6% respondents feel to be motivated to do obesity prevention.

Table 2 shows that there are variables that has P Value<0.25 value, including Perceived Susceptibility, Perceived Severity, Perceived Benefits, Perceived Barriers, and Self Efficacy. Meanwhile, the variable that has P Value >0.25 is Cues to Action. Thus, the candidates in bivariate selection are 5 variables that will be used in the multivariate model.

From the analysis result of table 3, three variables has a P Value of >0,05, namely Perceived Susceptibility, Perceived Severity, and Perceived Barriers. The factors related to preventive behavior for obesity are perceived benefits (P Value= 0.037) and self-efficacy (P Value =0,037).

Table 1. Tabulation Individual Belief with preventive behavior for obesity

Individual Belief	To Prevent Obesity				Total	
	Do		Don't			
	n	%	n	%	n	%
Susceptible	49	47.1	3	2.9	52	50.0
No Susceptible	39	37.5	13	12.5	52	50.0
Severe	46	44.2	3	2.9	49	47.1
No Severe	42	40.4	13	12.5	55	52.9
Benefit	56	53.8	1	1.0	57	54.8
No Benefit	32	30.8	15	14.4	47	45.2
Barriers	53	51.0	3	2.9	56	53.8
No Barriers	35	33.7	13	12.5	48	46.2
Be able	48	46.2	1	1.0	49	47.1
Unable	40	38.5	15	14.4	55	52.9
Pushed	54	51.9	8	7.7	62	59.6
Not Pushed	34	32.7	8	7.7	42	40.4

Table 2. Selection Result of Bivariate

Independent Variables	P Value	Information
Perceived Susceptibility	0.014	Candidate
Perceived Severity	0.028	Candidate
Perceived Benefits	0.000	Candidate
Perceived Barriers	0.005	Candidate
Self Efficacy	0.001	Candidate
Cues to Action	0.565	Not a candidate

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Table 3. The Final Model of Double Logistic Regression Analysis that is Related to Obesity in Dr. Soetomo V Surabaya Elementary School in 2019.

Independent Variables	B	SE	P Value	Odd Ratio
Perceived Susceptibility	-0.886	0.790	0.262	0.412
Perceived Severity	0.35	0.863	0.967	1.036
Perceived Benefits	-2.378	1.140	0.037	0.093
Perceived Barriers	-0.903	0.793	0.255	0.405
Self Efficacy	-2.297	1.103	0.037	0.101

The Relationship between Perceived Susceptibility and Obesity Prevention Action

Perceived susceptibility is a person belief about the possibility of getting a disease or certain conditions (Glanz, Rimer and Viswanath, 2008). The cross-tabulation between Perceived Susceptibility and obesity prevention action displayed in table 1 reveals that there are 49 respondents (47.1%) who assume susceptible to obesity and well-performed obesity prevention. Another 39 respondents (37.5%) does not consider susceptible to obesity but still take preventive action. The result of double logistic regression test reveals that there is no relationship between Perceived Susceptibility and obesity prevention action on the P Value of 0.262 (P Value>0.05).

Perceived susceptibility is measured in subjective perspective for each individual, thus, every person has different susceptible information based on their belief in dealing with obesity. In this study, a person could be diagnosed with susceptibility if he/she thought that he/she could experience obesity, by always consuming high-fat food and drinking sweet beverages. Respondents who express that they have no obesity assumed that they will have no chance to be overweight and will not experience diseases that come from obesity. It was caused by the good dietary habit and normal weight of their bodies. In this study, 55 respondents (52,9%) had normal weight.

Elementary school students are the age group that is very fragile to experience obesity. Moreover, these children have more chances to be overweight because of their poor dietary habits that could lead them to have obesity. They are very easy to be tempted with unhealthy food during or after school time (Nisak and Mahmudiono, 2018). According to previous study in 2016, it is stated that 46,87% of children often consume fast food, and children who regularly consume fast food have the chance to experience obesity as much as 3,667 times compared to students who barely consume fast food (Junaidi and Noviyanda, 2016).

This study reveals that perceived susceptibility is not related to obesity prevention action. It could happen because of the significant role of mother to set up daily menus to the respondents. Those childrens have an opportunity to choose their food if the mother gives an allowance. Furthermore, if mother and children do not have sufficient information, they will choose the fast food or unhealthy snack. According to previous study, high frequency of junk food consumption among elementary school students are the existence of various kinds of places that sell junk food near schools so that they can be easily accessed (Amalia, Sulastri and Semiarty, 2016). It should be the role of schools to regulate the snacking behavior during school time.

The Relation Between Perceived Severity and Obesity Prevention Action

Perceived severity is a personal belief in the perceived threat, the severity of contracting the disease so that they try to prevent the disease to emerge. Even though there are 46 respondents (44.2%) who think that obesity is a serious or severe health disorder, but there are 59.9% of the respondents who deem the opposite. Then, result of the double logistic regression test revealed that there is no relation between Perceived Severity and obesity prevention action on the P Value of 0.967 (P Value>0.05).

The chance to experience overweight and obesity will be increased at adult age, this will increase the rate factor of non-communicable disease (NCD) such as cardiovascular, diabetes mellitus, osteoarthritis, cancer, *etcetera* (WHO, 2010). Overweight and obesity

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among children cause several problems that could disrupt their quality of life such as sleep disorder, sleep apnea, and respiratory problems (Kementerian Kesehatan RI, 2012). Children with obesity will experience health disorders that could have a negative impact on the body until they become teenagers and adults.

This information is expected to be caught by respondents. Moreover mother as a manager in the respondents family has a lack of that, too. This analysis is related to Rodríguez-Ventura *et al*. (2014) that severe level felt by subjects is determined by their level of knowledge about obesity, the disease caused by obesity, lack of parental attention, and the environmental effect that force them to consume fast food.

Moreover, previous study writes that besides knowledge, lifestyle behavior can cause a high frequency of junk food in children. Individuals who have lack of knowledge and understanding of health risks will be related to the poor perceived severity. Mother and school-children should have an accurate information about the risk of fast food intake regarding obesity (Amalia, Sulastri and Semiarty, 2016).

The Relation Between Perceived Benefits and Obesity Prevention Action

Perceived benefit is the respondent's belief toward advantages they will get if they perform obesity preventive action. The cross-tabulation displayed in Table 1 reveals that just 56% of the respondents received the advantages in performing obesity prevention action. Nevertheless, there is a relation between Perceived Benefits and obesity prevention action, with P Value is 0.037 (P Value <0.05).

According to this study, respondents receives the advantages from working out, consuming vegetables and fruits, having breakfast, taking meals from home, and regular consumption of mineral water. It is supported by a research conducted in 2015 which stated that there is a connection between advantages felt by subject and consuming mineral water, the average subject reported that they drink water as much as 8-9 glass of water every 24 hours (Vaitinadin, 2015).

Respondents who feelt no advantages inform that by reducing time in watching television, or playing computer/game, it could prevent them from obesity. Lack of physical activity in daily life could lead people to experience obesity more often among children. The development of technology forced children to spend their time watching television or playing video games. The previous study mentions that the duration of screen time is known as one factor that could make children, between 5-6 years old, experience obesity. Children between 5-6 years old who spent more than two hours screen time in a day will have higher risk as much as 5,9 times bigger than those who had less than two hours screen time in a day (Pavilianingtyas, 2017).

The Relation Between Perceived Barriers and Obesity Prevention Action

Perceived Barriers is a belief of a negative aspect that becomes obstacles for respondents in preventing obesity. The cross-tabulation between Perceived Barriers and obesity prevention action displayed in Table 1 reveals that 51% of the respondents experience obstacles in preventing obesity but still performed it very well. Moreover it shows that there is no correlation between both of them, with P Value of 0.255 (P Value>0.05).

The obstacles are fast food, infrastructure availability, price, food choice, technology, family and friend support. The pattern of fast food consumption is majorly occurs among elementary school students (62.5%) (Junaidi and Noviyanda, 2016). Those factors could affect someone in doing an obesity prevention action, it depends on the subject whether he will turn them into obstacles or not in implementing the program.

Physical activity is one of the interventions regarding obesity. Both home and school environment must play their role by providing physical activity to children. Many factors can lock that activity. According to a study in 2016, it is stated that the amount of physical activity among elementary school students is determined by obstacles experienced by subjects such as a fear to meet with strangers outside of school or home, bad weather condition, or tons of homework that must be finished (Rezapour, Mostafavi and Khalkhali, 2016).

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In addition to environmental support, parental support also has an important role to overcome obesity in children by providing support for a healthy lifestyle and a variety of support to overcome obesity. Most parents incorrectly label about overweight or obese children, parents assume that the children have a healthy weight. TIt is caused by the uncertainty and lack of knowledge about healthy food, portion sizes, lacks of activity, obesity trends and health risks (Vittrup and McClure, 2018).

The Relation Between Self Efficacy and Obesity Prevention Action

Self Efficacy is a self-confident ability to take and make a decision. In this study, the self-ability will be mainly the inability of respondents while dealing with obesity prevention action. The cross-tabulation between Self Efficacy and obesity prevention action displayed in table 1 reveals that 48 respondents (46.2%) thought that they are able to perform obesity prevention action and apply to daily basis. There is correlation between both of them with P Value of 0.037 (P Value<0.05).

Respondents have full ability to perform obesity prevention by reducing sweet dishes and beverages, consuming vegetables and fruits 2-3 portion in a day, and working out every Sunday. By consuming such a balanced menu, vegetables and fruits can prevent someone to be overweight. Vegetables and fruits have low calories; it becomes a very effective way to prevent overweight and obesity. According to Balanced nutrition guidelines by the directorate of people's health, it recommends people to consume 2-3 portions of vegetables in a day.

There were still 52.9% respondents who are unable to perform obesity preventive action. The respondents who can not perform obesity prevention action stated that they could not struggle to buy fast foods with a lot of fat, outside their school and house. This phenomena is supported by a finding in 2017, that children at the age of 5-6 who have fast food consumption more than three times in a week had obesity risk as much as 3,8 higher compared to those who consumed fast food less than three times in a week (Pavilianingtyas, 2017). Pattern and habit of dietary can be done by consuming vegetables and fruits, reducing consumption of sweet beverages and dishes, cutting the consumption of food with high fat and calories, fast-food diet, and increase physical activity (Kementerian Kesehatan RI, 2012). Based on that information, family especially mother should plan healthy diet for their children.

The Relation Between Cues To Action and Obesity Preventive Action

A cues to action is a factor outside of the individual desire. It is a strategy prepared to take action through information gathering, illuminating people's awareness by using an alarm system which is effective to motivate people in performing obesity prevention action (Glanz, Rimer and Viswanath, 2008).

The cross-tabulation between Cues to Action and obesity preventive action displayed in table 1 reveals that there are 54 respondents (51.9%) who are motivated to perform this action and apply it very well in their daily life. In this study, it shows that the biggest factor that could motivate respondents in performing obesity prevention action is parental support, 99 respondents agreed to this choice (95%), another choose medical professional (84%), and the rest think that teacher is the best role model (82%). The role of parents are crucial in providing balanced nutrition, managing diet and supporting physical activities such as sports as an effort to lose weight (Mariam and Larasati, 2016).

It is not only parents who are responsible for this action. The role of teacher while students are in school is also important in promoting healthy lifestyle by supporting physical education for all students approved by headmaster. The synergy between parents and teachers are expected to bring a good change in daily life of children by limiting consumption of sweet dishes and providing vegetables and fruits for breakfast and lunchtime (Ulilalbab, Enggar, Iga 2017).

This study reveals that the school administration of DR. Soetomo V Surabaya elementary school already It is not only parents who are of the balanced and healthy menu, mass physical training every Friday morning, football, volley, and fencing sport. This agenda should be

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implemented regularly and improved well.

CONCLUSION

Preventive behavior for obesity in elementary school students in research location is good. The statistical shows that the perceived benefits and self-efficacy are related to preventive behavior for obesity among the students at Dr. Soetomo V Elementary School. This study explains that the perceived benefits of exercise, consuming vegetables and fruits, having breakfast, taking meals from home, and regular consumption of mineral water. Respondents also have the ability by trying to reduce sweet foods and drinks, consume fruits and vegetables 2-3 servings a day, and exercise every week.

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The Influence of Family Support on Providing Complete Primary Immunizations

Ilhami[1)], Malik Afif[2)]

[1] Department of Health Promotion and Behavior Science, Faculty of Public Health, Universitas Airlangga, Surabaya, Indonesia
[2] East Java Provincial Health Office, Surabaya, Indonesia
Email: ilhami-2017@fkm.unair.ac.id

ABSTRACT

Background: *Primary immunizations is a series of vaccination given to babies before the age of one, and it can actively increase immunity to diseases such as Hepatitis B, Poliomyelitis, Tuberculosis, Diphtheria, Pertussis, Tetanus, Pneumonia, and Meningitis caused by Hemophilus influenza type B, and measles. Family support is one of the essential factors for the completeness of immunization because it will encourage parents to immunize their children. The social support theory was used here since it assumes that the source of support from families such as parents, siblings, children, relatives, and partners provides examples for individuals to perform or suggest a positive behavior.* ***Objective:*** *This study aimed to determine the effect of family support on the provision of complete primary immunization at the Sidotopo Health Center in Surabaya.* ***Methods:*** *This research used a descriptive-analytic method with a simple random sampling of 54 respondents with a degree of significance (a=0.05). Sample inclusion criteria include mothers who have children aged 12-24 months, have a health card (KMS), and live around the area of Sidotopo Health Centre. The exclusion criteria are those who were not willing to be respondents.* ***Results:*** *The effect of family support on immunization has a significant value of 0.015 (P Value <0.05) on emotional support, while the support of appreciation, instrumental support, and informative support are not substantial (P Value>0.05).* ***Conclusion:*** *Family support for complete primary immunizations includes emotional support, appreciation support, instrumental support, and informative support. Overall, emotional support has a direct influence on providing immunization. Therefore, appreciation support, instrumental support, and informative support did not significantly affect immunization.*

Keywords: *complete primary immunizations, family support, immunization*

INTRODUCTION

In establishing the highest degree of public health, immunization is needed as one of the efforts to prevent the occurrence of a disease. Immunization is an attempt to actively induce or increase a person's immunity to a specific disease so that if one day they are exposed to the disease, they will not get sick or only experience mild symptoms (Kementerian Kesehatan Republik Indonesia, 2018).

Healthy children are the investment and hope for the future of a nation and the successor of future generations. Therefore, the efforts to maintain children's health through primary immunization is essential as stated in the Law of the Republic of Indonesia Number 36 of 2009 concerning Health (2009): "every child has the right to obtain basic immunization under the provisions to prevent the occurrence of diseases that can be avoided through immunization" (*Undang-Undang Republik Indonesia Nomor 36 Tahun 2009 tentang Kesehatan*, 2009).

Primary immunizations are consecutive of vaccination given to babies before they reach the age of one-year-old. Primary immunizations can actively increase immunity to diseases, which include Hepatitis B, Poliomyelitis, Tuberculosis, Diphtheria, Pertussis, Tetanus, Pneumonia, and Meningitis caused by Hemophilus influenza type b, and measles. A child is declared to have received complete primary immunization if he/she has received one HB-0 immunization, one BCG immunization,

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three DPT-HB/DPT-HB-HiB immunizations, four times polio immunization or three IPV immunizations, and one measles immunization (Ministry of Health, 2018).

In 2017, complete primary immunization in Indonesia reached 91.12%. This figure is slightly below the 2017 Strategic Plan's target of 92%. Meanwhile, according to the province, 15 provinces achieved the Strategic Plan target for 2017. One of them is East Java, with the number of complete basic immunization coverage of 96.4% Kementerian Kesehatan Republik Indonesia, 2018).

The complete primary immunizations coverage in the city of Surabaya in 2018 has exceeded the target with Sidotopo Health Center as the highest (96.51%). As one of the WHO priority countries, Indonesia intends to accelerate the achievement of the 100% UCI target for villages. The aim is the purpose of immunization in making children immune to diseases that can be prevented by vaccination is realized (Health Office of Surabaya, 2017).

The pros and cons of immunization continue to roll from throughout the years. In 2016, a fatwa from the Indonesian Ulema Council (MUI) explained that immunization is allowed (mubah) as a form of endeavor to establish immunity and prevent the occurrence of a particular disease. Immunizations with haram and/or unclean vaccines are not permitted unless used in an emergency or urgent condition, a halal and sacred vaccine ingredient has not been found yet, and the presence of competent and trusted medical personnel that there is no halal vaccine. However, even though MUI has stated that the immunization law is permissible, there are still people who are reluctant to be immunized (Majelis Ulama Indonesia, 2016).

There are many studies related to immunization that shows the factor of low vaccination. According to the results of previous studies, there is no relationship between the support of health workers with primary immunization status because the role of the workers does not influence the respondent to fully-immunize their children (Dumilah, 2016).

Factors that influence the incompleteness of basic immunization in infants or toddlers are family support, knowledge, and attitudes. The role of the family is significant in making decisions about getting health services. Thus, family support can increase a person's willingness to conduct a complete set of primary immunization (Izza & Lestari, 2017).

According to previous research on community rejection of complete primary immunization for infants, the research subjects did not provide complete primary immunization to their children due to the lack of support from the environment, including from parents, husbands, and friends. Therefore, there was no encouragement to get immunizations (Sulistiyani, 2017).

Family support is a critical factor for the completeness of immunization because it will encourage parents to immunize their children. Family support such as from parents, in-laws, siblings, and husbands can be achieved by giving attention, empathy, encouragement, advice, and sharing knowledge. Also, the family participates in caring for a child so that it has a significant influence on the decision to give immunizations.

This study used the social support theory, assuming that the source of support from family members such as parents, siblings, children, relatives, and partners provide examples for individuals to perform or suggest a healthy behavior. There are four forms of social support. First, emotional or esteem support, which includes empathy, caring for someone so that it gives a comfortable feeling, attention, and positive acceptance, and gives encouragement to the person being faced. The second is tangible or instrumental support, including assistance given directly or tangibly, as well as people who share or lend money, shop, and care for children. The third is the informational support to provide advice, direction, suggestion, or feedback about how people do things. This support can be done by providing the information needed by the public. The last is companionship support. This type of support is a willingness to spend time with others by giving a feeling of membership in a group of people who are interested in sharing and social activities (Marmot and Wilkinson, 2012).

Family is the most influencing factor affecting immunization status (Rahayuningsih and Khairiah, 2019). It

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indicates that the main factors played a more critical role in a mother's decision to achieve child immunization status. The decision-making process is influenced by family support. The theory of social support is applied for this study to understand the effects of social support on behavior that is not under its control (Rahayuningsih and Khairiah, 2019). Based on the description above, the study was conducted at the Sidotopo Health Centre in Surabaya.

METHODS

The research was a descriptive study with a quantitative approach. The study only collected primary data obtained from respondents and measured variables at one time. This study was a cross-sectional study, and the data collected at the same time.

The population in this study were all mothers who had babies aged 1-2 years, as many as 200 mothers who lived in the working area of the Sidotopo Health Center in Surabaya. Sample calculation using the Lemeshow formula. The number of samples in this study was 54 respondents. Sampling uses a simple random sampling method, which is a simple random sampling technique. Sample inclusion criteria are mothers who have children aged 12-24 months, have a health card (KMS), and live near the Sidotopo health center. In contrast, the exclusion criteria are not willing to be respondents.

The independent variable in this study is family support, which consists of emotional, appreciation, instrumental, and informative support. The dependent variable is complete primary immunization. Data collection techniques in this study using secondary data and primary data. Secondary data were obtained from the health department and the public health center. Primary data were obtained from a questionnaire that referred to preliminary studies, literature reviews, and KIA documents, after which the data were analyzed univariately and bivariate.

