



## Health Education, Free Medical Treatment, And Social Service For The Community Of Malingping, Lebak, Banten

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### ABSTRACT

This community service program aimed to improve public health awareness and access to medical services in Malingping District, Lebak, Banten—an area facing significant barriers to healthcare due to its remote location and limited infrastructure. The program included health education, free medical treatment, and social outreach activities. Educational sessions raised awareness about healthy living, hygiene, and disease prevention, while medical services offered free consultations, blood pressure and glucose screenings, and basic medication. Additionally, the distribution of food packages and hygiene kits provided immediate relief to underprivileged families. The program successfully served over 500 residents and engaged local stakeholders and health professionals. The outcomes demonstrated increased health knowledge, early detection of chronic conditions, and strengthened community resilience. This initiative also served as a field-learning opportunity for students and promoted collaboration between academic institutions and local communities. The integrated approach proved effective in addressing both short- and long-term health challenges in underserved areas.

**Keywords:** Health Education, Free Medical Treatment, Social Service, Rural Healthcare.

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## INTRODUCTION

Health is a fundamental human right that must be fulfilled by the state and supported by the active participation of society (WHO, 2020). However, the reality in many remote areas in Indonesia shows that access to health services is still limited and uneven. Malingping District in Lebak Regency, Banten Province, is one such area where geographical isolation and underdeveloped infrastructure pose significant barriers to healthcare access (BPS Kabupaten Lebak, 2022). The limited number of medical personnel, the scarcity of medicines, and the lack of supporting health facilities at the village level contribute to this prolonged inaccessibility. According to the Indonesian Ministry of Health (Kemenkes RI, 2021), such conditions often lead to increased morbidity due to the inability of communities to receive regular and preventive health services. This reality is also supported by findings from

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Prawirohardjo (2017), who emphasizes that health services in remote areas require strategic outreach models.

Based on preliminary field observations and community interviews, many residents in Malingping have not received routine health check-ups such as blood pressure monitoring, blood sugar checks, or medical consultations. This condition reflects the low penetration of promotive and preventive health programs in the region, which should ideally be the frontline strategy in primary healthcare (Soekidjo, 2010).

Another issue found in the region is the low level of public health literacy. Many residents still lack knowledge about the importance of balanced nutrition, personal hygiene, environmental sanitation, and the prevention of infectious diseases. Notoatmodjo (2012) emphasized that health promotion must target behavioral changes to improve individual and community health outcomes effectively. The situation calls for a well-structured intervention in the form of community service programs that not only deliver immediate medical care but also long-term educational benefits. Suparman (2018) explains that continuous health education can significantly alter behavior, leading to a sustainable impact on people's health. Therefore, it becomes imperative to initiate programs that combine health counseling, free medical treatment, and social services.

Community service programs that incorporate direct public engagement can bridge the gap between health professionals and local residents. Through health education sessions, participants can learn how to independently maintain their health and prevent illness before it worsens. As suggested by the WHO (2020), the focus of modern public health must shift toward community empowerment and health equity. In addition, the provision of free medical treatment becomes crucial in rural areas like Malingping, where many households live below the poverty line and cannot afford medical consultations or medications. This initiative supports the argument by Kemenkes RI (2019), which calls for expanded health outreach through mobile clinics and community-based interventions in isolated regions.

Social assistance such as the distribution of basic food packages or hygiene kits also plays a complementary role in strengthening public welfare. According to Suparman (2018), these efforts foster a sense of social solidarity and are essential to address the broader social determinants of health that affect vulnerable populations. From the academic and institutional perspective, this community service program enables healthcare workers and students to apply theoretical knowledge in real-life contexts. It serves as a platform for direct service learning and strengthens institutional ties with local communities (Soekidjo, 2010). It also offers the opportunity to collect field data for academic analysis and future health policy recommendations.

Strategically, this initiative aligns with the Indonesian government's health agenda, which emphasizes promotive and preventive approaches to healthcare. Programs like these are encouraged to improve the health status of populations in disadvantaged areas, ensuring that no community is left behind (Kemenkes RI, 2019). In the long run, this type of community service has the potential to promote behavior change, foster self-reliance in health management, and improve overall public health outcomes. As Notoatmodjo (2012) highlights, instilling healthy habits from the ground up can lead to more resilient communities capable of facing health challenges independently.

The implementation of health education, free treatment, and social services in Malingping District represents a critical step toward reducing disparities in health access. With collaborative efforts from institutions, local governments, and communities, this

initiative can be a catalyst for positive transformation in public health practices across rural Indonesia.

## METHODS

The implementation of this community service program will be carried out through several integrated and carefully planned stages to ensure its success and sustainability. The initial phase involves thorough preparation, beginning with coordination between the program team and relevant local stakeholders, including village authorities and community health centers (puskesmas). This stage is essential to align the planned activities with the specific needs of the community while also building trust and obtaining local support. Additionally, the preparation includes logistical arrangements such as procuring medical equipment, basic medications, and educational materials that will be used during the program.

Once the groundwork has been laid, the team will proceed with the delivery of health education sessions. These sessions aim to increase the health literacy of the local population by introducing essential topics such as maintaining a balanced diet, practicing good personal hygiene, preventing the spread of infectious diseases, and recognizing early symptoms of common illnesses. The educational component is designed to be participatory and accessible, encouraging community members to adopt healthier behaviors and take a more proactive approach to managing their own well-being.