RESULTS AND DISCUSSION

Characteristics of the Respondents

Respondent characteristics in this study consisted of age, ethnicity, religion, education, and employment status. Family support can be in the form of emotional support, appreciation support, instrumental support, and informative support—also, the effect of family support on the provision of complete basic immunization.

Table 1. Distribution of Respondents' Characteristic in the Area of Sidotopo Health Centre

Characteristics	n	%
Age (years old)		
<20	2	3.7
21-30	36	66.7
31-40	14	25.9
>41	2	3.7
Ethnicity		
Javanese	25	46.3
Madurese	29	53.7
Arab	0	0
Others	0	0
Religion		
Islam	54	100
Christian	0	0
Catholic	0	0
Budha	0	0
Hindu	0	0
Education		
No Education	3	5.6
Elementary	11	20.4
Junior High	12	22.2
High School	26	48.1
University	2	3.7
Occupation		
Housewife	49	90
Employee	3	5.6
Entrepreneur	2	3.7
Civil servants	0	0
Total	54	100

The more age, the maturity level and strength of a person will be more mature in thinking and working and thus affecting the development and behavior of people or groups (Notoatmodjo, 2010).

The results of the study suggested that the characteristics of respondents who get family support are mostly aged 21-30 years, with as many as 36 respondents (66.7%). Mothers who are less than 30 years have complete immunization status than the rest. In the age range of 21-30 years, a person is still in a fertile and productive state. Also, the majority of mothers who are in this age range always follow the development of technology, this makes them more concerned about the health of their children, especially in providing complete

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primary immunization (Miftahol Hudhah, 2017).

Based on ethnicity, 29 respondents are Maduranese (53.7%) and 25 Javanese (46.3%). The results of this study are in line with the research of Izza that respondents' beliefs about immunization do not influence behavior willingness to immunize their children (Izza and Lestari, 2017). Madura and Javanese are in the area of the Sidotopo Community Health Center, where their homes are affordable with health services.

Based on Table 1, the majority of respondents took 12 years of education or high school/equivalent with the number of 26 (48.1%). This result has a difference with research in the Gayam Health Centre at Sumenep, which states that the highest level of education is Junior High School/equivalent of 58% (Miftahol Hudhah, 2017). Even though they have the same characteristics, these differences are probably caused by regional differences. Mothers who are highly educated will have high awareness, making it easier for someone to receive information, especially about complete primary immunizations. Also, it implies that the family has a concern about education so that mothers get support from the family to bring their children to the place of health services such as the *Posyandu* and the nearest public health center. Other studies state that the level of education influences the learning process. The higher the education, the more comfortable someone to receive information (Wardhani and Chotimah, 2018). On the other hand, someone with a higher level of education will think in a preventive direction, such as the imitation of her child. The education level provides a role to know the status of one's knowledge (Miftahol Hudhah, 2017).

Based on the occupation, the majority of respondents were housewives, namely 49 mothers (90%). Many respondents were migrants, the location of the settlement was on the outskirts of the city near the Sunan Ampel pilgrimage, and the husband worked as a trader. It shows that mothers have much free time to take care of the family and can deliver their children for immunizations. Meanwhile, respondents who work as entrepreneurs are as many as five respondents (10%). Based on interviews with working mothers, it is known that even though they are busy working, they always take the time to deliver their children for immunizations.

There is no relationship between maternal work and the achievement of complete primary immunizations. Mothers who work and non-working mothers have the same proportion of immunization (Hudhah, 2017).

Family Support in Providing Complete Basic Immunization in the Sidotopo Public Health Center in Surabaya

Vaccination is considered one of the most outstanding achievements of public health. Although there is evidence for the effectiveness of vaccines, their absorption rates are still far below the Centers for Disease Control and Prevention guidelines. The immunization decision-making process for parents is so complex and depends on related factors, knowledge, and experience (Espeleta *et al.*, 2017).

The noncompliance of the general public with immunization can increase the number of cases of the disease that can be prevented by vaccination. Parents' views on the adverse effects of vaccination make many people prefer their children to be naturally infected by infectious diseases that can be prevented by immunization (Brooke, 2015; Rogers, 2018).

Table 2. Distribution Frequency based on Social Support

Variables	n	%
Emotional Support		
High	34	63
Medium	19	35.2
Low	1	1.9
Appreciation Support		
High	41	75.9
Medium	12	22.2
Low	1	1.9
InstrumentalSupport		
High	34	63
Medium	20	37
Low	0	0
InformativeSupport		
High	33	61.1
Medium	19	35.2
Low	2	2.7
Total	54	100

Noncompliance with immunization is a public health problem. The vaccine has been noted as one of the most-

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effective public health interventions against the spread of infectious diseases. However, there are increasing numbers of exceptions and doubts about non-medical vaccines. It has been linked to the fear of contracting a disease through vaccines and the general public's concerns about the safety of vaccines. Research showed that a reduction in vaccine coverage leads to a reduction of the effect of herd immunity, placing those who are not vaccinated or cannot be vaccinated at an increased risk of contracting preventable diseases. These factors lead to legislative actions, with some States implementing stricter exemption laws and more vigorous mandatory vaccine enforcement (Duclos and Bergevin, 2017; Rogers, 2018).

Complete basic immunization coverage in Surabaya in 2018, according to data from the Surabaya Health Office, has exceeded the target of 97.77%. Health Centre, with the highest coverage, is Sidotopo (96,51%) (Dinas Kesehatan Kota Surabaya, 2017).

From the results of research in the working area of the Sidotopo Health Centre in Surabaya, it can be seen that the majority of support provided by families in provided basic immunization consisted of emotional, appreciation, instrumental, and informative support is relatively high. Emotional support is social support provided by the family members with expressions of empathy, love, trust, care, and attention to the person concerned (Harnilawati, 2013). The emotional support provided by the family to mothers in the high category is 63%. Emotional support from the family in the form of support to invite children to immunize, always remind the immunization schedule, besides listening to every complaint of the mother when worried when her child is sick due to immunization.

The family influences the formation of a way of behaving because family is the closest to a person. If the family does not give permission, then the implementation of immunization could not be done by the baby's mother because no support is provided by the mother (Sulistiyani, 2017).

Appreciation support is social support provided by the family through expressing positive appreciation for the person, encouragement to come forward, or agree with an individual's ideas or feelings. Appreciation support in this study was mostly high, at 75.9%. This support is in the form of praise, the trust is given, and encouragement provided by the family to mothers to invite children to immunize. Mothers who get support in the way of encouragement and praise for their actions will be more motivated to take action (Sahar and Permatasari, 2016).

Instrumental support is social support provided by families involving the provision of direct assistance, such as providing financial assistance, goods, and as a support system for family members. Family members saw that the people who will be supportive, always ready to offer help and assistance if needed (Muhith and Siyoto, 2016).

Instrumental support was provided by 63%. Indicated that family help care for children and provide financial assistance if the mother needs. It is consistent with research on family support relationships with the complete basic immunization, indicates that there are as many as 56.5% of women who get support instrumental in providing complete basic vaccination. Full family support is beneficial in giving a calm feeling to family members who have babies to be immunized (Rahayuningsih and Khairiah, 2019).

Informative support is social support provided by the family, including giving advice, hints, suggestions, or feedback that can be used by someone to overcome problems, especially in the provision of complete basic immunization (Harnilawati, 2013). The informative support provided is relatively high, at 61.1%. This support is shown in the form of advice, direction, motivation, and information provided by the family to mothers related to immunization. According to previous research states that mothers who get information support from the family will increase the motivation of mothers to take action (Sahar and Permatasari, 2016)

Mothers who get information support from the family will increase their motivation to take action. The cause of research subjects did not provide complete basic immunization to their children is the lack of support from the environment for immunization, including from parents, husbands, friends, cadres.

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So there is no push for immunizations (Sulistiyani, 2017).

The family that provides good support is the reflection of a good functioning family. Family support cannot be separated from the family care function, where this function gives an essential role in the family. Family is a major supporting factor because it can maintain the health of other family members, so they are not susceptible to illness.

Table 3. Distribution of Complete Basic Immunization

Variable	Frequency	Percentage
Complete	37	68.5
Incomplete	17	31.5
Total	54	100

The results of the data in Table 3 show that the distribution of complete basic immunization at the Sidotopo Health Centre in Surabaya is 37 (68.5%), and incomplete basic immunization is 17 (31.5%). Incomplete infant immunization status is also caused due to reasons at the time of the immunization schedule when the baby is ill, causing incompleteness in providing complete basic immunization. Also, based on interviews with cadres, it was found that in the Sidotopo Health Centre, the majority were migrants from Madura, with the majority of whom worked as traders in Sidotopo.

Table 4. Test Results of the influence of Family Support on Providing Immunizations

Variable	Sig	Exp (B)
Emotional Support	0.015	4.463
Appreciation Support	0.455	1.773
Instrumental Support	0.088	0.286
Informative Support	0.128	0.296

The results of the data in Table 4 show that the dependent variable in this study is the complete basic immunization. In contrast, the independent variables in this study are family support consisting of emotional, appreciation, instrumental, and informative support. After a logistic regression test, the results showed that the variables that influence in giving complete basic immunization are emotional support that is sig.= 0.015, with Exp (B)= 4.463. It can be concluded that respondents who get emotional support from their family are 4.463 times more likely to provide complete basic immunization compared to mothers who do not get emotional support. On the other hand, appreciation, instrumental, and informative support did not affect giving immunization.

The results of the study show that although the support provided by the family is high, it does not affect the provision of immunization. Based on the results of interviews conducted, the completeness of the provision of immunizations in the area of the Sidotopo Health Centre is not only from the role of family support. However, there is the role of public health workers and community leaders who participate. Moreover, incomplete infant immunization status is also caused due to reasons at the time of the immunization schedule when the baby is ill, causing incompleteness in providing complete basic immunization. Also, based on interviews with cadres, it was found that in the Sidotopo Health Centre, the majority were migrants from Madura, with the majority of whom worked as traders in Sidotopo and were sedentary or nomads, which makes it difficult to know how the baby's immunization status.

Support is obtained not only from the family. It is also obtained from the outside environment in the form of health cadres, health workers, the influence of public service advertisements in printed media, such as posters and leaflets as well as electronic media such as radio and television (Sahar and Permatasari, 2016).

According to previous research, there is a relationship between the communication of health workers with basic immunization status in infants. Providing good communication to mothers can influence the decision of mothers in providing basic immunizations (Arumsari, 2015). Moreover, parents are not an inhibiting factor in giving immunizations, but the incompleteness of immunization can be caused by the child's problems and family problems. There are no difficulties/obstacles in getting immunizations in children with complete or incomplete immunization status (Triana, 2016).

The results of this study indicate that family support has a significant role in supporting maternal behavior in providing complete basic immunization. Also, based on the results of the analysis, social support obtained by mothers in

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providing immunizations is not only from family support but also from outside environments such as neighbors, cadres, health workers, and the media.

CONCLUSION

The provision of complete primary immunizations is categorized as having high family support, which includes emotional support, appreciation support, instrumental support, and informative support. Even though the number of family support is high, emotional support is a significant influence in providing immunization. Therefore, appreciation support, instrumental support, and informative support did not significantly affect immunization.

The completeness of immunization in the Sidotopo Health Centre is also influenced by reinforcing factors such as community leaders or cadres in the area. They often reprimand and invite mothers to provide complete basic immunizations for their babies. Moreover, another critical factor is the health workers that often carry out socialization about immunization to the community in Sidotopo Health Centre in Surabaya.

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Pemberdayaan Masyarakat "Kampung KB" Ditinjau dari Perspektif Ottawa Charter

*Community Empowerment with "*Kampung KB*" Viewed from the Perspective of the Ottawa Charter*

Maulana Satria Aji[1)], Gita Putra Heru Yudianto[2)]

[1] Departemen Promosi Kesehatan dan Ilmu Perilaku, Fakultas Kesehatan Masyarakat, Universitas Airlangga, Surabaya, Indonesia
[2] Dinas Pengendalian Penduduk, Pemberdayaan Perempuan, dan Perlindungan Anak, Surabaya, Indonesia
Email: satriaaji2808@gmail.com

ABSTRACT

Background: *The Family Planning Village program is a program that must be appraised. The Family Planning Village is a new program constituted based on Nawacita President Joko Widodo. The success of this program is based on some indicators. One of the tools to evaluate the program is using five points of The Ottawa Charter.* ***Purpose***: *The purpose of this paper is to assess the implementation of the Family Planning Village Program in RW 12 Sidotopo, Semampir, Surabaya.* ***Methods***: *Qualitative approach is used in this study by using a case study. The data was collected using in-depth interviews and focus group discussions. In this study, the informants in in-depth interviews were DP5A, Head of Sidotopo Village, Public Health Center of Sidotopo, KB RW 12 Village Management.* ***Results***: *Based on the Ottawa charter, it is found that KB RW 12 Village still needs to be improved in certain aspects, i.e., no written health policy, DP5A and the public health center had ineffective communication that causes overlapping tasks, lack of budget, and insufficient budget funding from the government. Uniquely, the management was able to raise self-help funds for the operation of the KB village as well as many external stakeholders who helped the community of assistance for schools and MSME training. This KB village brought a lot of changes in the community, including a tutoring movement among teenagers and a waste bank project.* ***Conclusion***: *The implementation of the family planning village program in Sidotopo, Surabaya, still needs to be improved. Ottawa Charter is one of the tools to evaluate the program by the output of program indicators. Every program required monitoring and evaluation to find out the shortcomings to improve the program.*

Keywords: *Family Planning, Ottawa Charter, Empowerment.*

ABSTRAK

Latar Belakang: Kampung Keluarga Berencana (KB) merupakan kegiatan pemberdayaan masyarakat berbasis keluarga dan komunitas. *Kampung Keluarga Berencana merupakan program yang didasarkan pada Nawacita.* kajian tentang *program Kampung KB banyak dianalisis dari berbagai perspektif. Namun tidak banyak yang menganalisis dari perspektif Ottawa Charter, hal ini yang membedakan dengan penelitian lainnya .* ***Tujuan***: *Tujuan dari penelitian ini adalah untuk mengeskplorasi implementasi pemberdayaan masyarakat Program Kampung KB dari perspektif ottawa charter* ***Metode***: *Penelitian ini merupakan penelitian kualitatif, dengan menggunakan metode studi kasus yang didukung dengan pengambilan data berupa wawancara mendalam dan Focus Group Discussion (FGD). Informan dalam pelaksanaan in-depth interview sebanyak 15 orang. Lokasi penelitian di Surabaya di RW 12 Sidotopo Kecamatan Semampir Surabaya.* ***Hasil***: *Hasil analisis berdasarkan poin Ottawa charter, menunjukkan Kampung KB RW 12 belum optimal, seperti belum adanya kebijakan kesehatan tertulis. Komunikasi antara Puskesmas dan DP5A masih lemah sehingga terjadi penumpukan tugas, kurangya anggaran operasional, serta anggaran dana dari pemerintah yang belum tuntas. Uniknya, pengurus mampu menggalang dana swadaya untuk operasional Kampung KB. Pihak luar pun turut membantu*

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masyarakat dalam hal bantuan pendidikan hingga pelatihan UMKM. Kampung KB membawa banyak perubahan di masyarakat, seperti gerakan bimbingan belajar pada remajanya hingga proyek bank sampah. ***Kesimpulan:*** *Implementasi pemberdayaan masyarakat pada program kampung ditinjau dari perspektif ottawa charter belum memenuhi semua aspek dengan sempurna, terutama dalam hal kebijakan dan reorientasi health services.*

Kata Kunci *: Keluarga Berencana, Ottawa Charter, Pemberdayaan*

PENDAHULUAN

Dewasa ini bangsa Indonesia masih berjuang untuk mewujudkan pembangunan berkelanjutan, salah satunya adalah masalah kependudukan. Potensi sumber daya belum terserap maksimal, dan selain itu upaya pembangunan yang telah dilakukan pemeintah belum dapat diraasakan hasilnya (Mardiyono, 2017a). Tahun 2013, Indonesia menjadi negara dengan angka Wanita Usia Subur (WUS) tertinggi di Asia Tenggara, sementara WUS terendah adalah Timor Leste. Indonesia merupakan negara berkembang yang menjadikan kualitas pertumbuhan penduduk sebagai fokus utama. Tahun 2017, Indonesia menempati peringkat 4 jumlah WUS tertinggi di dunia (Badan Kependudukan dan Keluarga Berencana Nasional, 2017). Jumlah WUS yang tinggi dapat berakibat pada permasalahan kependudukan seperti peningkatan kehamilan, kelahiran, masalah Kesehatan Ibu dan Anak (KIA).

Salah satu solusi untuk mengatasi masalah kependudukan yaitu melalui Program Keluarga Berencana (KB). Definisi Keluarga Berencana menurut Undang-Undang No. 32 Tahun 2009 adalah sebuah usaha untuk mengatur kelahiran anak, kehamilan, jarak dan usia ideal melahirkan, melalui bantuan dan perlindungan sesuai hak reproduksi guna mewujudkan keluarga yang lebih berkualitas. Salah satu tujuan dari program KB adalah peningkatan kualitas keluarga yang lebih sejahtera agar memunculkan rasa aman, tentram, dan kebahagiaan lahir batin. Tujuan lain dari program KB adalah menurunkan angka kelahiran. Tujuan tersebut dapat dicapai dengan menerapkan kebijakan dengan tiga fase penerapan (menjarangkan, menunda, dan menghentikan). Kebijakan tersebut bertujuan untuk menyelamatkan kondisi Ibu dan anak (Arinta, 2018).

Pemerintah menjadikan program keluarga berencana sebagai sarana untuk mencapai kesejahteraan manusia lahir dan batin. Kesejahteraan adalah persoalan bersama antara pemerintah, kelompok, hingga personal. Ketiga aspek tersebut tidak bisa dipisahkan. Kesejahteraan personal akan berdampak pada kesejahteraan negara. Begitu pun kebijakan negara, akan berdampak dengan kesejahteraan rakyatnya (Mardiyono, 2017a).

Indonesia merupakan negara dengan jumlah Pasangan Usia Subur (PUS) sebanyak 37.338.265 jiwa di tahun 2017. Provinsi Jawa Barat dan Jawa Timur menjadi daerah dengan PUS tertinggi. Jawa Timur memiliki angka PUS 6.316.634 yang harus diperhatikan untuk menanggulangi masalah kependudukan (Badan Kependudukan dan Keluarga Berencana Nasional, 2017). Salah satu kota di Jawa Timur yang memiliki angka cakupan PUS tinggi adalah Surabaya dengan 511.604 jiwa. Salah satu faktor tingginya angka PUS di Surabaya karena kota Metropolitan yang selalu dikunjungi masyarakat, baik untuk bekerja atau sekolah (DP5A, 2018). Total 31 kecamatan yang dimiliki Surabaya, salah satunya adalah kecamatan Semampir yang berlokasi di Surabaya Utara. Kecamatan Semampir memiliki jumlah PUS sebanyak 28.072 jiwa dengan prevalensi peserta KB aktif sebanyak 80.67%, dari total akseptor KB 25.351 (DP5A, 2018). Kelurahan Sidotopo termasuk kelurahan yang berada dicakupan wilayah Kecamatan Semampir (Kementerian Kesehatan RI, 2018).

Pemerintah merespon masalah kependudukan ini dengan memunculkan Nawacita Presiden Joko Widodo nomor 3 dan 5, yang diwujudkan dengan adanya program Kampung Keluarga Berencana mulai tahun 2015. Program tersebut merupakan salah satu model pelaksanaan pengelolaan kependudukan yang melibatkan seluruh elemen di lingkungan Badan Kependudukan dan Keluarga Berencana Nasional (BKKBN). Program Kampung Keluarga Berencana berkolaborasi

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dengan beragam *stakeholder* lain dari berbagai instansi yang sesuai dengan kebutuhan wilayah. Pelaksanaan sesuai prasyarat penentuan lokasi Kampung Keluarga Berencana adalah di seluruh kabupaten dan kota (Zuhriyah, 2017).

Kampung Keluarga Berencana mencakup empat program, yakni pendewasaan usia nikah, peningkatan ekonomi kreatif, pemakaian kontrasepsi, dan ketahanan keluarga. Tidak hanya meningkatkan penggunaan alat kontrasepsi untuk menekan jumlah penduduk, program tersebut juga bertujuan untuk mengarahkan dan mendidik masyarakat untuk memiliki perencanaan pembangunan keluarga yang baik.

Program Kampung Keluarga Berencana juga memiliki dampak strategis jangka panjang. Program ini merupakan program pemberdayaan masyarakat berbasis keluarga dan komunitas. Pemberdayaan sebagai strategi efektif yang dapat menyelesaikan permasalahan ledakan penduduk berbasis peran serta masyarakat. jadi dengan prinsip dari masyarakat, untuk masyarakat dan oleh masyarakat. peran serta termasuk organisasi di dalammasyarakat seperti PKK, karangtaruna dan nonformal organisasi. Proses pemberdayaan masyarakat memiliki tujuan untuk mengembangkan, memandirikan, dan memperkuat posisi tawar menawar masyarakat ketika bersinggungan dengan sektor kehidupan dan kekuatan penekan lainnya. Pemberdayaan masyarakat juga menjadi salah satu bentuk strategi yang dicanangkan oleh WHO di dalam piagam *Ottawa Charter*. (Abidinsyah Siregar, 2016). Upaya Kampung KB adalah bentu pemberdayaan masyarakat berbasis keluarga.

Tema strategis pemberdayaan masyarakat pada implementasi Kampung KB meliputi pendidikan pranikah yang memuat informasi usia ideal pernikahan, jumlah anak yang ideal, jarak ideal untuk melahirkan, sampai perencanaan pendidikan, ekonomi, dan kesehatan untuk memberikan kesejahteraan keluarga dan masyarakat (Sekarpuri, 2016). Undang-Undang Nomor 52 Tahun 2009, menyatakan bahwa perkembangan kependudukan dan pembangunan keluarga merupakan dasar pelaksanaan program kependudukan. Program Keluarga Berencana memiliki dua fokus, yaitu masalah pengendalian penduduk, dan masalah pembangunan keluarga (*Undang-Undang Republik Indonesia Nompr 52 Tahun 2009 tentang Perkembangan Kependudukan dan Pembangunan Keluarga*, 2009).

Tujuan pembentukan Kampung Keluarga Berencana adalah untuk meningkatkan kualitas hidup masyarakat di tingkat kampung untuk mewujudkan keluarga kecil berkualitas. Program Kependudukan Keluarga Berencana dan Pembangunan Keluarga (KKBPK) dalam pelaksanaannya dapat berjalan terpadu dengan program Kampung Keluarga Berencana. Mengacu pada Agenda Prioritas Pembangunan, utamanya poin ke-3, yakni memulai pembangunan dari pinggiran dengan memperkuat daerah-daerah dan desa dalam kerangka negara kesatuan. Agenda Prioritas Pembangunan tersebut menjadi landasan pemerintah untuk melakukan pembangunan kependudukan dari wilayah pinggiran atau kampung (Mardiyono, 2017b). Jika pembangunan di seluruh kampung mengalami kemajuan, maka desa terkait akan mengalami kemajuan. Efek tersebut juga akan mempengaruhi kemajuan sebuah negara.

Surabaya merupakan kota yang telah melaksanakan Program Kampung KB. Wilayah yang menerapkan program tersebut untuk pertama kali adalah RW 12, Kelurahan Sidotopo Kecamatan Semampir. Wilayah tersebut memiliki jumlah total penduduk 2.508 jiwa dengan luas wilayah sebesar 86.400 m^2, memiliki jumlah keluarga miskin sebesar 987 jiwa, pasangan usia subur 524 orang, jumlah balita 280 anak, jumlah remaja 841 orang, jumlah lansia 101 orang dan peserta KB aktif <50% angka yang sangat tinggi padahal Surabaya memiliki banyak program kesehatan untuk mengatasi masalah kesehatan (Badan Kependudukan dan Keluarga Berencana Nasional, 2017).

Dinas Pengendalian Penduduk, Pemberdayaan Perempuan, dan Perlindungan Anak (DP5A) telah melakukan penilaian terhadap 31 Kecamatan di Kota Surabaya, untuk menunjuk Kampung KB pertama di Surabaya. Mulai dari daerah yang padat penduduk, daerah yang berada di sisi rel kereta api, daerah perbatasan, dan daerah yang kumuh. Mengacu kepada kriteria tersebut, Kecamatan Semampir, Kelurahan Sidotopo yang berlokasi di RW 12 ditunjuk menjadi Kampung KB pertama di Surabaya pada tahun 2017 (Istiadi, 2017).

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Program Kampung Keluarga Berencana sudah menginjak tahun ketiga, namun masih banyak yang harus dibenahi untuk mencapai *output* yang diinginkan. Selama rentang tersebut, program Kampung Keluarga Berencana tidak dilakukan evaluasi padahal program tersebut adalah program masyarakat yang fungsinya untuk pemberdayaan masyarakat. Strategi yang dicanangkan dalam piagam *Ottawa Charter* memiliki lima butir kesepakatan yaitu *supportive environment, health public policy, reorient health service, personal skill, community action*. Kesepakatan tersebut menjadi salah satu bentuk promosi kesehatan yaitu pemberdayaan masyarakat.

Program Kampung KB adalah program pemberdayaan masyarakat dalam mewujudkan promosi kesehatan terhadap penggunaan KB dan pemilihan alat kontrasepsi serta pemberantasan kemiskinan di daerah tersebut untuk memandirikan masyarakat (Nugroho, 2018). Penelitian tentang analisis terhadap Kampung KB sebelumnya pernah dilakukan di Kelurahan Pantolan Boya, Tawaeli dengan hasil yang menunjukkan bahwa perubahan positif terjadi di masyarakat dalam aspek penggunaan alat kontrasepsi dan kebersihan lingkungan (Setiawati, 2017). Penelitian serupa juga telah dilakukan di Dusun Ambeng-Ambeng, Desa Ngingas, Sidoarjo. Hasil penelitian menunjukkan bahwa aspek yang masih belum optimal adalah promosi kesehatan, yang diukur melalui parameter ketiadaan Pusat Informasi Konseling (PIK) Remaja (Widiyarta, 2017). Namun penelitian tersebut berbeda dengan penelitian ini. Pada penelitian ini menggunakan perspektif sesuai dengan *ottawa charter,* hal ini yang merupakan novelty untuk mengesplorasi implementasi pemberdayaan Kampung KB dari berbagai aspek secara komprehensif bukan hanya dari input-proses dan output. Pada Ottawa Charter sangat komprehensif, hal ini merupakan faktor yang sangat penting Tujuan penelitian ini adalah untuk mengeksplorasi evaluasi implementasi program Kampung KB RW 12 Sidotopo, Kecamatan Semampir, Kota Surabaya secara komprehensif.

METODE

Penelitian dilakukan menggunakan kualitatif studi kasus untuk mengeksplorasi evaluasi implementasi Kampung KB. Pengambilan data menggunakan wawancara mendalam serta dilakukan *Focus Group Discussion* (FGD) dan *indepth interview*. Kasus yang dibahas tentang evaluasi implementasi Kampung KB, dengan jenis multicase study. Triangulasi yang digunakan adalah triangulasi sumber yang diambil dari informan yang berbeda dan metode dengan menggunakan 2 metode berbeda (*indepth interview* dan FGD). Analisis yang dilakukan menggunakan analisis domain.

Peneliti berasal dari Surabaya sehingga memiliki kesamaan bahasa, budaya, adat istiadat, dan suku yang sama. Bahasa yang digunakan sama dengan peneliti yaitu bahasa Jawa dan Bahasa Indonesia sehingga tidak ada *gap* atau kendala. Data disajikan dalam bentuk narasi dan gambar.

Lokasi Penelitian dilaksanakan di Kampung KB RW 12 Sidotopo Surabaya. Penelitian dilakukan sejak Desember 2018 hingga Mei 2019. Metode pengambilan data yang digunakan adalah dengan wawancara dan FGD terhadap informan. Pemilihan informan pada penelitian ini menggunakan teknik *purposive sampling*, pengambilan sampel dilakukan secara sengaja dengan kriteria bahwa informan tahu dan terlibat dalam proses pembentukan dan aktivitas di Kampung KB atau menjadi pendamping pada kegiatan Kampung KB. Total informan yang terlibat berjumlah 15 orang dengan rincian sebagai berikut:

- DP5A dengan jumlah 1 orang menggunakan metode *Indepth Interview*
- Pengurus Kampung KB dengan jumlah 7 orang yang terdiri atas Pak Lurah Sidotopo, PLKB (Petugas Lapangan Keluarga Berencana), Ketua Kelompok Kerja (Pokja) Kependudukan, Ketua Pokja Keluarga Berencana, Ketua Pokja Ketahanan Keluarga, Ketua Pokja Lintas Sektor, dan Ketua Promosi Kesehatan Puskesmas Sidotopo dengan metode *Indepth Interview*.
- Masyarakat dengan jumlah 7 orang menggunakan metode *Focus Group Discussion*.

Fokus penelitian adalah sesuai dengan lima butir Ottawa Charter, yakni *health public policy*, *supportive environment*, *reorient health service*, *personal skill*, *community action pada implementasi Kampung KB*.

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HASIL DAN PEMBAHASAN

Karakteristik sosial budaya masyarakat Kampung KB RW 12 tergolong unik, karena mereka menyukai kesenian tradisional jawa, memiliki rasa tenggang rasa, dan kebersamaan. Kondisi ini membuat masyarakat wilayah tersebut dapat hidup dengan tentram dan harmonis. Masyarakat Kampung KB RW 12 merupakan masyarakat multi etnis yang terdiri dari suku Jawa, Madura, dan Arab. Bahasa yang digunakan sebagian besar bahasa Jawa Surabaya secara khas sedikit keras, *blak-blakan*, dan berbicara apa adanya. Masyarakat RW 12 sering melakukan gotong-royong dan bekerja sama dalam melakukan aktivitas di kampung. Kondisi ini dapat dibuktikan dengan adanya berbagai kegiatan pemberdayaan di wilayah tersebut

Kampung KB RW 12 memiliki jumlah penduduk yang cukup banyak dengan beragam latar belakang pendidikan yang didominasi oleh sekolah dasar sebanyak 1.228 orang. Kampung ini berada diantara Kampung KB RW 5 dan pemberhentian kereta api. Kampung KB RW 12 juga memiliki hal yang unik seperti:

- Memiliki Pelayanan Informasi Konseling Remaja (PIK-R)
- TRIBINA yang terdiri dari Bina Kesehatan Lansia (BKL), Bina Kesehatan Balita (BKB), Bina Kesehatan Remaja (BKR)
- Musik Patrol
- Bimbingan Belajar Gratis
- Memiliki relasi yang banyak
- Karang Taruna
- Pendidikan Anak Usia Dini (PAUD)
- Bank Sampah
- Memiliki 2 pos Posyandu
- Memiliki 5 musholla
- Memiliki 7 Taman Pendidikan Al-Qur'an (TPQ)
- Heterogen (terdiri dari berbagai suku).

Berdasarkan beberapa alasan tersebut, maka RW 12 wilayah Semampir ditunjuk sebagai penyelenggara Kampung KB. Harapannya agar dapat menyelesaikan permasalahan kemiskinan, kepadatan penduduk.

> *"Yaitu program yang dimana wilayah yang ter... maksudnya itu terjelek, terkumuh, terpadat, termiskin sama terendah KKBPK nya". (DS, 50 tahun)*

Sesuai dengan Buku Panduan Penyelenggaraan Kampung KB menyebutkan sejumlah alasan dibentuknya Kampung KB (Badan Kependudukan dan Keluarga Berencana Nasional, 2017). Alasan tersebut antara lain:

- Kampung terkotor di wilayah Semampir
- Kampung terbanyak angka kelahiran
- Kampung termiskin
- Kampung terkumuh

Kampung KB merupakan program pemberdayaan masyarakat yang berfokus dalam menyejahterakan masyarakat. Keberadaan sekretariat Kampung KB menjadi bentuk komitmen masyarakat RW 12 untuk melaksanakan dan melakukan pengawalan terhadap program Kampung KB tersebut. Gambar 1 merupakan wujud sekretariat Kampung KB RW 12 tampak luar yang terletak di Balai RW 12 Kelurahan Sidotopo, Kecamatan Semampir Kota Surabaya. Kesekertariatan dibangun secara gotong royong.

Gambar 1. Sekretariat Kampung KB RW 12

Kampung KB merupakan program pemberdayaan masyarakat berbasis kampung yang tidak hanya fokus terhadap pelayanan KB. Ada beberapa yang menjadi fokus program seperti pendidikan, lingkungan, serta administrasi. Kampung KB RW 12 merupakan kelompok yang menjadikan kampung tersebut menjadi forum komunikasi masyarakat di bawah DP5A Kota Surabaya. Petugas lapangan Kampung KB Kecamatan Semampir menyatakan, secara kelembagaan Kampung KB memiliki Surat Keputusan. Pernyataan tersebut ditinjau dari Surat Keputusan (SK) Kecamatan Semampir nomor 03 tahun 2018 tentang Pembentukan Kampung KB Kelurahan Sidotopo. Pembentukan Kampung KB ini diperkuat dengan adanya struktur yang jelas sesuai dengan pernyataan berikut:

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"Tidak hanya fokus KB mas, tapi juga ada PIK R yang melibatkan remaja, ada sinau 12 yang masuk pada ranah pendidikan". (LH, 46 tahun)

"Kampung yang kita tata dalam arti keluarga berencana tapi tidak hanya kb mas pendidikan, kesehatan juga salah satu upaya yang ada di Kampung KB". (RU, 54 tahun)

Kampung KB adalah upaya untuk memberdayakan dan memandirikan masyarakat. Pemberdayaan sebagai proses berkelanjutan yang disengaja yang berpusat di masyarakat setempat, saling menghormati, refleksi kritis, kepedulian, dan partisipasi kelompok, dimana orang-orang yang kurang memiliki nilai dari sumber daya bersama memperoleh akses dan kontrol lebih besar ke sumber daya itu, atau hanya sebuah proses orang yang mengontrol hidup mereka, partisipasi demokratis dalam kehidupan komunitas mereka, dan pemahaman kritis lingkungan mereka (Perkins and Zimmerman, 1995). Pemberdayaan pada komunitas masyarakat meliputi pemberdayaan secara individu, pemberdayaan keluarga, pemberdayaan organisasi termasuk lebih luas pada perubahan sosial dan politik. Pemberdayaan merupakan suatu keberlanjutan dari hubungan atau jaringan tindakan personal, kelompok grup yang sama, lebih lanjut mengarah ke *community organization* dan *partnership*, sehingga lebih luas pada tindakan sosial dan politik. Proses tersebut berjalan secara dinamis dan berkelanjutan dalam pemberdayaan tingkat personal dan berubah menjadi lebih kuat ketika terjalin hubungan pada kelompok sosial yang sama (Laverack, 2009).

Promosi kesehatan merupakan proses untuk meningkatkan kesehatan sebuah masyarakat. Tujuannya agar tercapai keadaan fisik, sosial, dan mental yang baik. Baik individu maupun kelompok harus bisa mengidentifikasi serta merealisasikan aspirasi untuk memperbaiki kondisi lingkungan (Nicolas W. Cortes-Penfield, Barbara W. Trautner, 2017).

Ottawa Charter menjadi sebuah panduan yang potensial untuk mengetahui keberlangsungan pemberdayaan program Kampung KB. Informasi ini berdasarkan penelitian sebelumnya yang menyatakan bahwa *Ottawa Charter* penting dalam aspek promosi kesehatan (Tiraihati, 2018).

Kesehatan dipandang sebagai sumber daya untuk kehidupan yang belum termasuk tujuan hidup. Kesehatan merupakan konsep yang menekankan sumber daya sosial serta kapasitas fisik. Promosi kesehatan bukan hanya urusan sektor kesehatan, melainkan tanggungjawab semua orang untuk mewujudkan gaya hidup sehat menuju sejahtera (Hamed, El-gazzar and Moftah, 2018).Piagam *Ottawa Charter* memiliki lima butir perjanjian yaitu *Healthy Public Policy, Supportive Environment, Re-orient Health Service, Personal Skill, Community Action*.

Kebijakan Berwawasan Kesehatan (*Healthy Public Policy*)

Aspek kesehatan sangat sering diabaikan dalam proses pembangunan. Munculnya kebijakan berwawasan kesehatan diharapkan mampu mendorong proses pembangunan berdasarkan aspek kesehatan. Kegiatan tersebut hendaknya diperhatikan oleh para pengambil kebijakan (*policy makers*) atau pembuat keputusan (*decision makers*), baik di institusi pemerintah maupun swasta (Mahamed, Parhizkar and Raygan Shirazi, 2012).

Hasil yang didapatkan di lapangan adalah adanya pedoman yaitu Nawacita Pak Joko Widodo selaku Presiden Indonesia. Nawacita yang dimaksud adalah butir nomer 3 dan 5, yaitu membangun Indonesia dari pinggir dengan memperkuat daerah dan desa dalam kerangka negara kesatuan dan meningkatkan kualitas hidup manusia. Nawacita menjadi pedoman dasar bagi seluruh Kampung KB di Indonesia. Adanya SK penunjukkan Kampung KB pertama di Surabaya dari Walikota Surabaya serta SK dari Kecamatan Semampir tentang pembentukan Kampung KB di Sidotopo.

Sejumlah informan memberikan tanggapan mengenai landasan penyelenggaraan Kampung KB sebagai berikut:

"landasan peraturan sesuai dengan programnya Presiden Jokowi itu tentang nawacita yang tertuang dalam Nawacita ketiga dan kelima". (DS, 50 tahun)

"landasan programnya Nawacita Jokowi dan SK Kecamatan". (SU, 45 tahun)

"program Kampung KB ini memiliki dasar dari Nawacita Jokowi

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nomor 3,5,8 ada di pelaksanaan juknis Kampung KB". (GP 54 tahun)

Permasalahan selanjutnya adalah struktural ganda yang ada di Kampung KB RW 12. Versi pertama adalah berdasarkan SK Kecamatan sementara versi kedua berdasarkan pengurus Kampung KB RW 12. Saat diklarifikasi, sudah dijelaskan oleh Pak Lurah bahwa itu hanya formalitas administrasi di SK Kecamatan, sedangkan untuk operasional, Pak RW yang menjadi ketua. Dalam lingkup RW masih belum ada SK yang jelas atau peraturan yang jelas terkait struktural ini. Fakta tersebut didapatkan dari informan ketika dilakukan wawancara:

"ada SK mas dari Kecamatan Semampir". (TS, 46 tahun)

"landasannya kan kita ditunjuk dari SK Walikota sebagai Kampung KB pertama di Surabaya". (SH, 54 tahun)

Kampung KB RW 12 belum memiliki peraturan yang secara jelas merujuk kepada kebijakan berwawasan kesehatan. Ada sejumlah kebijakan seperti mengharuskan masyarakat memiliki Badan Penyelenggara Jaminan Sosial (BPJS), akta kelahiran, serta adanya penimbangan sampah di bank sampah. Realisasi dari kebijakan tersebut dibentuk oleh pengurus dan bantuan pihak luar seperti mahasiswa, dinas, serta puskesmas yang telah berwawasan kesehatan. Konsep Kampung KB ini memiliki kesamaan dengan konsep yang dikemukakan oleh Ferdinand Toones. Konsep tersebut dibukukan oleh George pada tahun 2019 yang memberikan penjelasan tentang masyarakat paguyuban yang dikenal dengan *Gemeinschaft*, yang memiliki arti 'masyarakat' dalam Bahasa Indonesia (Nurjannah and Susanti, 2018).