The program will then move into the stage of providing free medical services. This involves bringing healthcare professionals—doctors, nurses, and trained student volunteers—directly to the community to offer health screenings and basic medical treatment. Services such as blood pressure checks, blood glucose testing, and medical consultations will be provided, along with the distribution of over-the-counter medications and vitamins. The goal is to reach individuals who may have never received formal medical care due to geographical or financial barriers.

Complementing the educational and medical efforts, the program will also include a social outreach component in the form of distributing essential items such as food packages, vitamins, and hygiene kits. These items are intended to alleviate some of the economic burdens faced by disadvantaged households while supporting the broader goal of improving public health. Through this act of social solidarity, the program seeks to foster a spirit of care, empathy, and mutual support within the community.

The implementation relies heavily on the collaboration and active participation of various partners. Local health authorities, village leaders, and community members will play a crucial role in supporting and facilitating the activities. Meanwhile, the internal team consists of experienced health professionals, academic staff, nursing students, and general volunteers, each contributing their expertise and energy to ensure smooth execution. Furthermore, external support from donors and sponsors is instrumental in providing the necessary resources, including medications, equipment, and logistical assistance.

Throughout the program, all activities will be carefully documented to ensure transparency and accountability. Photographs, participant lists, service records, and summary reports will be compiled to reflect the scope and impact of the initiative. This documentation not only serves as evidence of program implementation but also provides valuable insights for future evaluations and the development of similar outreach efforts in other underserved areas.

The method of implementation is designed to be participatory, inclusive, and responsive to the unique health challenges faced by the Malingping community. By combining preparation, education, medical service, and social support in a seamless process, this program aspires to leave a lasting and meaningful impact on the health and welfare of the target population.

## RESULTS AND DISCUSSION

The community service program conducted in Malingping, Lebak, Banten, which focused on health education, free medical treatment, and social outreach, yielded significant outcomes and demonstrated substantial impact on the local population. The program was successfully implemented on Saturday, November 30, 2024, and was attended by hundreds of residents from various villages in the district.



Figure 1. Documentation of activities

One of the most notable achievements of the program was the enthusiastic participation of the community. The health education sessions were well-received, with residents showing keen interest in learning about healthy lifestyle practices. Through interactive discussions and demonstrations, the community gained new insights into nutrition, hygiene, disease prevention, and the importance of routine health checks. This directly contributed to raising awareness and promoting a shift in the community's attitudes toward health maintenance and disease prevention.

The free medical treatment component also made a significant impact. More than 500 people received direct medical services, including blood pressure checks, blood sugar tests,

general consultations, and medication distribution. Many of the beneficiaries expressed appreciation, especially those who had not previously had access to such services due to geographical and financial constraints. Several cases of undiagnosed hypertension and suspected diabetes were detected early, allowing for immediate medical advice and referrals for further treatment if needed. This aligns with findings by Suparman (2018), who highlighted the critical role of mobile and community-based medical services in early disease detection.

In addition to health education and treatment, the program also included a social service element. Approximately 300 packages of essential goods, including staple foods, vitamins, and hygiene supplies, were distributed to families in need. This aspect of the program not only addressed the economic challenges faced by the community but also reinforced the spirit of empathy, cooperation, and mutual assistance. Such social solidarity is essential in strengthening communal bonds and resilience in underserved regions.

From an organizational perspective, the program also provided practical benefits to the implementing team. It served as a platform for healthcare professionals, students, and volunteers to apply their knowledge in real-life settings and engage directly with the public. This experiential learning was particularly valuable for nursing students, who gained hands-on experience in community health promotion, communication, and basic clinical skills. Furthermore, the team was able to gather field data regarding common health issues in the area, which may be used to support future research or inform targeted health interventions.

The challenges faced during implementation, such as logistical coordination and unpredictable weather conditions, were managed effectively through cooperation among the team, local leaders, and partner institutions. The ability to adapt and remain responsive to local dynamics was a key success factor, demonstrating the importance of community engagement in ensuring smooth execution of public health initiatives.

Data collected from the event, including service statistics and participant feedback, indicated that the program met its objectives in improving public access to healthcare, enhancing knowledge about healthy living, and providing short-term relief through social support. These outcomes reinforce the argument made by Notoatmodjo (2012) that effective health promotion in rural areas requires a combination of education, direct service, and community empowerment.

In summary, the implementation of this health outreach program in Malingping not only addressed immediate health concerns but also laid the groundwork for longer-term improvements in community well-being. The experience underscores the importance of collaborative, integrated approaches to health promotion and demonstrates how academic institutions can play a vital role in supporting national public health goals through grassroots initiatives.

## CONCLUSION

The implementation of health education, free medical treatment, and social service in Malingping District has proven to be a highly impactful initiative in addressing health disparities within a remote community. The program succeeded in increasing public awareness about healthy lifestyles, providing essential medical services to over 500 residents, and distributing aid packages to families in need. The combination of education, medical care, and social support created a comprehensive intervention that addressed both immediate health needs and long-term behavior change. Moreover, this initiative served as a

meaningful field learning experience for students and healthcare professionals, strengthening institutional collaboration with the local population. The program not only fulfilled its goals but also reinforced the importance of participatory and integrated health interventions, particularly in rural areas with limited access to care. Moving forward, similar initiatives should be continuously developed and expanded to ensure that underserved communities across Indonesia receive the attention and services they deserve.

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