Inisiatif dari pengurus dan masyarakat menjadi kunci dalam pembentukan kebijakan berwawasan kesehatan. Komunikasi dengan pihak puskesmas perlu ditingkatkan karena puskesmas harus dilibatkan dalam pembuatan kebijakan berwawasan kesehatan. Organisasi yang baik adalah organisasi yang memiliki struktural dan visi yang jelas sehingga dapat mengurangi kejadian *overlapping* dalam setiap unit atau divisi (Badan Kependudukan dan Keluarga Berencana Nasional, 2017).

Adanya kebijakan dalam pemberdayaan masyarakat sebagai dasar dan mampu memberikan rangsangan sehingga partisipasi aktif masyarakat semakin meningkat. Pemberdayaan bertujuan untuk membentuk Individu mandiri dan memiliki etos kerja, meningkatkan kesadaran masyarakat terhadap potensi diri dan lingkungan, memberikan pelatihan untuk meningkatkan kemampuan masyarakat dalam membuat perencanaan dan pertanggungjawaban. Pemberdayaan juga bertujuan untuk meningkatkan kemampuan berpikir masyarakat dalam mencari solusi pada setiap permasalahan pembangunan serta memperkecil angka kemiskinan (Sadiasa, 2017). Implementasi dari poin pembangunan yang keberlanjutan yakni melalui Kampung KB di RW 12 Sidotopo. Aspek kebijakan masih termasuk kurang karena belum ada kebijakan yang spesifik dan peraturan masih belum tampak jelas di tingkat local karena hanya bersifat himbauan dan tidak tertulis.

Lingkungan yang Mendukung (*Supportive Environment*)

Guna meningkatkan derajat kesehatan masyarakat, perlu adanya peran pengurus sebagai elemen penggerak bagi organisasi Kampung KB. Lingkungan internal dapat menjadi lebih kondusif dengan berbagai upaya meskipun ada kendala. Sebagai bentuk dukungan pelaksanaan program *empowerment* dalam organisasi, dibutuhkan lingkungan yang terbuka dan saling percaya antar anggota untuk mewujudkan lingkungan organisasi yang baik. Sejumlah informan memberikan informasi terkait pihak-pihak yang terlibat dalam Kampung KB:

"kalau Kampung KB yang terlibat ini semua sektor, semua sektor itu terlibat diantaranya adalah RT, tokoh masyarakat, dan kader serta karang taruna juga". (RU, 54 tahun)

"ya banyak mas mulai dari dinas-dinas, tokoh agama, pak RT, sama tokoh masyarakat gitu, banyak yang terlibat". (TS, 46 tahun)

"yang terlibat menyeluruh dari mulai Kecamatan, Kelurahan, RW, RT, serta seluruh jajaran kader". (SH, 54 tahun)

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> *"masyarakat, terutama kader, RT, RW, karang taruna, pemuda-pemudanya"*. (SU, 45 tahun)

Sisi positif dalam program Kampung KB ini adalah tokoh masyarakat, tokoh agama, dinas, lintas sektor serta masyarakat mau untuk diajak bekerja sama dalam membangun kampung. Mulai dari adanya sekretariat yang dapat digunakan oleh seluruh masyarakat Kampung KB, juga terdapat mural di beberapa tembok sepanjang kampung. Sisi negatifnya adalah janji pemerintah yang belum tuntas tentang pembangunan infrastruktur. Peran puskesmas dan DP5A juga belum kompak dalam implementasi program Kampung KB.

Aspek positif dan negatif menjadi tantangan tersendiri, karena program pemberdayaan masyarakat tidak bisa dilakukan secara individu. Masalah dan tantangan dalam pengelolaan Kampung KB mewajibkan pemerintah untuk melakukan perubahan paradigma. Sebagai upaya untuk mewujudkan setiap kebijakan dengan mengedepankan pola keberpihakan pada masyarakat. Aspek good governance dibutuhkan untuk mendorong partisipasi masyarakat. Praktis pembangunan harus melibatkan masyarakat. Peran masyarakat perlu dipandang sebagai hal yang dinamis serta memberikan peluang bagi pemerintah untuk mewujudkan kredibilitas negara melalui optimalisasi pembangunan dan aksi kolektif. Program pemberdayaan masyarakat perlu keterlibatan semua pihak, baik pemerintah, pengurus, lintas sector, serta masyarakat itu sendiri, karena pemberdayaan dapat berjalan maksimal jika semua terlibat. Terkait peran tersebut, DP5A memberikan pernyataan sebagai berikut:

> *"peran kita sosialisasi di warga masyarakat melalui RT, RW, tokoh agama, tokoh masyarakat, para kader pemuda. Setelah itu kita melakukan restrukturalisasi lembaga-lembaga yang tidak aktif seperti akrang taruna, kelompok kader, poktan-poktan kita cek kembali satu-satu kemudian kita pendataan ulang, kemudian tahun berikutnya kita analisis dari 2 data itu kemudian kita pilah serta pilih. Selanjutnya kita prioritaskan yang disosialisasikan serta monitoring di RW 12"*. (GP, 54 tahun)

Dukungan dari pihak luar juga banyak ditemui di Kampung KB RW 12. Dukungan tersebut berupa barang hingga sosialisasi. Dukungan ini sangat membantu masyarakat untuk menciptakan lingkungan yang solid dalam pengembangan program Kampung KB RW 12. Dukungan dari luar sangat berpengaruh terhadap proses berkembangnya bagi internal organisasi. Kampung KB RW 12 sendiri mendapatkan keuntungan dari pihak luar baik berupa barang maupung SDM.

Informasi yang dapat diambil adalah seluruh komponen dalam program Kampung KB di RW 12 turut terlibat memberikan kontribusi kepada masyarakat atas nama kepentingan umum. Dukungan yang baik oleh pemerintah, pengurus serta masyarakat dapat memberikan dampak yang membuat kehidupan masyarakat lebih sejahtera.

Kondisi yang perlu dievaluasi adalah pengembangan organisasi Kampung KB melalui perbaikan sekretariat yang layak, keberadaan tim khusus untuk pendampingan di RW 12, serta sumberdaya khusus guna memaksimalkan media sosial untuk pengenalan Kampung KB. Pengadaan media informasi juga diperlukan sebagai ajang promosi kesehatan.

Reorientasi Pelayanan Kesehatan (*Reorient Health Service*)

Tanggung jawab pelayanan kesehatan seyogyanya adalah tanggung jawab bersama antara pemberi pelayanan kesehatan dan pihak yang mendapatkan pelayanan. Pihak *health provider* atau pemberi pelayanan tidak hanya sekadar memberi pelayanan, tetapi dapat meningkatkan peran aktif masyarakat terhadap pengembangan aspek kesehatan. Perlu adanya kesadaran bahwa peran pemberi layanan kesehatan tidak hanya sebagai subyek, tetapi juga sebagai obyek.

Melalui informan, dapat diketahui fakta yang terjadi di lapangan. DP5A memberikan pernyataan bahwa:

> *"belum begitu nampak mas peran dari puskesmas"*. (GP, 53 tahun)

PLKB Kecamatan Semampir juga memberikan respon berikut:

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> *"ya peran puskesmas saya katakan, kalau misal program itu kan semua lintas sektor. Ketika di RW 12 itu perlu apa ya pendampingan puskesmas, puskesmas sudah siap. Seperti ada program kelas ibu hamil terus imunisasi"*. (DS, 50 tahun)

Saat dilakukan triangulasi ke puskesmas yang diwakili oleh ketua promosi kesehatan, didapatkan informasi bahwa:

> *"ya memang betul mas kita mengadakan program kelas ibu hamil pencegahan TB, namun kita tidak membedakan mana yang Kampung KB dan non Kampung KB, akan tetapi kami memfasilitasi untuk request materi"*. (IS, 53 tahun)

Pelayanan kesehatan dan Kampung KB seharusnya berhubungan erat, karena mereka pasti menerima calon akseptor KB, pelayanan KB, serta pelayanan yang lain. Realitanya, ada hal yang harus diperbaiki dalam segi peran puskesmas. Sejumlah komentar dari masyarakat terhadap keseriusan puskesmas saat di Kampung KB, yaitu datang terlambat saat melakukan sosialisasi serta ketidaksinkronan dengan pihak DP5A. Puskesmas adalah salah satu *stakeholder* untuk membantu program Kampung KB di bidang pelayanan kesehatan (Badan Kependudukan dan Keluarga Berencana Nasional, 2017).

Pelayanan kesehatan juga tidak bisa dikatakan buruk bila perubahan yang terjadi sedikit. Penggunaan Metode Kontrasepsi Jangka Panjang (MKJP) bertambah di RW 12 sebagai dampak adanya Kampung KB. Tidak hanya itu, puskesmas juga memberikan pelayanan kesehatan untuk penyakit TB, demam berdarah, diare, dan lain sebagainya.

Kampung KB RW 12 ini juga memiliki bidan praktik swasta atau Bidan Praktik Mandiri (BPM) sangat membantu puskesmas dan masyarakat karena klinik yang buka selama 24 jam, sementara puskesmas tidak buka 24 jam. Komunikasi antara puskesmas dengan bidan swasta juga cukup baik untuk bekerja sama menolong masyarakat.

Perbedaan lainnya yakni pada sosialisasi di wilayah cakupan puskesmas. Data yang didapatkan oleh puskesmas menjelaskan bahwa tidak ada perbedaan yang signifikan, yang berbeda hanya permintaan materi saja. Perbedaan lainnya adalah puskesmas memberikan rujukan untuk pemasangan KB MKJP.

Pihak pemerintah yang diwakili oleh Dinas Pengendalian Penduduk, Pemberdayaan Perempuan dan Perlindungan Anak juga memberikan bantuan. Bantuan tersebut berupa operasi pemasangan KB MKJP, baik Metode Operasi Wanita (MOW) maupun Metode Operasi Pria (MOP). Mereka juga selalu menjemput calon akseptor KB dengan menggunakan mobil khusus guna memberikan kemudahan bagi calon akseptor KB menuju tempat pemasangan KB yaitu Pusat Pelayanan Keluarga Sejahtera (Pusyangatra).

Undang-Undang Nomor 36 Tahun 2009 tentang Kesehatan menyatakan bahwa penyuluhan kesehatan diselenggarakan untuk meningkatkan pengetahuan dan kemampuan masyarakat untuk aktif berperan dalam aspek kesehatan. Kegiatan tersebut dilakukan untuk memperbaiki perilaku seseorang atau kelompok masyarakat agar hidup sehat melalui Komunikasi, Informasi dan Edukasi (KIE) (*Undang-Undang Republik Indonesia Nomor 36 Tahun 2009 tentang Kesehatan*, 2009).

Hasil penelitian sebelumnya menjelaskan bahwa ada perubahan pengetahuan sebelum dan sesudah dilakukan intervensi KIE menggunakan leaflet. Hasil penelitian yang dilakukan sama dengan yang diperoleh dengan media KIE berupa leaflet. Peran posyandu juga menjadi sorotan, karena sebagai tempat pelayanan kesehatan yang dikelola oleh kader untuk meningkatkan kesehatan masyarakat yang ada di Kampung KB RW 12 (Tindaon, 2018).

Posyandu di Kampung KB RW 12 berjumlah 2 pos dan keduanya sangat aktif. Dukungan dari petugas kesehatan juga cukup baik. Fakta tersebut sesuai dengan teori bahwa pos pelayanan terpadu adalah bentuk pelayanan kesehatan yang diselenggarakan oleh dan untuk masyarakat melalui dukungan petugas kesehatan. Teori tersebut diperkuat bahwa posyandu adalah unit kegiatan media sosial untuk pengenalan Kampung KB yang dilakukan oleh masyarakat atas bimbingan tenaga kesehatan dari puskesmas untuk mencapai

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taraf kesehatan yang maksimal. (Kementerian Kesehatan RI, 2018).

Pelayanan kesehatan di Kampung KB RW 12 sudah cukup bagus, namun harus ada evaluasi serta perbaikan komunikasi antara puskesmas dengan DP5A. Upaya ini perlu dilakukan agar saling mengerti akan porsi masing-masing, baik dari puskesmas ataupun DP5A. Puskesmas juga tidak boleh hanya datang karena mengejar tanda tangan, tetapi harus berperilaku ramah terhadap masyarakat dan hadir tepat waktu, karena tidak semua masyarakat memiliki waktu saat pagi hari.

Mengembangkan Keterampilan Individu (*Develop Personal Skill*)

Promosi kesehatan mendukung perkembangan individu dan sosial melalui pemberian informasi, pelatihan, dan pendidikan kesehatan. Strategi tersebut memberikan pembekalan masyarakat melalui keterampilan kesehatan masyarakat secara keseluruhan. Harapannya agar banyak individu yang memiliki keterampilan di bidang kesehatan. Keterampilan tersebut sebagai cerminan bahwa masyarakat tersebut dalam keadaan sehat. Keterampilan individu penting untuk membuat keadaan masyarakat yang lebih sehat. Dasar keterampilan perlu dibekali dengan pengetahuan kesehatan. Mereka mampu mengambil keputusan yang terbaik untuk dirinya dan lingkungan terkait kesehatan. Strategi ini dapat diaplikasikan di lingkungan sekolah, perumahan, hingga kelompok masyarakat tertentu. Kegiatan dapat berupa penyuluhan posyandu, Pemberdayaan Kesejahteraan Keluarga (PKK), pelatihan dokter kecil, dan lain-lain.

Peran pemerintah, dalam hal ini petugas lapangan keluarga berencana menyampaikan strategi pengembangan skill individu, yaitu:

> *"kalau kita selalu pembinaan mas. Pembinaan terus menerus, ya evaluasi juga, ya monitoring juga. Kita juga mencarikan mitra, kita juga melakukan pelatihan meskipun tidak ada dana tujuannya untuk mengumpulkan kader dengan harapan bisa melakukan evaluasi-evaluasi".* (DS, 50 tahun)

Ketua Lurah Sidotopo juga memberikan pernyataan dukungan terhadap pengembangan skill masyarakatnya, yakni:

> *"iya kalau saya ini memfasilitasi RW 12 mas kalau ada masalah, kemudian kalau anggaran kurang saya carikan meskipun gak banyak".* (AP, 54 tahun)

Tujuan pembangunan yakni untuk mengentaskan kemiskinan dan meningkatkan jumlah akseptor KB adalah melalui program pemberdayaan masyarakat Kampung KB. Upaya ini dilakukan untuk mewujudkan pemikiran bahwa program tersebut tidak hanya fokus dan bersifat ekonomi saja, namun juga bersifat sosial dan budaya. Diharapkan program ini dapat berkembang untuk mewujudkan masyarakat yang sejahtera, baik dalam hal kesehatan, sosial, ekonomi, budaya, serta agama untuk mewujudkan derajat kesehatan masyarakat.

Tiga fase pemberdayaan yang dilalui memiliki kesimpulan bahwa penyadaran pentingnya Kampung KB perlu dilakukan dengan penuh rasa sabar hingga masyarakat memiliki kesadaran yang baik. Pemerintah Kota Surabaya yang diwakili oleh DP5A merupakan stakeholder yang diharapkan dapat membantu peningkatan kualitas sumber daya manusia. Tugas tersebut diwujudkan melalui kerjasama yang baik antara pemerintah dan masyarakat (Mardiyono, 2017b).

Melihat hasil yang didapatkan pada Kampung KB RW 12, pemberdayaan melalui Kampung KB ini dapat memantik kesadaran masyarakat untuk mengembangkan kemampuan dalam memanfaatkan potensi yang dimiliki oleh daerah tersebut. Pelaksanaan program Kampung KB dapat memperkuat kesadaran masyarakat serta meningkatkan derajat kesehatan masyarakat.

Gerakan Masyarakat (*Community Action)*

Gerakan Masyarakat bertujuan untuk menunjukkan bahwa kesehatan adalah milik pemerintah dan masyarakat. Agar dapat menciptakan gerakan ke arah hidup sehat, masyarakat perlu dibekali dengan pengetahuan dan keterampilan. Masyarakat harus dibekali kemampuan hidup sehat. Kewajiban untuk meningkatkan kesehatan bukan hanya

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tanggungjawab tenaga kesehatan, tetapi juga mewujudkan derajat kesehatan yang optimal. Upaya yang telah dilakukan untuk memperkuat gerakan masyarakat adalah dengan adanya gerakan 3M dalam program pemberantasan Demam Berdarah *Dengue* (DBD), gerakan jumat bersih, gerakan seribu kondom dalam upaya pencegahan *Human Immunodeficiency Virus/Acquired Immuno Deficiency Virus* (HIV-AIDS), dan lain-lain.

Masyarakat di Kampung KB RW 12 sudah mulai mandiri dan sadar akan pentingnya hidup sehat dan kesejahteraan keluarga. Seperti agenda masyarakat yang rutin seperti Juru Pemantau Jentik (JUMANTIK). Masyarakat secara perlahan mau untuk melakukan program pemasangan KB MKJP. Pendidikan masyarakat yang diwakili oleh kaum remaja mampu membuat program bimbingan belajar untuk mengurangi angka kenakalan remaja di wilayah tersebut. Masyarakat sudah mulai banyak mengikuti program bank sampah untuk turut menyelesaikan masalah sampah. Masyarakat mulai sadar bahwa sampah bisa dikelola. Masyarakat juga mampu membuat Usaha Mikro, Kecil, Menengah (UMKM) meskipun terhalang oleh dana. Masyarakat mengusahakan bahwa UMKM penting dibentuk di Kampung KB RW 12.

Penelitian terdahulu menyatakan bahwa terdapat perubahan jumlah peserta KB baru, KB MKJP, serta terjadi kesamaan hasil di wilayah Kampung KB Dusun Parseh, Desa Leprak Kabupaten Bondowoso. Terdapat perubahan jumlah peserta KB baru maupun KB MKJP. MOP berjumlah 1 akseptor dan IUD 13 akseptor. Selanjutnya dilakukan penambahan KB MKJP sebanyak 5 akseptor. Kampung KB dapat mengubah perilaku masyarakat, sehingga mereka sadar dan peduli akan kesehatan yang mereka miliki, guna membuat keputusan untuk hidup sehat (Mardiyono, 2017a).

Mengenai perubahan tersebut, informan yaitu ketua pokja KB memberikan pernyataan:

> *"dulu warga masih menggunakan KB tradisional, tapi sekarang masyarakat sudah mulai mengikuti KB MKJP, bahkan memakai MOP sudah mulai ada meskipun tidak terlalu banyak, ini menjadi awal yang bagus".* (TS, 46 tahun)

Pernyataan tersebut diperkuat oleh petugas KB di lapangan di Kecamatan Semampir:

> *"... akhirnya yang dulu di RW 12 itu tidak ada yang ikut KB MOP, sekarang sudah mulai ada meskipun 5 cukup lumayan. MOW-nya juga ikut meningkat".* (DS, 50 tahun)

Pokja lintas sektor membenarkan adanya perbedaan yang signifikan. Hal tersebut sesuai dengan pernyataan:

> *"perbedaannya jauh, kalau dulu orang gak tau KB, dipikir 2 anak cukup. Padahal sekarang kan KB mengatur jarak kelahiran, juga banyak untuk kegiatan lain misal bina lansia, keluarga, remaja".* (DS, 50 tahun)

> *"dulu tempat kita ini kumuh, dulunya ada kandang ayam sekarang sudah bubar. Dari keseriusan pengurus kampung ini kadang masyarakat juga susah untuk dijelaskan, sehingga kita kerjasama dengan babinsa dan satpol PP mas, untuk memberikan efek jera".* (SH, 54 tahun)

Pencapaian kemandirian kesehatan adalah elemen penting yang tidak bisa dikesampingkan. Pemberdayaan kesehatan menjadi sasaran utama dari promosi kesehatan. Masyarakat menjadi salah satu strategi global promosi kesehatan. Sehingga pemberdayaan masyarakat penting untuk diperhatikan sebagai target primer, guna memelihara kemandirian kesehatan.

Beberapa informan merasakan perubahan setelah diterapkannya Kampung KB di wilayah RW 12.

> *"dulu itu terkesan kotor gak teratur, tapi sekarang sudah mulai teratur".* (SM, 43 tahun)

> *"sekarang sudah ada penghijauan".* (WY, 55 tahun)

> *"... kampung kita alhamdulillah sudah mulai bersih".* (TS, 46 tahun)

Implementasi Kampung KB ini dibuat dengan memaksimalkan potensi

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wilayah dan budaya yang dimiliki, salah satunya adalah budaya guyub. Kampung KB percontohan di Surabaya berkomitmen untuk memperoleh kesejahteraan masyarakat melalui beberapa aspek. Aspek tersebut meliputi adanya budaya lokal kesenian, seperti musik patrol, tari remo, hingga kumpulan pecinta alam. Kampung KB RW 12 menjadi percontohan Kampung KB di wilayah Jawa Timur dan instansi lain.

> *"...Kampung KB ini memiliki tujuan untuk mengangkat kesejahteraan masyarakat agar mampu untuk bangkit dalam sesuatu yang jelek".* (TS, 46 tahun)

Informan menceritakan yang datang di Kampung KB sangat banyak, melalui pernyataan sebagai berikut:

> *"Kebanyakan yang datang disini itu mahasiswa yang magang, PKL, KKN, Kampung KB di wilayah Surabaya maupun luar Surabaya dan kemaren kita didatengi WHO kalo ndak salah".* (SH, 54 tahun)

Kampung KB ini memiliki fokus pendidikan dengan nama *Sinau* 12 untuk menambah kemampuan anak-anak di wilayah tersebut. Ketua POKJA Ketahanan keluarga menyatakan bahwa:

> *"ada program sinau 12 bagus sekali mas untuk meningkatkan kualitas pendidikan di kampung ini".* (SP, 45 tahun).

Keberadaan dukungan Pengembangan sumber daya manusia dalam pengertian ekonomi, dapat digambarkan sebagai akumulasi modal manusia (humancapital), yang dapat terwujud dalam bentuk peningkatan pengetahuan, keterampilan dan kapasitas dari seluruh penduduk dalam suatu masyarakat (Daulay, editor, 2012). Pendanaan kegiatan Kampung KB dilaksanakan secara mandiri oleh warga. Organisasi Kampung KB ini tidak memiliki kas, namun memiliki pemasukan dari uang swadaya masyarakat dan dana Pemerintah dari Anggaran dan Pendapatan Belanja Negara (APBN). Hal ini berdasarkan dari data:

> *"… Swadaya mas kita hanya dapat konsumsi dari DP5A".* (SM, 49 tahun)

> *"Kita urunan mas untuk mengaktifkan organisasi Kampung KB".* (SH, 54 tahun)

> *"Iya kita uranan buat Kampung KB mas".* (RU, 54 tahun)

> *"…dari APBN mas itu pada tahun 2016".* (DS, 50 tahun)

Pihak DP5A memberikan penguatan pernyataan bahwa:

> *"…*support *anggaran APBN dari pusat melalui Dana Alokasi Khusus (DAK) melalui pemkot Surabaya kemudian ada APBD, kemudian ada secara penganggaran cukup 3-5 kali setiap sebulan ada mamin,* snack, *dan pemateri".* (GP, 53 tahun)

SIMPULAN

Implementasi program Kampung KB RW 12 Sidotopo, Kecamatan Semampir, Kota Surabaya masih perlu untuk ditingkatkan lagi. Terutama dalam aspek *Healthy Public Policy* yang masih dalam bentuk saran. *Reorient Health Service* yang dilakukan oleh Puskesmas Sidotopo belum optimal dikarenakan persepsi antara puskesmas dan DP5A masih belum sama tentang implementasi Kampung KB. Aspek *personal skill* masih perlu ditingkatkan. Kemampuan secara personal haya pada kader dan petugas saja belum pada level masyarakat. secara keseluruhan implementasi Kampung KB masih kurang dan perlu ditingkatkan dalam aspek *Healthy Public Policy*, *Reorient Health Service, dan Personal Skill*.

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Role of Community Leaders as Motivators in Waste Bank Management in Magetan Regency

Retananda Ragiliawati[1)], Mochammad Bagus Qomaruddin[1,2)], Mahmud Aditya Rifqi[3)]

[1] Department of Health Promotion and Behavior Science, Faculty of Public Health, Universitas Airlangga, Surabaya, Indonesia
[2] Indonesian Society of Health Promotor and Educator, Indonesia
[3] School of Health Sciences, Hokkaido University, Japan
Email : retananda.tria.ragiliawati-2017@fkm.unair.ac.id

ABSTRACT

Background: Garbage is one of the unsolved problems in Indonesia. Riskesdas data for 2018 show that 63.2% of the quality of household waste management in Indonesia is in a bad category. The landfill site in Magetan Regency is currently overloaded. The waste bank is an alternative solution for solving problems. Tawanganom Village, Magetan District, Magetan Regency, won the Regency Level Healthy Village Competition in 2017 with fifth community association (RW 5) as the competition representative because it fulfilled the criteria of the championship, namely the existence of a waste bank. It is inseparable from the active role and social support of community leaders who motivate the community to participate in waste bank management. **Objectives:** Describe the role of community leaders as motivators in supporting waste bank management, including emotional support, appreciation, instrumental, and information. **Methods:** The method used in this research is qualitative with a case study approach. In-depth interviews were conducted with informants consisting of housewives and community leaders involved in waste bank activities. The determination of informants was carried out purposively with in-depth interviews using an interview guide. **Results:** It shows that the role of community leaders as motivators significantly affects the sustainability of the waste bank in RW 5, Tawanganom Village, Magetan Regency. Community leaders show patience in guiding the community, providing appreciation and various rewards so that the community feels proud and appreciated, and enables the community to move independently in managing the waste bank. **Conclusion:** The role of community leaders as motivators impacts increasing community participation in waste bank management. The waste bank can run smoothly, supported by the attention and concern of the local government and community leaders who are aggressively providing information and suggestions related to waste bank management.

Keywords: Role of community leaders, motivators, waste banks

INTRODUCTION

The World Health Organization (WHO) states that waste is something unused, disliked, or discarded, comes from human activities, and does not happen by itself. In the Law of the Republic of Indonesia Number 18 of 2008 concerning Waste Management, waste is the residue of daily human activities or natural processes in solid form. The main objective of waste management is to improve public health and environmental quality and to make waste a resource (*Undang-undang Republik Indonesia Nomor 18 Tahun 2008 Tentang Pengelolaan Sampah*, 2008).

Presently, wastes are still a problem in Indonesia. In 2016, the number of waste piles have reached up to 65,200,000 ton/per year with a population of 261,115,456 individuals. The projection of Indonesian population shows a continually rising population number as a factor in waste increase and waste pile-ups. In 2025, the approximate number of Indonesian population is 284,829,000 individuals, which is a 23,713,544 increase from 2016 (Badan Pusat Statistik Indonesia, 2018).

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The 2016 Data of the Ministry of Environment and Forestry (Henceforth MEF) shows that in 2015 there has been a 6.5 million ton (10%) decrease in waste from 71 million ton of produced wastes. From that data, the biggest known source of waste pile-ups comes from households (48%), traditional markets (24%), commercial areas (9%), streets (7.5%), offices (6%), and schools (4%) (Kementerian Lingkungan Hidup dan Kehutanan, 2017)

The 2018 Basic Health Research shows that 63.2% of household waste management is still bad. The biggest proportion being East Nusa Tenggara (87.3%), West Sulawesi (83.4%), and Lampung (83%). In Java, East Java is in the second position for bad household waste management (68.7%). The problem rises from the big number of trash from the rise in population growth. The technique in conventional waste management creates a crisis for usable waste management lands (Kementerian Kesehatan Republik Indonesia, 2019).

The total number of East Java population is 39,292,972 individuals with an estimated household number of 10,580,406. About 12.93% of it being poor households. The population contributes to the big number of wastes being 18,498,160 kg/per day with a composition of 60% organic and 14% plastic.

Waste management in East Java continues in many forms, such as delivered, buried, burned, and disposed of inside rivers or other such places. Delivered form of waste management is through a service of garbage trucks that delivers garbage to waste disposal plantations, and those outside the reach of such service either bury or burn their wastes up to disposing them inside rivers and, in some extreme cases, in the backyard of their homes or surrounding environments.

The appropriate approach in this societal context and need becomes the key of change. The Adiwiyata, Serene Village/Community, Environmental Village Program (*Program Kampung Iklim, Proklim*) and Adipura provide the increase of roles in societal contribution. Conversely, many related parties are also developing their garbage bank programs and waste disposal center refinements with a controlled landfill method; burying wastes in soil after reaching a certain amount of height. The increase of civil awareness minimizes waste pile-ups in waste disposal centers by increasing the role of garbage banks and by creating 3R management centers for waste reuse, reduce, and recycle (Dinas Lingkungan Hidup Jawa Timur, 2018).

Garbage banks are a service for waste depositors done by garbage bank tellers. Donators are members of society, individuals or groups, with tellers being the officer who services the donators. Waste management in garbage banks pushes for the need of the community members to sort out their trash (Bambang Suwerda, 2012).

In 2016, the garbage bank distribution shows that every province has garbage banks. There are 5,244 garbage banks in 34 provinces or 219 regencies/cities in 2017. The contribution in waste reduction from 5,244 garbage banks in 2015 turnovers a mere 0,01%, 0.14% in 2016, and 1.7% in 2017, so the solution to handle waste pile-ups with garbage banks needs the utmost attention (Badan Pusat Statistik Indonesia, 2018).

The Waste Management Center in Magetan Regency is Milangasri Waste Management Center in Milangasri village in Panekan sub-district of Magetan Regency. The center encompasses a 2.5 Ha land with a history since 1997 that is presently overloaded. The amount of everyday waste entering Milangasri center weighs 21,309 kg. The waste management in Magetan amounts only to 63% tota, which is still under the Magetan Regency's Environmental Services Strategic Planning target that should be a 75% total in 2018 (Dinas Lingkungan Hidup Kabupaten Magetan, 2018).

Tawanganom urban community, one of many under Magetan Regency, has a garbage bank as waste management. The management consists of many community associations in Tawanganom consisting of 6 community associations that have their own banks in each of their neighborhoods. Tawanganom urban community has won a Regency-Level Healthy Sub-District contest in 2017 with the fifth community associations as their representatives under the Garbage Bank innovation program. From that success, the fifth community association achieves the *Swasti Saba Wistara* (Healthy Town) award and also as a Clean and Serene Sub-District as an Intermediate category. According to an

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early survey in Tawanganom, the achievement of the fifth community association is not without the active support of public figures that can motivate the community to participate in garbage bank management.

The participation of community members determines the prolongation of garbage bank adaptations programs in every community (Kristina, 2014). The significant factor in pushing the prosperity of waste management with social participation as its basis hinges on the roles of public figures. There are needs for the existence of public figure roles in the village communities, because it manifests the social participation of one such community through said communities' public figures (Posmaningsih, 2016; Setyoadi, 2018). public figures as the centerpoint manifestation of a beautiful village, in which their presence becomes one of the influential pillars in developing an ideal village (Kusnadi and Iskandar, 2017).

Public figures are revered and respected individuals in the community that can become a factor that unites a group. They have the role as decision makers, trailblazers, communicators, mediators, and facilitators, as integrators as well as motivators (Syarief, 2016).

According to the previous backgrounds, there needs to be a research on the role of public figures as motivators and garbage bank management using the Glanz theory (2008) which states that there are four types or dimensions of social supports, which are emotional, award, instrumental, and informative supports (Glanz, 2008). The research studies the roles and forms of support that the public figures of the fifth community association gives to Tawanganom that has achieved first place in the Regency-Level Healthy Sub-district competition.

METHOD

This research was a qualitative research to know the forms of public figure supports as motivators in garbage bank managements using emotional supports that includes empathic support, care and concern, award support, respect and motivation to progress, instrumental support, fulfilling the needs unfulfilled and supporting the prosperity of garbage bank management, as well as informative support through giving advices and suggestions as motivations in managing Garbage Banks. The analytical data came in inductive and descriptive forms. The research approach in this study refers to a research strategy in investigating a phenomenon in real life settings.

The research started in Tawanganom's fifth community association in September to November of 2019. The research consisted of in-depth interviews using interview guides by asking informants of their consents first before the interviews. The acquired informations' sources separates Key Informants such as influential public figures as well as village workers for garbage bank managements in Tawanganom urban communities' fifth community association from Informants such as the civilians in said community association.

The informant selection for this research depends on the purpose of the researcher (purposive). The criteria was being 35-55 of age, living in the fifth and third community association of Tawanganom as well as giving concrete and accurate information for the garbage bank management in Tawanganom. The number of key and regular informants in this research amounted to 6 people, 4 key informants of the initial MA, M, SH, and S, and 2 regular informants of the initial L and SM who work as civil worker, entrepreneur, and housewife.

The data validity conclusion or verification of this research used the source triangulation technique. The use of source triangulation was critical for comparing and checking the degree of truth in acquired information through the passage of time or the use of different tools.

RESULT AND DISCUSSION

Description of Tawanganom's Fifth Community Association

Tawanganom Sub-district is one of the many urban communities in Magetan Regency and Sub-district. Spanning 125.32 Ha of urban community, Tawanganom consists of three village groups: Tawangrejo, Kebaran, Nanom, as well as 6 community associations and 49 neighborhoods. The fifth community association is one such association in Tawanganom with a history since 1989 and is 4.97 Ha wide. It consists of 1 community

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association and 12 neighborhoods bordering Kondangayem village to the north, Sukowinangun urban community to the south, Mayjen Sukowati street to the east, and Kebaran village to the west. The total population consists of 1530 individuals, 756 males and 774 females, over 447 families (Badan Pusat Statistik Kabupaten Magetan, 2018).

Description of Garbage Bank in the Fifth Community Association

The garbage bank in Tawanganom's fifth community association has a history since 2015. The creation of the garbage bank starts from Tawanganom's Urban Community Head Decree for the creation of Manager Arrangements for Integrated Garbage Bank Management Units.

At its earliest, the use of garbage banks is to mitigate the appearance of garbage problems. Those being the continually increasing volumes of wastes with the decreasing availability of usable lands, limited garbage disposal services, as well as garbage management paradigm with its root at Collect-Deliver-Dispose. Before long, the garbage in the waste management center turns into a mountain, and in turn creates a wasteful environment rife of epidemics. For that, the idea of a garbage bank emerges. The bank has its use as a service to change the daily routines to a healthier alternative and as a means for housewives to practice household health empowerment with a goal in waste management. Each neighborhood collects their area's own wastes with a set destination for waste collection. The schedule is once every month.

The mechanism of the garbage bank starts from sorting garbage done in each home, then the bank collects the sorted wastes at the scheduled time. During garbage dage, the bank weighs the collection of wastes, which the bank's treasury notes, and then the bank buys the garbage as per prior coordinations with the head of the neighborhood and garbage bank officer. The result of the garbage bank, as the treasury notes, becomes the neighborhood's cash income as budget for activities. If there are activities that need payment, the community does not have to pay the cost because the payment comes from the cash income of the garbage bank. Each garbage bank officer in each neighborhood also creates a monthly report that the head of community association collects which they report to the urban community's garbage bank.

Garbage Banks only sell inorganic wastes such as cardboards, plastic bottles or plastic brands, with organic wastes becoming composts instead. Processed wastes are liquid household wastes such as leftovers, vegetable remains, et cetera. The effort to recycle organic wastes occurs in every individual home. However, they need training from Magetan Regency's Environmental Services first from the Head of urban communities and neighborhoods to ensure that every individual is independent in managing wastes.

Roles of Public Figures as Motivators

Motivators are stimulations, encouragements or power generations a person or group of people has who have the willingness to act and cooperate optimally in performing planned-beforehand activities (Rizkia Nanda, Bahari Yohanes, 2016). The role of public figures as motivators is to provide encouragement or support that can determine the behavior that the community will perform. The support of public figures in the fifth community association in performing their roles as motivators includes:

1. Emotional Support

   Emotional support means support through giving attention and motivation to the community. public figures take a direct approach to the community by inviting the community directly to participate in garbage bank management activities. The following states the importance of such support by the key informant, Chief of the Community's Garbage Bank in the following interview:

   "Yes, all this time, we have invited the people of Tawanganom with the socialization carried out in the neighborhood and community association, how to sort, process waste and care for the environment, so we came." (M, Tuesday, 12 November, 2019)

   The following supports the previous statement through the results of in-depth interviews with a civilian of the fifth community association, informant L as follows:

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"Yes, I think their patience is because sometimes the women are not talented and the creations of garbage need patience, always motivating so that there is always an intention, even at the end, it always returns to us, so when we get together and do anything there is no compulsion." (L , Tuesday, 16 November, 2019)

Emotional support is an aspect that involves the desire to trust in other people, so that the individual believes that the other person is able to provide a sense of love, including care and concern for the concerned individual (Glanz, 2008). Public figures give attention and concern by inserting motivations during the socialization that they attend directly. This direct approach makes the community feel confident that public figures have paid attention to and supports the garbage bank activities. Getting closer to the community through their behaviors, then the community will see that a distinct figure has joined in their endeavors. In this way, there is a direct closeness or relationship with the community (Rahmawati, Nur Azizatur, 2016). A public figure is someone who the community trusts, reveres, and respects (Syarief, 2016). So the attitude and attention the public figures directly shows, motivates the community to participate in the management of the garbage bank.

The fifth community association reveals that public figures always pay attention and motivation to foster community intentions without coercion. The presence of village or sub-district officials both personally and institutionally in garbage bank activities is a form of valuable moral support for the community. This is a form of support from villages or sub-districts for garbage banks activity (Cahyadi, Sriati and Fatih, 2018).

2. Award Support

Award support from public figures or village officials comes from reward to the community with the help of the local government. Giving rewards through Garbage Bank has the purpose of a prospering waste management in Tawanganom's fifth community association. It also becomes a drive or agreement towards the idea or feeling as a form of reward toward the community. The form of award support makes the civilian feel rewarded and attended by the government. The key informant MA and SH in the interview says the following:

"…The cleanliness competition is held every year in the urban community. It will showcase the performance and creation of the garbage bank from each community association. Yes, of course the hope is to spur the enthusiasm of residents to become more active in garbage bank management. There will be a reward for the winner." (MA, Saturday, November 9 2019)

"Yes, at the Family Welfare Empowerment meeting, I would like to express my pride to the mothers of the fifth community association residents because the concern of their women regarding the garbage bank management is if it can run smoothly, we can represent competitions at the urban community level and even at the Regency level so that my community association wins the competition. " (SH, Friday, 15 November, 2019)

This form of award has the support of public figures as per what the informant L has to say in the following interview:

"...we have even won competitions, so at the provincial level we are already known, so we are very happy and proud." (M, Tuesday, 16 November, 2019)

The local government also rewards the community as a form of award, appreciation, and attention toward the community in garbage bank management. The winner of the competition receives the reward. That fact has the purpose to drive the community's spirit in regards to garbage bank management activities. The reward takes the form of guidance money, trophy, and facilities for

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garbage bank management so that the community can manage their garbage bank well.

The award support exists when someone gives a positive reward to someone, encouragement, or agreement towards an individual's ideas or feelings, or doing positive comparisons between individuals with their peers (Safarino, 2014). Public figures give appreciation and attention toward positive responses for their high amount of drives and awareness from the community in managing the bank. They express how proud they are during the meeting with the mothers of the Family Welfare Empowerment group in the fifth community association as the community who manages the bank can do their job splendidly. The result of their hard work is clear in the winnings they achieve through competitions in the Regency-level which in turn gives them rewards.

The community feedbacks are positive as a support the public figures give. The members of the fifth community association are happy and proud of their hard work that they perform together in their achievements. Their competitive drive to win the competition becomes a motivation for the community to give their help in managing the garbage bank (Tanuwijaya, 2016).

3. Instrumental Support

Instrumental Support comes from nongovernmental sources. The concept of garbage banks comes from the community's independence towards themselves. The form of instrumental support also takes the form of public figures volunteering, be it from the village officials or the community members themselves. The key informant M and SH says something of that effect in the following interview:

> *"… Apart from depositing it at the Kelurahan waste bank, each RW also sells the rubbish to the rubbish community. Then the money will be bought for tools for recycling waste and put into the RT treasury of each RW so we are independent*. (M, Tuesday 12 November, 2019)

> *"... so when collecting the garbage bank, usually at the camping post, I and the RT women took the initiative to at the same time have a good relationship, so the RT mother divides the task for the women to bring rice, the side dishes will be eaten together sis, we are so happy. the spirit of collecting the waste bank. "* (SH, Friday 15 November, 2019)

The following interview supports the previous form of instrumental support from public figures as the informant SM says the following:

> *"Yes, it's good, we are invited to get together to eat so we can also get together between residents."* (SM, Tuesday, 16 November, 2019)

The proceedings from the wastes' sale at the bank becomes a deposit in the urban community's garbage bank as well payment for necessary tools for waste recycling and for the neighborhood's treasury. Apart from the wastes' sale, instrumental support is voluntary from the community by bringing consumption to eat together during garbage day. The aim is to build friendship for a harmonious and enthusiastic group of garbage bank managers.

The community expresses how the existence of instrumental support by eating together and growing a harmonious bond between the community, be it voluntary or compulsory, is good. The actively forming harmonious bond between the community members is a benefit of the garbage bank activities in a social aspect (Garindra, 2016).

The creation of the garbage bank in the fifth community association has the purpose to reduce wastes as well as providing the community the chance of waste management independence, so that the community members have the potency to control their environment and resources. The efforts to move the community through a learning process to give wisdom, discipline, and skill benefits the community in knowing, preventing, and handling their own

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problems (Fitrijanty, 2018). This social empowerment has the purpose to create independent members of society that are able to fulfill their basic necessities while also able to act in developing society.

4. Informative Support

Informative support that public figures give in the form of information regarding the mechanism in managing garbage banks. According to the in-depth interview results with the key informants in giving public figures' support through informative cooperation or from village officials toward the community. The form of informative support also comes from giving suggestions toward the community as per the context of a problem that needs solving in the community to start a communal movement in performing garbage bank activities. As the key informant SH says in the following:

> *"I have, Miss, for the socialization of garbage banks it actually comes from the Environmental Services in the urban community such as what mechanism the bank has, so the socialization I forward to the community members in the Family Welfare Empowerment group's mother meeting from the first to the twelfth neighborhood once each month routinely…Well I advice the mothers for their awareness to be more spirited in environment care, especially for the creation of the garbage bank so that the sales income also rises while also tidying the bank reports because after I receive them I need to have a complete report like that."* (SH, Friday, 15 November 2019)

Informative support from public figures has the support of this in-depth interview from a community member of the fifth community association, L:

> *"My advice is, especially with the problem of cleanliness, it becomes more maintained while also reducing the waste that we dispose of with the garbage bank. The garbage bank can sort and recycle the wastes so I will tell you that the garbage has enormous benefits ... because you can gain experience for free and even experience that I get from our living environment I share with others in my neighborhood so that I know that the results turn out to be good. "* (M, Tuesday, 16 November, 2019)

One of the factors that influence action is the presence or absence of information, including the provision of advice, pointer, suggestion, or feedback (Glanz, 2008). public figures provide informative support regarding garbage bank management that the local government has provided to community leaders. The Magetan Regency's Environmental Agency holds socialization and training as well as mentoring every three months by inviting representatives from village officials.

Information public figures provide ranges from knowledge in waste problems, mechanisms of the bank managements, as well as waste recycling training as a solution to problems the wastes have caused. Information from public figures then continues to the people in the Family Welfare Empowerment meeting on the community association and neighborhood level. Socialization or counseling in relation to waste management can happen smoothly because there are help from the village and community officials (Rijati, Intan and Subekti, 2017; Ratna *et al.*, 2019). The assisting efforts of the village officials will allow growth of enthusiasm in the community in their waste management activities (Samadikun, 2018).

Public figures also provide suggestions to the community in accordance with the contextual problems at hand. The intention is for the community, apart from knowing the basics of garbage bank management, is also able to engage in bank management activities. Providing informative support at the fifth community association does not experience rejection from the community and receive a positive response so that the bank can develop as it is today. The community reveals that from the information and

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suggestions that the public figure gives, it is very useful which can add to their experience regarding garbage banks.

A high public awareness is the result of the hard work of the local government and community leaders who are always pushing in conduction socialization and visiting the community directly. Cooperation from various parties in disseminating information gives way to the sustainability of the garbage bank. Public figures in the garbage management are the trailblazers, motivators, and mediators who bridge communications between the government and community members (Affandy, Isnaini and Yulianti, 2015).

CONCLUSION

The role of public figures as motivators in Magetan Regency's Tawanganom urban community's fifth community association is to provide encouragement and motivation to the community to participate in the garbage bank management activities. Encouragement and motivation comes in the forms of various supports such as emotional, reward, instrumental, and informative support.

Their role as motivators greatly influences the sustainability of the waste bank in the fifth community association of Tawanganom. The garbage bank can progress because of the attention and concern of the local government and public figures who are aggressively providing information and suggestions in relation to the garbage bank management. High public awareness has the influence of public figures who also provide appreciation and various rewards for the enthusiasm of the community to give pride and appreciation for. This also makes the community able to perform independently in managing garbage banks.

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Health Promoting School Program to Prevent Hypertension of Adolescents in Indonesia and Western

Maninggar Kayuningtyas[1)], Ismayani[2)]

[1] Department of Health Promotion and Behavior Science, Faculty of Public Health, Universitas Airlangga, Surabaya, Indonesia
[2] Provincial Health Office, East Java, Indonesia
Email: maninggar.kayuningtyas-2017@fkm.unair.ac.id

ABSTRACT

Background: *Complications of hypertension causes 9.4 million of death worldwide each year. The risk factors for hypertension include heredity and environmental factors such as obesity, salt intake, physical activity, and alcohol. One-third of teenagers spent their time on school activities, so schools contribute to preventing hypertension in adolescents through Health School Program activities.* ***Objective:*** *to compare the health-promoting school program in Indonesia and Western in the prevention of hypertension.* ***Method:*** *The method used in writing this article was a literature review from 11 specific articles that were collected through google scholar, ProQuest, and SAGE pub search engines, with article inclusion criteria published in 2013-2019, keyword hypertension, adolecent, health school, programs. The spesific criteria of the article based on the aspect of health-promoting school programs such as policy, supportive environment, the role of teachers and parents, and stakeholder. The country in the article in Indonesia and western* ***Result:*** *the review found that health promotion program in schools which was implemented in Indonesia has not been effective in preventing the emergence of risk factors for the incidence of hypertension in adolescents, compared with implementation in western. Ineffectiveness that occurs due to nutritional control patterns in adolescents in schools in the absence of regulations governing the nutritional content of student food, the lack of the teacher's role in implementing health education due to high academic demands, and the lack of parental involvement.* ***Conclusion:*** *There are differences in the implementation of the health promotion program in Indonesia and the Western. The government priority for increasing the quality of live students trough health-promoting schools.*

Keywords: *Adolescence, Hypertension, Health Promoting School Program*

INTRODUCTION

Cardiovascular disease causes 17 million death every year or nearly one-third of the total in Global. In comparison, hypertension complications cause 9.4 million death worldwide each year. Hypertension has a role in 45% of deaths due to heart disease, and 51% of deaths due to stroke (World Health Organization, 2013). Increased risk of early childhood death in most countries is due to Non-Communicable Diseases (NCD), damage, and mental health. All these are three priorities in global child health. Nearly 1.2 millions adolescent die in 2015, or more than 3000 every day, most of which are caused by diseases that can be prevented or treated (World Health Organization, 2015).

Hypertension is an increase in systolic blood pressure >140 mmHg and diastolic blood pressure >90 mmHg at two blood pressure measurements taken within 5 minutes in a calm and reasonably good condition (Reboussin *et al.*, 2018; Kementerian Kesehatan Republik Indonesia, 2019). The prevalence of hypertension in Indonesia has decreased from 31.7% in 2007 to 25.8% in 2013. The incidence of hypertension has increased from 2018 to 34.11% (Kementerian Kesehatan Republik Indonesia, 2019). However, the prevalence of hypertension in adolescents (14-17 years) in Indonesia was only recorded in the Basic Health Research or *Riset Kesehatan Dasar* (RISKESDAS) 2013 at 5.3% (Kementerian Kesehatan Republik Indonesia, 2013).

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Hypertension generally occurs in an adult. Nevertheless, in the globalization era, all become instantaneous that resulting in an increasingly early age of hypertension. Several previous studies have shown that hypertension can occur since adolescence, and this case is increasing from year to year. Another research shows that as many as 12% of Hidayatul Islamic High School students in Semarang City suffer from hypertension (Kurnianingtyas, Suyatno and Kartasurya, 2017). In Depok City, there are 44.2% or 61 out of 144 students in high school had hypertension at the 95th percentile (Angesti, Triyanti and Sartika, 2018).

The risk factors for hypertension include heredity and environmental factors such as obesity, salt intake, physical activity, and alcohol. It is consistent with the statement from the American Heart Association that there are environmental factors that influence the occurrence of hypertension, such as salt intake, physical activity, alcohol, and smoking habits (Reboussin *et al.*, 2018). Similar to adolescents at this time, factors that cause hypertension in adolescents that can be changed are from the environment, from food consumption patterns, including fiber intake and nutrition as well as physical activity patterns in adolescents to avoid the occurrence of adolescent hypertension (Spagnolo *et al.*, 2013; Lisiswanti and Dananda, 2016; Supiati, Ismail and Siwi P, 2016; Kurnianingtyas, Suyatno and Kartasurya, 2017; Angesti, Triyanti and Sartika, 2018).

Health Promoting School (HPS) is the school that continually seeks to strengthen its capacity to promote healthy living, learning, and working conditions. It aims to provide a multifaceted response to the health needs of students (World Health Organization, 2017). Health promotion in schools is an effective and efficient way to reach large numbers of people. In 2018, over 90% of children of primary school age and over 80% of children of lower secondary school age were enrolled in school globally (United Nations Children's Fund, 2018). In Indonesia, the number of students from elementary to high school in the age range of 5-19 years is around 44,308,247. Youth activities with an age range of 14-17 years, one third spent on school activities. By promoting health behavior and through school settings, enhancing the lives of other family members and community, schools can also directly reach out to family members and the community.

In Indonesia, Constitution Law Number 36 of 2009 concerning Health, article 79, which reads, "School health is held to improve the ability to live healthy learners in a healthy environment so that students can learn, grow, and develop harmoniously and become qualified human resources. "The School Health Program or *Unit Kesehatan Sekolah* (UKS) work program includes three elements, namely health education in schools, health services in schools, and fostering a healthy school environment that is embodied in the "Trias UKS" (*Undang-Undang Republik Indonesia Nomor 36 Tahun 2009 tentang Kesehatan*, 2009). However, this program has not been effective in Indonesia. In high-income countries, school settings represent an extended arm of primary health care by providing essential health care services.

Behaviors and habits develop in early childhood children acquire basic knowledge and experiences that influence their lifestyles in adulthood. Such as in America has implemented a Health School program. This program explained that there were eight components discussed in the "Health School Program" at ASHA (American School Health Association), such as school environment, health education, health services, physical education, counseling, guidance, and health mental health, nutrition, and food, health promotion and school integration and community health activities. Meanwhile in the UK adopted the HPS framework from WHO, and in Brazil adheres to the National Political Health Promotion (PNPS) program that began in 2006, focusing on strengthening across, integrated and intersectoral policy, which promotes dialogue between various departments with society as well, forming networks of commitment and responsibility in formulating proposals and actions to ensure the quality of life of the population (Macuch *et al.*, 2015).

Health promotion in schools has a role in overcoming hypertension. Health promotion programs in Indonesia have not been fully implemented, while in some western countries such as Brazil, the UK,

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and the USA, health promotion programs have succeeded in the risk factor for hypertension. The success of health promotion abroad was questioned by several factors, as seen by parents, the existence of a good education curriculum, appropriate nutrition fulfillment program, and strong cross-sectoral cooperation established (Nihiser, Merlo and Lee, 2015; Bezerra *et al.*, 2018). Based on that explanation, it is necessary to compare it with the health-promoting program in Indonesia and the Western.

METHOD

The method used in writing this article is a literature review from the Google Scholar search engine, SAGE pub, and ProQuest. The literature search found 50 related articles based on risk factors of hypertension in adolescent and Health Promoting Schoolsand hypertension in adolescents and years that the article published between 2013-2019. Totaly articles was 1.324 with keyword adolecent hypertension. After that the reseacher adding keyword by health promoting, school, program. Just 11 articles was related and relevant. The criteria of the article based on the aspect of health-promoting school programs such as policy, supportive environment, the role of teachers and parents, and stakeholders. After reading the articles, 11 articles met the criteria for further review in the journal. The articles was implement health school program about adolecent hypertension in Indonesia and western. It is to compare the implemented of programs.

RESULTS AND DISCUSSION

The literature review results show that each HPS program in each region has the same scheme, which is a policy, a supportive school environment, the role of the teacher, and the support of parents and related stakeholders.

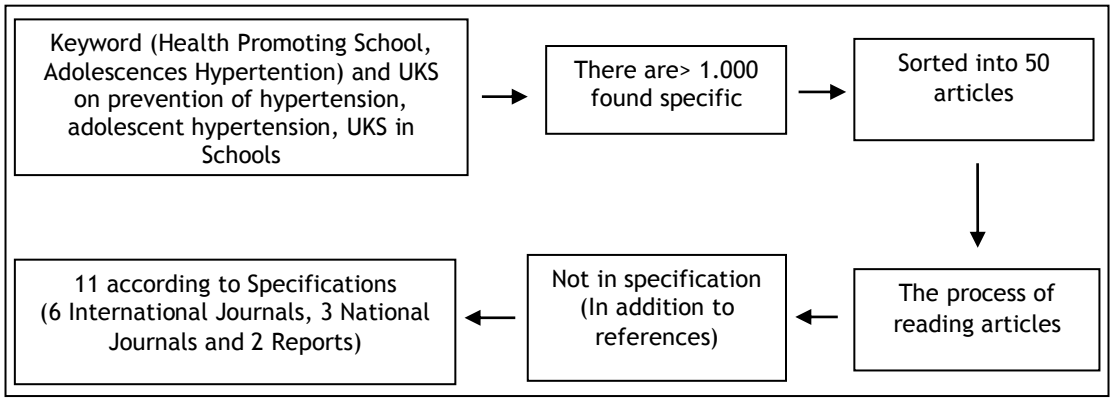

Figure 1. Scheme of Literature review

The Role of the UKS in Reducing Hypertension in Indonesia

The UKS in Indonesia is protected by Law Number 20 of 2003 concerning the National Education System and Law Number 36 of 2009 article 79. The purpose of the national education system is to educate the life of the nation and develop the Indonesian people as a whole, that is, as humans who have faith and devotion to God Almighty and virtuous character, have knowledge and skills, physical and spiritual health, a solid personality and independence and sense of community and national responsibility. In order to achieve the objectives, especially physical health and knowledge, Law Number 36 of 2009 about Health article 79 states that School Health is held to improve the ability to live healthy learners in a healthy environment so that students learn, grow and develop harmoniously and as high as possible to become qualified human resources (*Undang-Undang Republik Indonesia Nomor 20 Tahun 2003 tentang Sistem Pendidikan Nasional*, 2003; *Undang-Undang Republik Indonesia Nomor 36 Tahun 2009 tentang Kesehatan*, 2009).

The UKS Program is one of the youth health program efforts that involve multi-sectors (education, religion, health, and social sectors). However, not all of them are actively involved, especially in developing youth health promotion media (Muthmainnah *et al.*, 2020). Efforts to

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promote the healthy school in preventing diseases are included in the three elements of the UKS program, called "Trias UKS". There are health education, health services, and fostering a healthy school environment. Each component has its contents to achieve a healthy school following the law. This program shows that the efforts to implement UKS in many schools were reasonable, but the implementation of this program is not yet fully distributed throughout the region. Also, there is no particular UKS program in preventing hypertension.

At the level of health services in schools in handling risk factors for the incidence of hypertension in students at school is not optimal. UKS has been implemented, but its performance has not been on efforts to prevent hypertension. One risk factor for hypertension is obesity. Many schools do not have programs for tackling obesity in schools because the number of students who are obese is small (Fridayanti and Prameswari, 2016). Efforts to service activities in schools carried out by teachers only measure the weight and height of students, without classifying nutritional status (Nugraheni, Prayoga and Aida, 2019).

Health service in school as one of the elements of UKS has not been utilized to the maximum by students. Students have not maximally utilized UKS as an effort to prevent obesity as a risk factor for hypertension. Students only use UKS if they feel unwell. Efforts to consult with UKS coaches about hypertension risk factors have also not been carried out. So the level of student knowledge is still low (Fridayanti and Prameswari, 2016). In general, UKS coaches are physical education teachers. Teachers are very instrumental in efforts to promote health in schools, in efforts to prevent risk factors for hypertension. Good teacher knowledge and attitude about prevention efforts will affect the implementation of health promotion efforts and increase teacher motivation in examining students' BMI regularly and continuously in the prevention of obesity as a risk factor for hypertension (Nugraheni, Prayoga and Aida, 2019)

UKS also has not carried out its role optimally due to a lack of health training. Health education regarding risk factors for hypertension has also not been conveyed in full. In the guideline for implementing UKS in schools, health education materials delivered related to risk factors for hypertension are the dangers of cigarette and liquor consumption (Elementary school), patterns, and concepts of healthy and nutritious food (Junior high school). While at the high school level, health education does not cover at all the efforts to prevent hypertension risk factors and emphasizes the analysis of the dangers of drugs and free sex.

Another part that should be considered by the state in implementing health promotion in schools in efforts to prevent hypertension in adolescents is the quality of human resources they have. UKS Teachers and Trustees play an essential role in health education efforts in schools. The coach of UKS itself is a teacher who is appointed and trained by the community health care to help disseminate information and provide health education at the school. At present, there are still many teachers who do not receive training on health education because of the lack of equal training provided by community health care, which is likely due to the change of teachers in schools and training schedules that are not routinely conducted (Nugraheni, Prayoga and Aida, 2019). Also, the material provided during the training was not specific to the prevention of hypertension (Fridayanti and Prameswari, 2016).

At present, there is no educational curriculum in Indonesia, specifically aimed at the prevention of specific diseases. Health learning materials available in schools are only general in common. At present, the school curriculum is divided into two; it is an intraculicular and extracurricular curriculum. Extracurricular activities are more focused on students' abilities, especially in the areas of physical activity and the arts (Irnanda, 2017).

The third part of Trias UKS is a healthy development environment. The development of a healthy environment in schools aims to create a healthy environment in schools that allows school residents to achieve the highest degree of health. Efforts to establish a healthy environment in schools as an effort to prevent hypertension are not smoking and drinking alcohol. All schools have

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implemented a ban on smoking and drinking in the school environment. Also, in this effort, all schools have established healthy canteens within the school environment. However, the canteen only complies with National Agency of Drug and Food Control or *Badan Pengawas Obat dan Makanan* (BPOM) regulations regarding food that is suitable for consumption but does not pay attention to the nutrition in the food being sold.

Efforts to create a fostering and healthy school environment concerning the prevention of hypertension in adolescents in Indonesia have not yet been fully achieved. A healthy school environment includes the role of all school members, including students, educators, education staff, and the school community (Irwandi, Ufatin and Sultoni, 2016). Currently, according to the 2015 GSHS (Global School Health Survey) survey of school children from elementary through high school, shows that the main risk factors for health problems are the lack of consumption of vegetables and fruits. Meanwhile, Food Safety Guidelines in Elementary School (2011) and the School Canteen Food Safety Charter (2012) only discuss food safety standards that must be provided in schools, ranging from handling, storage, processing, and presentation, must be following hygiene standards and sanitation of food and food provided must have obtained permission from BPOM. The two guidelines do not explain the nutritional value of food that should be provided in schools. When we refer to the UKS program, it only fits that the school canteen not only sells safe food but must be able to meet the daily nutritional needs of school children.

Patterns of consumption of unhealthy foods, such as too much salt, excessive carbohydrates, and fast food, trigger obesity. Obesity is one of the risk factors for hypertension (Syafni and Wijayanti, 2015; Lisiswanti and Dananda, 2016; Tarigan, Lubis and Syarifah, 2018). The Indonesian Ministry of Health in 2012 made guidelines on the Prevention and Management of Overweight and Obesity in School Children. This guideline was made as an early effort to prevent obesity in childhood because obesity in childhood is at high risk of becoming obese in adulthood and has the potential to experience metabolic and degenerative diseases in the future (Kementerian Kesehatan Republik Indonesia, 2012).

Factors in hypertension other than eating patterns are decreased physical activity and increased sedentary lifestyle (Spagnolo *et al.*, 2013; Pramudita and Nadhiroh, 2017). Low physical activity increases the risk of hypertension compared to someone with sufficient activity (Farabi *et al.*, 2015; Ewald and Haldeman, 2016). Obesity is not only related to how much to consume food but also because of a lack of physical activity (Ramadhani and Sulistyorini, 2018). A person who is obese is known to have a potential 1.68 times to suffer from hypertension (Dhika Rohkuswara and Syarif, 2017). The other researchers also found that the majority of obese sufferers in adolescents in Jakarta also experience hypertension (Pramudita and Nadhiroh, 2017).

Program to fulfill nutrition in adolescents should be encouraged by the government, such as the existence of regulations regarding restrictions on food standards that should be circulated in schools. Currently, the nutrition fulfillment program through the Progam (School Children Nutrition Program) is still focused on the nutrition of children in Primary Schools (Santoso *et al.*, 2017). Fulfillment of daily nutrition of adolescents is the following guidelines for the prevention and control of obesity and obesity in school children, where obesity is a risk factor for hypertension. As for the lifestyle that is expected to prevent risk factors for hypertension are:

- Consumption of fruits and vegetables = five servings per day
- Puts limits on watching TV, playing computer, game/playstation <2 hours/day
- Does not provide TV in a child's room
- Reducing sweet foods and drinks
- Reducing fatty and fried foods
- Reducing outside food consumption
- Making a habit of having breakfast and bringing lunch to school
- Familiarizing eating with family at least once a day
- Eat according to time
- Increase physical activity at least 1 hour/day
- Involve families for lifestyle improvement to prevent overnutrition

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Physical activities have not been discussed explicitly in the UKS Program. Lack of physical activity is one of the risk factors for the incidence of hypertension in adolescents. Guidelines for obesity prevention explain that it should be carried out 3-4 hours a week. The research found that 57,3% of Indonesian children were categorized as not actively doing activities (Harahap, Sandjaja and Cahyo, 2013). Adolescents with more nutrition have a sedentary activity of> 8 hours/day (Pramudita and Nadhiroh, 2017).

Tabel 1. Discussion Topics for Health Promoting School

Topics	Type	Aspects	Research result
Smoking prevention program (Thomas RE *et al.*, 2013)	Analyze data from 49 studies	Application of smoking prevention program as an effort of HPS in schools	1. School interventions to prevent students from smoking are related to interventions in the family and community 2. Support from the school environment and school friends influence the prevention of smoking in adolescents
***School health program* in Brazil** (Macuch, 2015)	Qualitative Study	HPS Regulations and Policies	It has been prepared by the relevant ministries to improve the quality of life of students, but the budget still constrains it.
***Health Promoting Schools in* Brazil** (Bezerra et al., 2018)	Cross-sectional study	Participation in the school environment community, creating healthy environmental conditions, school nutrition policy, Monitoring the nutritional status and cross-sectoral cooperation	Not effective yet, efforts to explain school nutrition policies have not been sufficient to improve students' health status
Health Promoting School in the USA Nihiser et al. (2015)	Literature Review	Nutrition policy at school, physical activity policy, and system and environmental support	Policies that have been formed will be achieved by building strong relationships between educational organizations and the surrounding environment (parents, community, and stakeholders)
Health Promoting School in the UK (Clarke et al., 2015)	Qualitative research on 22 principals in the UK	Curriculum, extracurricular, healthy school policy, nutrition in school, cross-sectoral cooperation, cooperation with parents, role models, and external factors	1. Healthy school policies that demand the role of teachers, experience obstacles because of the heavy tasks of the teacher and the demands of high student achievement 2. Parental support enhances program success
Health Promoting School (All around the world)	Literature review	Curriculum, environment, and family / Community	1. A good curriculum will support the Health Promotion Program for the behavior change process

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Topics	Type	Aspects	Research result
(Langford *et al.*, 2015)			2. 4. Environmental and family support increases the success rate of HPS
UKS in Semarang (Devinta, 2016)	Qualitative Study	Facilities, management of UKS, and action in *trias* UKS	1. There is no priority program to prevent obesity 2. They have not yet reported the results of weighing BB and TB and blood pressure. 3. Food provided by schools has not yet focused on the value of the nutritional status
UKS in Mataram (Irwandi, 2016)	Qualitative Study	Teacher's role	The role of good teachers and principals will accelerate changes in health behavior. (Although in this case it is not discussed regarding hypertension)
UKS in Semarang (Nugraheni, 2019)	Crossectional	Teacher's role	1. Good knowledge of UKS teachers will increase the activeness and attitude of teachers in health promotion 2. Unequal provision of training for teachers on health education
Report on the Application of HPS in the USA (Winterfeld, 2014)	Report	Application of HPS in all parts of the USA	Each region has its regulations and policies. One thing that needs to be emulated is the effort to create healthy food by growing vegetables at school.
Policy report *School food and Nutrition in Europe* (Storcksdieck *et al.*, 2014)	Report	Strategy to reduce the number of overweight, Increased consumption of vegetables in families with income <50% on average in the European Union and promoting a healthy diet in adolescents to prevent cardiovascular disorders	1. Increasing school collaboration with stakeholders 2. Nutrition education in the curriculum 3. Increased physical activity regulated in the curriculum 4. Collaboration with parents of students

The Success of the Health Promoting School in the World

The Centers for Disease Control and Prevention (CDC) Department of Health and Human Services formulates ten steps of school-based prevention strategies that must be applied by a country. Those steps are:

- Coordinating and integrating programs related to school health in all institutional states and with nongovernmental organizations;
- Use state and local data to guide decision making, and policy formulation;
- Support the development of school health councils and strengthen health planning in schools;
- Establish strong health policies;
- Increase the capacity of school staff through certification and professional development;
- Establish a time for physical activities;
- Establish nutritional standards for food and drinks offered at school;
- Promote high-quality health education and physical education;
- Support student participation in high-quality school food programs;
- Supporting opportunities for students to engage in physical activity;
- Consume healthy food.

The success of European countries in conducting Health Promoting School efforts in schools to prevent the emergence of hypertension is not only from handling food but also regulating the consumption of food consumed in schools,

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starting from breakfast and lunch. One example is the SHE program (School for Health in Europe) developed in EU countries, covering 28 countries, including Norway and Switzerland. This program not only discusses how to handle and process food, but also includes the fulfillment of nutrition for teenagers in school. Food and nutrition standards are regulated in this program, including the availability of drinking water, fruit and vegetables in schools, and the prohibition of soft drinks, snacks, and fast food (Storcksdieck *et al.*, 2014).

Likewise, the program implemented in America, in addition to maintaining the nutrition intake of adolescents in schools through the provision of healthy and nutritious food in the canteen, also implements the existence of a school garden (Farm to School). Nine states have implemented this program in America. Farm to School's efforts are not only expected to bring healthy and fresh food to the canteen, but it can also be used as a new nutritional standard. The purpose of this activity is expected to increase students' knowledge about nutrition and agriculture, as well as to help improve the economy by growing markets in schools (Winterfeld, 2014).

Health promotion efforts in schools (Health Promoting School) in several developed countries have shown its benefits for adolescents in reducing risk factors from the incidence of non-communicable diseases, one of which is hypertension. The efforts taken are to increase physical activity, reduce cigarette use, and increase the consumption of fruits and vegetables (Roger E. Thomas, R and Perera, 2013).

The scope of the application of Health Promoting School in developed countries does not only involve teachers and students. However, it also involving family involvement. Such as giving magazines and announcements for physical activity (UK) and the application of activity card reports, and the presence of student guardian (USA) meetings. These health promotion efforts have proven to be effective in increasing physical activity and fulfilling nutrition in adolescents (Langford *et al.*, 2015).

Also, awareness from school administrators is essential. Awareness and support from schools such as teachers and school principals will support the success of existing health promotion programs. In, a study conducted the UK, explained that of the 22 principals interviewed for health promotion programs, all of them were already aware of the importance of schools in the successful efforts to tackle hypertension risk factors. So there are various extracurricular activities such as cooking so that students can cook healthy food. However, there are still various obstacles encountered, namely government regulations that do not support and the low level of support from families, which is only around 17%. Although there is still a little role of the family, the family feels that there is a health promotion program in schools by distributing brochures, holding meetings, and providing health education is considered beneficial because it can increase the concentration of learning in students (Clarke *et al.*, 2015)

Efforts for the success of the Health Promoting School are based entirely on cross-sectoral cooperation between related agencies. In Brazil, efforts to implement HPS are based on the Ministry of Health and the Ministry of Education. The obstacle to implementing HPS is finance, and the process of implementing it is complicated (Macuch *et al.*, 2015). Building strong collaboration between the health department and the education office will be able to form new programs that are more sustainable and sustainable so that teachers owned by schools can develop and have more specialized knowledge on hypertension prevention strategies (Nihiser, Merlo and Lee, 2015).

CONCLUSION

There are differences in the application of health promotion in the prevention of hypertension in Indonesia and Western. The success of health promotion in western due to the involvement of parents and the implementation of a consistent program. Efforts to promote school health regarding hypertension in Indonesia have not been fully implemented well. There were still many things that need to be addressed in implementing health promotion in schools that are in the UKS program. One of them is food control, as the intake of nutrients circulating at school. Also, increasing the

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role of staff and teachers in schools also needs to be improved.

Health Promoting Schools in Indonesia need to be improved to improve the quality of life of students. The government's priority in the prevention of hypertension, and the need for policies on food nutrition that are allowed to circulate in schools, as well as increasing parental participation in helping the success of health promotion programs.

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Child Sexual Abuse Prevention Program: Reference to the Indonesian Government

Ghaisani Ikramina Aiffah[1)], Wandera Ahmad Religia[2)]

[1] Depertment of Health Promotion and Behavior Science, Faculty of Public Health, Universitas Airlangga, Surabaya, Indonesia
[2] National Population and Family Planning Agency, East Java, Indonesia
Email: ghaisani.ikramina.aiffah-2017@fkm.unair.ac.id

ABSTRACT

Background: Child Sexual Abuse (CSA) was a global problem widespread in many countries. *Komisi Perlindungan Anak Indonesia* or Indonesian Children Protection Commission (KPAI) recorded as many as 1.880 children become victims of sexual abuse such as rape, fornication, sodomy and paedophilia. The Government of Indonesia become made become efforts both national and international scale, but there is no effective and applicable program that has been implemented. **Objective:** The purpose of this article was to analyse the programs had been implemented to prevent sexual violence against children. **Method:** This article was a literature study by examining 38 articles related to the program against child abuse. The researcher was looking for reference sources from the Science Direct, Sage pub and Google Scholar online become. The keywords used were Child Sex Abuse Prevention Program, Parenting Program, Parent Training, Parent Intervention, Maltreatment, Violence, and Violence Prevention. **Result:** In children, programs that had been implemented include C-SAPE; IGEL; Train the trainer; BST; A program for minorities in Australia; Cool and Safe. For parents, the programs that had been applied include ACT-RSK; Triple-P; RETHINK; The Incredible Years Parents, Teachers, and Children Training Series; PACE; The Making Choices and Strong Families; The African Migrant Parenting; Strengthening Families; 123 Magic; PDEP and FAST. **Conclusion:** The sexual violence prevention program for children that can be implemented by the Indonesian government was using teaching methods based on school curricula that can be delivered by teachers. For parent, the program that could be implemented by the Indonesian government was using positive parenting methods that focus on preventing sexual violence against children and delivered by expert facilitators. To reach children and families with different cultural backgrounds, the Indonesian government could adapt sexual violence prevention programs for the Australian minorities and The African Migrant Parenting.

Keyword: *child sexual abuse, prevention program*

INTRODUCTION

A child is someone under 18 (eighteen) years of age, including a child in the womb (*Perubahan Atas Undang-Undang Nomor 23 Tahun 2002 Tentang Perlindungan Anak*, 2014). Children have the rights to be recognised in international law since 1924 when the Declaration on the Rights of International Children is first adopted by the League of Nations. The next Instruments of the human rights, from the United Nations, such as the Universal Declaration of Human Rights 1948, and regional instruments such as the American Declaration of Human Rights and obligations made in the same year, acknowledging more generally the human right to be free from violence, abuse, and exploitation (Convention on the Rights of the Child, 1989; Czerwinski *et al.*, 2018).

Since 2011-2016, the Indonesian Children Protection Commission (KPAI) recorded as many as 809 children that focus victims of online sexual crimes and 1,880 children become victims of sexual abuse such as rape, fornication, sodomy and paedophilia (Komisi Perlindungan Anak Indonesia, 2016). The Ministry of Social Affairs recorded 1.956 children victims of sexual abuse in 2016 and

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increased to 2.117 children in 2017 (Permani, 2018).

The Indonesian Government has made efforts to prevent both national and international scales. On a national scale the effort was made by ratifying the Convention on the Rights of the children on September 2, 1990; Established Law No. 23 of 2002 and it is updated to Act No. 35, 2014 about child protection; Established the Ministry of Women Empowerment and Child Protection, establishing the women's Empowerment office, child protection, population control and disaster families (DP3AP2KB); In cooperation with both central and regional police in child protection; with immigration in the event of deportation of foreigners who proved to be the perpetrator of paedophilia and with the child protection institutions KPAI, Forum and Children's Council. Internationally, Indonesia also collaborates with NCB-INTERPOL in international/transnational crime prevention in Indonesia (Melati *et al.*, 2015; Septia, 2016; Utami, 2018).

It can be concluded that there have been efforts to prevent sexual abuse in children conducted by the Indonesian Government; however, KPAI commissioner chairman Putu Elvina states that an effective and applicable program as part of efforts to prevent harassment was not available (Dedi Hendrian, 2018). Therefore, the researcher is interested in collecting what become ever been applied as a preventative effort against sexual abuse in children.

METHOD

First step was search references from the Science Direct, Sage pub and Google Scholar. The keywords used were Child Sex Abuse Prevention Program, Parenting Program, Parent Training, Parent Intervention, Maltreatment, Violence, and Violence Prevention. The total articles were 17,697 from 2010 until 2019, yet those were only identified and unexplored. After that, the researcer explored just 38 articles related to the prevention program of sexual abuse in children.

Of the 38 articles found, there were 17 sexual violence prevention programs consisting of 6 sexual violence prevention programs for chikdren and 9 sexual prevention programs for parents. Of the 17 programs found, 4 programs were inisiated by the goverment and 13 programs were initiated by Non Government Organizations (NGOs).

Of the 38 articles found, they were categorized into two groups, namely: child prevention programs and parental prevention programmes. Those programs were implemented in Europe, America, Australia, Africa and Asia. The results of this literature study were expected to be a picture for the Indonesian government regarding efforts to prevent sexual violence against children.

RESULTS AND DISCUSSION

In many countries, studies on policy-making and sexual violence prevention program for children have been conducted. The researcher divides the results of literature studies into two categories namely, children's preventive programs. A sexual violence prevention program for children is a program that focuses on providing interventions for children so that the child is able to protect themselves. A program for preventing sexual violence for parents is a program that focuses on providing intervention to parents so that parents can prevent their children becoming victims of sexual violence.

Child preventive Program, all the preventive efforts made to the child are based on the child as the primary victim who will have a complex public health problem for life after becoming a victim of sexual violence (Müller, Röder and Fingerle, 2014; Czerwinski *et al.*, 2018; Bustamante *et al.*, 2019). Table 1 shows that there are several programs to prevent sexual violence against children which have been implemented in several countries. The programs include C-SAPE, IGEL, Train the trainer, BST, The program for Australian minorities, Cool and Safe.

C-SAPE (The Child Sexual Abuse Prevention Education) is a child sexual abuse prevention program by incorporating sexual education in an elementary school education curriculum. This program aims to teach children about sexual harassment and provided skills to children to avoid sexual harassment (National Sexual Violence Resource Center, 2011). The benefits of the C-SAPE program include: increasing children's knowledge about sexual harassment and

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self-protection, increasing children's skills in reporting and asking for help, increasing self-confidence (del Campo Sanchez and Sanchez, 2006; Walsh and Brandon, 2012; Kim and Kang, 2017).

Germany implements the IGEL program. The program aims to increase the strength and ability of children to protect themselves from sexual abuse. After implementing, the child could protect themselves from sexual harassment (Czerwinski *et al.*, 2018).

Early sexual education in elementary school children has been implemented in several countries. Hawaii undertakes development by including a school based train the trainer program. The program aims to increase children's awareness of situations that are at risk for sexual harassment (Keeping Children Safe Coalition, 2011). The program is effectively implemented and could increase children's knowledge about body boundaries, appropriate and inappropriate touches (Baker *et al.*, 2012; Barron and Topping, 2013).

The Body Safe Training (BST) program is a child sexual abuse prevention program developed by Dr Wurtele in 1986 and updated in 2007. The program purposes to help children recognize potential abusive situations, teach children to say no, fight the harassers, and report their experience (Lucy Faithfull Foundation, 2014). Output of this program is that children could protect themselves from sexual harassment by recognizing situations that have the potential to be harassing, being able to say no, being able to fight off the offender and being able to report sexual harassment experienced (Zhang *et al.*, 2014).

Preventive efforts with school based early sexual education in children are a method that is very commonly done. Several countries that have implemented this prevention program do not consider cultural factors in the design of program designs. In Australia, the implementation of this program has made the minorities there increasingly marginalized and racism is created. Cultural factors also need to be considered in the design and evaluation of prevention programs for school based children (Sawrikar and Katz, 2018).

Technological advances can also be utilized as an innovation to health programs. An inovation program called "Cool and Safe" was created as an effort to prevent web-based child sexual abuse targeting children of elementary school age. This program aims to prevent child sexual abuse by providing knowledge about safe behavior, appropriate touches and inapproproate touches. The program has been tested and results show that the program is worth applying and has no significant anxiety side effects (Müller, Röder and Fingerle, 2014).

Table 1 shows that there are 6 sexual violence prevention programs for children. Preventing children from becoming victims of sexual violence is the core objective of them. From those programs, 3 programs were carried out in 2 sessions, 1 program was carried out in 3 sessions and 2 programs are not explained in the literature. The topics presented are divided into 2 categories. The first category is about basic education including what sexual harassment is, the types of touch and how to behave safely and what are the places at risk. The second category is more related to how to avoid sexual harassment, how to protect yourself from the perpetrators (dare to say no, dare to fight and dare to report about sexual abuse experience) and how to increase sensitivity to unsafe conditions.

Of the 6 sexual violence prevention programs for children found, it can be concluded that the target of the program is children between 3-13 years of age or in other words it focuses on pre-school to elementary school age children. In Indonesia, cases of sexual violence against children recorded by the Ministry of Social Affairs in 2017 reached 2.117 cases (Permani, 2018). The age range of victims of sexual violence in Indonesia is between 0-16 years old (VOA, 2019).

From the 6 programs found, it can be concluded that the program presenters differ depending on the program. The program is a curriculum based program, the school teachers, counseling teachers and religious teachers can be presenters. The program is not curriculum based program, then the presenter is an expert trainer (Rahmaniah, 2014).

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Table 1. Syntesis Matrix result of Child Prevention Program

Program	Reference	Inisiator	Country/ Regional	Objectives	Method	Result	Benefit/Barier
C-SAPE	(National Sexual Violence Resource Center, 2011), (Walsh and Brandon, 2012); (Kim and Kang, 2017)	Goverment	USA	1. Teach children how to recognize sexual harrasment 2. Provide skills for children to avoid sexual harassment	1. Implemetation: 1-2 sessions or more 2. Presenters: class teachers, counseling teachers, religious teachers 3. Topic: adjusted to the target 4. Target: children aged 3-12 years	Parents feel compatible with the topic being taught and can improve self protective behavior in children	Benefit: 1. Increase knowledge of children about sexual abuse 2. Increase knowledge and self protection skills in children 3. Improve the child's skills in reporting and asking for help 4. Increase children's confidence Barier: 1. Parents are less involved 2. Lack of school partnership
IGEL	(Czerwinski *et al.*, 2018)	Goverment	Germany	1. Increase the strength and ability	1. Implementation: 3 sessions ·senters: -[a] ɔic: body boundary ɨ type of touch ·get: 3rd grader of elementary school	Children can protect themselves from sexual abuse	Benefit: 1. Increase the child's knowledge of body boundaries, appropriate and inappropriate touches Barier: -[a]
Train the trainer	(Baker *et al.*, 2012), (Barron and Topping, 2013), (Keeping Children Safe	Non Goverment	Europe and Africa	1. Increase the child's awareness about situations at risk for sexual harassment	1. Implementation: 2 sessions 2. Presenters: trainers 3. Topic: risky pepople and places, grooming behavior, appropriate touch and sexual language	The program is suitable to be applied in social work practices	Benefit: 1. Increase children's knowledge about body boundaries, appropriate and inappropriate touches Barier:

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Program	Reference	Inisiator	Country/ Regional	Objectives	Method	Result	Benefit/Barier
	Coalition, 2011)				4. Target: school staff and children aged 6-13 years old		1. Culture 2. Distance 3. Lack of information 4. Infrastructure 5. Policy
BST	(Lucy Faithfull Foundation, 2014), (Zhang *et al.*, 2014)	Non Goverment	USA	1. Help the children recognize potential abusive situations 2. Teach children to say no 3. Teach children to fight the offender 4. Teach children to report sexual abuse experience	1. Implementation: 2 sessions 2. Presenters: -[a] 3. Topic: session 1 about public safety (fire,pedestrian, gun, home alone), session 2 about body safety (body safety skills, recognizing against and reporting inappropriate touches) 4. Target: children aged 3-8 years old	Children can protect themselves from sexual abuse	Benefit: 1. Children can reconize potential abusive situations 2. Children can say no 3. Children can fight the offenders 4. Children can report sexual abused experience Barier: -[a]
The Program for Australian minorities	(Sawrikar and Katz, 2018)	Goverment	Australia	1. Increase parents' knowledge and skills in preventing behavior problems in children and adolescents	1. Implementation: -[a] 2. Presenter: -[a] 3. Topic: childcare skills 4. Target: minority families in Australia	Programs can reach children from different cultural backgrounds	Benefit: 1. Children with different cultural backgrounds can still be protected from sexual harassment Barier: -[a]
Cool and Safe	(Müller, Röder and Fingerle, 2014)	Non Goverment	Europe and USA	1. Prevent child sexual abuse by providing knowledge about the type of touch and how to behave safety	1. Implementation: -[a] 2. Presenters: -[a] 3. Topic: type of touch and how to behave safety 4. Target: elementary school children	Program are effective in teaching children about safe behavior	Benefit: 1. Increase knowledge and skills about safe behavior Barier: -[a]

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Of all the available programs, it has been proven to be effective and able to increase the target's knowledge and skills on what and how to protect themselves from sexual harassment. Barriers to implementing the program include less involved parents, less partnered schools, cultural factors, distance, information, infrastucture and policies. Indonesia has the similar conditions. Child sexual abuse that occur in Indonesia is the result from lack of attention from parents to children because parents are busy (VOA, 2019). Cultural background makes it difficult to teach sexuality material to children because it is one of the factors that makes it easy for perpetrators of sexual abuse from abroad to enter Indonesia (Irawan, 2016).

Indonesia has not implemented an effective and applicable program related to the prevention of sexual violence against children (Dedi Hendrian, 2018). The Ministry of Women's Empowerment and Child Protection implements the Three Ends program. The program aims to end violence against women and children, end human trafficking and end economic inequality (Kementerian Pemberdayaan Perempuan dan Perlindungan Anak, 2016). End violence against women and children were carried out by providing information on the rights of women and children that reached the entire Indonesian community, functioning village-level institutuions, functioning of the women's and child protection task force in the regions and ensuring massive support from stakeholders (Kementerian Pemberdayaan Perempuan dan Perlindungan Anak, 2016). Efforts to prevent sexual violence against children are briefly alluded to in the Three Ends program, but it has not specifically focused on preventing sexual violence against children. Efforts made by Indonesia are making policies in the form of laws and conducting partnerships with various organizations both government and private (Septia, 2016).

Efforts to prevent sexual violence againts children are not done only by the government. A non governmental organization, ECPAT Indonesia implemented a sexual violence againts children prevention with the Smart School Online Module for Children *"Eksploitasi Seksual Anak di Ranah* Online". The topics presented by expert facilitators were what was sexual exploitation of children in the online realm, who was vulnerable to being the perpetrators and victims of sexual exploitation of children in the online realm, why sexual exploitation of children in the online realm could occur and what could children do to prevent sexual exploitation (ECPAT Indonesia, 2018).

Prevention programs of sexual abuse in children are often only focused on children. Development Program to the parent domain is also required. Knowledge obtained by children from the school cannot be applied optimally. The parental role is required as an amplifier; in this case, it is a preventive effort of sexual abuse in children (Rudolph and Zimmer-Gembeck, 2018; Rudolph *et al.*, 2018).

Table 2 shows that parents can be involved in efforts to prevent violence against children. Parents can provide supervision and monitoring, provide protection to children, and help increasing children's knowledge about self protection. Parental involvement need as an efforts to prevents sexual violence against children. It can be advocated to the government to be included in the program to prevent sexual violence against children (Letourneau *et al.*, 2017; Rudolph and Zimmer-Gembeck, 2018; Rudolph *et al.*, 2018; Jin, Chen and Yu, 2019). Programs to prevent sexual violence against children for parents include ACT-RSK; Triple-P; The Incredible Years Parents, Teachers, and Children Training Series; PACE; The Making Choices and Strong Families; The African Migrant Parenting; Strengthening Families; 123 Magic; PDEP; FAST.

Americans adopt the ACT-RSK (ACT-Raising Safe Kids) program as an effort to reduce early childhood violence. This program aims to reduce the number of child abuse (Knox and Burkhart, 2011, 2014; Knox, Burkhart and Hunter, 2011).

Triple-P program is very effective. Significant decrease in children's conflict, an increase in closeness and positive relationships between parents and children and an increase in parental competence in childcare are side effects of this program (Breitkreuz *et al.*, 2011; Morawska *et al.*, 2011; Sumargi, Sofronoff and Morawska, 2014; Ashori *et al.*, 2015).

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The Incredible Years Parents, Teachers, and Children Training Series is a reinforcement programfor parents, teachers, children, and families. The program aims to improve the social, emotional and academic competence of parents and teachers to prevent children from developing behavioral problems (Webster-Stratton, 2011). The effectiveness of this program has been tested and the results is, fewer students have behavioral problems when they are taught by parents and teachers who have received program training. This happens because there is an increase in the skills of parents and teachers in childcare and classroom management (Furlong and McGilloway, 2012; Wager, Wager and Wilson, 2015).

PACE (Parenting our Children to Excellence) is a parenting training program designed to improve parents' coping and self efficacy skills in childcare (Audience, 2017). This program has been tested on 610 parents in Indianapolis, United States. The results show that the PACE program could significantly improve harmonious relations between parents and children, especially for families who have the potential to abuse children (Begle and Dumas, 2011).

The Making Choices and Strong Families is a program designed to strengthen families by increasing parenting skills and developing emotional management in children. This program is effective in promoting harmonious relations between parents and children (Conner and Fraser, 2011; Fraser *et al.*, 2014). The African Migrant Parenting is a childcare program implemented by the Spectrum Migrant Resource Center to ensure new immigrants and refugees in Australia could maximize their potential to care for children, strengthen their role so as to produce positive childcare. As a results, Immigrants and refugees in Australia can maximally educate their children even though their cultural backgrounds differ from where they came from. After getting educated, parents have different perspectives on physical submission and access to food for their children (Leone, 2014).

Strengthening Families is an internationally recognized family empowerment program that is proven effective in improving children's mental health. The results of the effectiveness study show that this program is able to reduce anger, make the child's parents' relationship better and provide understanding to parents about child care (Riesch *et al.*, 2012; Burn *et al.*, 2019). 123 Magic is a parental strengthening program that focuses on emotional control. The purpose of this program is to improve parenting skills in positives parenting. This program is effectively implemented because parents could take care of children posititvely and the environtment around the child became harmonious (Phelan, 2016).

Positive Discipline in Everyday Parenting (PDEP) is a parenting approach program that educates and guides children in good behavior. The program was carried out in 4 sessions and the topic was about parenting. Benefits of the program include: parents no longer use physical punishment, it increases parental self efficacy and reduces conflict between parents and children (Durrant *et al.*, 2014; Durrant, 2017).

Family And School Together (FAST) is a program created by the United Nations Office on Drugs and Crime (UNODC). FAST is a multi-family intervention aiming to improve parental empowerment so that it could build a good relationship with the child (Maalouf and Campello, 2014). This program has been implemented in several countries, such as Turkmenistan, Kyrgyzstan, Guatemala, Nicaragua, Albania, Serbia, Montenegro, Macedonia, Bosnia Herzegovia and Brazil. The result of implementing the program is that parents become active in activities that involved their children (McDonald and Sayger, 1998; Maalouf and Campello, 2014).

Table 2 shows that there are 11 sexual violence prevention programs for parents. The core objective of the various programs is educating children to behave well. In achieveing these core goal, each program takes a similar approach, namely by teaching about good parenting. Parenting method is done by managing emotions, increasing the coping mechanisms and self eficacy of parents, and doing parental empowerment. Children who have a bad childhood background (mistreated and become victims of sexual violence) potential to become perpetrators of sexual violence in the future. The low quality of self from perpetrators of sexual violence against

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children shows that the family which is expected to provide the basis for the development of the child's personality does not fuction properly, including the function of family control, and the family environtment does not work well (Teja, 2016).

Of the 11 sexual violence prevention programs for parent found, the length of implementation of the program depends on the topic provided and the target audience. If the target is multisectoral, then the topic is taught a lot and the teaching time is longer. Of all available programs, the subject matter will be taught by expert trainers. This is the same as the presenters in the program of sexual violence prevention in children that are not based on school curricula. The goal of the whole program is parents. Based on sexual violence against children data in Indonesia, most of the perpetrators come from families with violent parenting. The existence of conflict in the family causes the perpetrator to not be able to correctly identify the roles of men and women. This is what causes the perpetrators to grow into a paedophile (Handayani, 2012).

All programs have been proven effective because they are able to reduce the number of violence in children, parents are able to manage emotions so that the relationship between parents and children becomes more harmonious. Barries to the program are location, time, cost, and goverment commitment. This obstacle is almost similar with the obstacle in sexual violence prevention for children. Indonesia is a country with diverse cultural background and an archipelago (Lestari, 2015). Government commitment is one of the many barriers to policy implementation in Indonesia (VOA, 2019).

Since 2016, Indonesia has implemented a positive parenting program, The purpose of this program was to build a warm relationship between children and parents and stimulated child develompment. The material taught were the stage of child development, effective communication and positive discipline (Kemendikbud, 2016). Compared to prevention programs for child sexual violence for parents that have been carried out abroad, this positive parenting program was not specific yet. But in this implementation, there were some material regarding reproductive health and early detection of deviant behavior (Kemendikbud, 2016).

A non governmental organization, ECPAT Indonesia implemented a violence against children prevention with the Smart School Online Module for Family and Teacher "Eksploitasi Seksual Anak di Ranah Online". The topic presented by expert facilitators were a general understanding of the sexual exploitation of children in the online realm and what could be done to prevent the exploitation of children in the online realm (ECPAT Indonesia, 2018).

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Table 2. Syntesis Matrix result of Parental Prevention Program

Program	Reference	Inisiator	Country/ Regional	Objectives	Method	Result	Benefit/Barier
ACT-RSK	(Knox and Burkhart, 2011), (Knox, Burkhart and Hunter, 2011), (Knox and Burkhart, 2014)	Non Goverment	USA	1. Reduce the number of violence in children	1. Implementation: 8 sessions 2. Presenters: trainers 3. Topic: children's behavior, violence against children, emotional management, problem solving, discipline, the influence of media on children, practicum 4. Target: parents and caregivers	Effectively reduce the level of bullying in children	Benefit: 1. Parents' knowledge, behavior and beliefs about violence prevention and parenting methods are increasing Barier: -[a]
Triple-P	(Sanders, 2008), (Breitkreuz *et al.*, 2011), (Morawska *et al.*, 2011), (Sumargi, Sofronoff and Morawska, 2014), (Ashori *et al.*, 2015)	Non Goverment	Australia	1. Increase parents' knowledge, skills and confidence in maintaining chiildren's behavior	1. Implementation: 5 sessions 2. Presenters: trainers 3. Topic: mass media, primary health care services, religious organizations, political systems and childcare and school systems 4. Target: parents	There is a significant decrease in children's conflict, increase closeness between parents and children, increase parental competence in chilcare	Benefit: 1. Prevent problems with behavior, emotions and poor development in children Barier: 1. Location 2. Time 3. Costs 4. Work commitment
The Incredible Years Parents, Teachers, and Children Training Series.	(Webster-Stratton, 2011), (Furlong and McGilloway, 2012), (Wager, Wager and Wilson, 2015)	Non Goverment	USA	1. Increase the social, emotional and academic competence of parents and teachers to prevent children from developing behavioral problems	1. Implementation: baby program (9-12 sessions), toddler program (12 sessions), preschool program (18-20 sessions), school age program (12-16 sessions) 2. Presenters: trainers 3. Topic: depends on the type of program 4. Target: parents. Children and families	Fewer students have behavioral problems when they are taught by parents and teachers who have received program training	Benefit: 1. Increase parenting skills by managing anger 2. Increase teacher skills in classroom management Barier: -[a]
PACE	(Begle and Dumas, 2011), (Audience, 2017)	Non Goverment	USA	1. Improve parents' coping skills and self-effficacy in parenting	1. Implementation: 1 session for 1 year 2. Presenters: trainers 3. Material: bringing out the best in children,	The involvement of PACE can significantly increase the harmonious relationship between	Benefit: 1. Improve childcare skills of parents who are at risk of child abuse

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Program	Reference	Inisiator	Country/ Regional	Objectives	Method	Result	Benefit/Barier
					recognizing children's strengths, reducing child problem behaviors, coping and self efficacy for parents 4. Target: parents of children aged 3-6 years	parents and children	Barier: -[a]
The Making Choices and Strong Families	(Conner and Fraser, 2011), (Fraser *et al.*, 2014)	Non Goverment	USA	1. Enhance parenting skills and developing emotional management in children	1. Implementation: 1 session 2. Presenters: trainers 3. Topic: emotional management 4. Target: parents	Effective in promoting harmonious relations between parents and children	Benefit: 1. Enhance harmonious relationship between parents and children Barier: -[a]
The African Migrant Parenting	(Leone, 2014)	Goverment	Australia	1. Ensure new immigrants and refugees (parents) in Australia can maximize their potential in parenting	1. Implementation: 8 sessions 2. Presenters: trainers 3. Topic: understanding children's needs. Children's confidence, communication, education for children, legal issues, stress management, childcare in different cultural backgrounds 4. Target: parent from sub-Sadaran African backgrounds	Immigrants and refugees in Australia can maximize educating their children even though their cultural backgrounds are different from where they came from	Benefit: 1. Change the perspective of parents regarding the application of physical punishment to children and restrictions on access to food Barier: -[a]
Strengthening Families	(Riesch *et al.*, 2012), (Burn *et al.*, 2019)	Non Goverment	USA	1. Improve parenting skills and improve children's mental health	1. Implementation: 3 sessions 2. Presenter: trainers 3. Topic: childcare and children's mental health	Parents are able to manage their stress	Benefit: 1. Reduce the level of anger in parents 2. Improve parents' understanding of parenting 3. Children's behavior get better Barier: -[a]
123 Magic	(Phelan, 2016)	Non	USA	1. Improve	1. Implementation: 4 sessions	123 Magic can improve	Benefit:

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Program	Reference	Inisiator	Country/ Regional	Objectives	Method	Result	Benefit/Barier
		Goverment		parenting skills in positive parenting	2. Presenters: -[a] 3. Topic: parents are the caregivers of children and parental duties 4. Target: parents	parental skills in positive parenting	1. Parents can positively care for children 2. Children do not behave deviant 3. The environment around the children becomes harmonious Barier: -[a]
PDEP	(Durrant *et al.*, 2014), (Durrant, 2017)	Non Goverment	Southeast Asia	1. Educate and guide children to behave well	1. Implementation: 4 sessions 2. Presenters: trainers 3. Topic: parenting 4. Target: parents	PDEP can improve parenting skills in educating children	Benefit: 1. Physical punishment is no longer used 2. Parents' self efficacy increases 3. Conflict between parents and children is reduced Barier: -[a]
FAST	(Maalouf and Campello, 2014)	Non Goverment	Turkmenistan, Kyrgyzstan, Guatemala, Nicaragua, Albania, Serbia, Montenegro, Macedonia, Bosnia, Herzegovia and Brazil	1. Increase parental empowerment so the relationship between parents and children is more harmonious	1. Implementation: 8-12 weeks 2. Presenters: trainers 3. Topic: alcohol, antisocial/aggressive behavior, illegal drugs, social and emotional competence 4. Target: individuals, families, peers, schools, communities	Parents become active in activities that involve their children	Benefit: 1. Communication between parent and child increases 2. Parents are involved in activities in the school and community Barier: 1. Schools pay less attention to anything other than academic activities

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CONCLUSION

There are already several sexual violence prevention programs for children and parents. Indonesian government can implement the same program to reduce the number of cases of child sexual abuse that continues to increase. Program barriers that occur in countries that implement programs to prevent sexual violence against children can be used as a reference source for the Indonesian goverment in developing stategic program that are approriate to the characteristics of the country. The type of program that is suitable to be carried out in Indonesia is a combination of various programs that have been carried out. For programs to prevent sexual violence for children, it can be done by using school curriculum-based teaching methode with classroom teacher, counseling teachers and religious teacher as a presenter. Using modules as a guide like what ECPAT Indonesia has done can also support the learning process. For programs to prevent sexual violence for parents, it can be done as a positive parenting program that has been implemented in Indonesia since 2016.

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