



Health Promotion Programs, Activities and Strategies

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ABSTRACT

Health promotion is a strategic approach to improving public health through empowerment and sustainable behavior change. This paper discusses various national health promotion programs in Indonesia, such as Community-Based Health Efforts (UKBM), Alert Villages, Community-Based Total Sanitation (STBM), and Clean and Healthy Living Behaviors (PHBS). The analysis was conducted using a descriptive-qualitative approach by reviewing government policy documents and programs. The results indicate that an effective health promotion strategy requires synergy between advocacy, community empowerment, information and education communication (IEC), and a reorientation of health services. The conclusions highlight the importance of active community participation and cross-sectoral support to achieve sustainable health development goals.

Keywords:

Health promotion, Public health, Community empowerment

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INTRODUCTION

Health promotion is an important part of public health development that emphasizes preventive efforts and community empowerment. According to the World Health Organization (WHO), health promotion is “the process of enabling people to increase control over, and to improve, their health,” which means the process of empowering individuals and communities to control and improve their own health. In Indonesia, various national programs have been designed to encourage community involvement in maintaining and improving the quality of healthy life. These programs target not only individual change, but also structural change involving communities and local governments.

One prominent approach is through Community-Based Health Efforts (CBHE), which play a role in bringing health services closer to the community while establishing a community-based health surveillance system. In addition, the Desa Siaga program is also a form of community readiness in dealing with health risks independently, especially in emergency or disaster situations. No less important, the Community-Based Total Sanitation (STBM) approach and the Clean and Healthy Living Behavior (PHBS) campaign are the spearheads in changing people's behavior to be more aware of the importance of sanitation and healthy lifestyles. All of this is inseparable from health promotion strategies that prioritize advocacy, partnerships, empowerment, and the creation of a supportive environment.

However, the achievement of health promotion programs in Indonesia still faces various challenges. Based on the 2018 Riskesdas data, the coverage of households that implement all indicators of PHBS in the household area has only reached 44.5%, while access to proper sanitation is only around 75%. This figure shows that changes in behavior and environmental quality have not been fully realized evenly, especially in rural areas and marginalized

communities. This inequality signals that health promotion efforts need a more integrated and contextualized approach according to the needs of local communities.

Based on this background, this paper will focus on the research question: How can health promotion strategies implemented through the UKBM, STBM, PHBS, and Desa Siaga programs increase the effectiveness of community empowerment and accelerate the achievement of healthy living behaviors in Indonesia?

METHOD

This paper uses a descriptive, qualitative, exploratory approach to various national health promotion programs issued by the Indonesian Ministry of Health. Data sources are policy documents, technical guidelines, and relevant literature on health promotion, such as UKBM (Community Health Unit), Desa Siaga (Alert Village), STBM (Community Health Unit), and PHBS (Healthy Living Environment). The analysis is conducted by identifying the core strategies within each program, implementation objectives, and benefits derived by the community and health facilities.

Data were analyzed narratively by classifying information based on shared themes, program functions, and their impact on improving community health. The primary focus of the analysis was to uncover the social approaches used in health promotion and the level of community empowerment generated by each program.

RESULTS AND DISCUSSION

National Program

Programs with a social science approach in the field of public health that have been carried out in Indonesia include the following.

Community-Based Health Efforts (UKBM)

UKBM (Community-Based Health Efforts) is a concrete manifestation of community participation in health development. This condition has been able to spur the emergence of various other forms of UKBM such as Polindes, POD (Village Drug Post), UKK Post (Occupational Health Effort), TOGA (Family Drug Garden), health funds, and others.

Community empowerment efforts are continuously pursued through the development of Community-Based Health Efforts (UKBM) in villages. Activities focus on community-based surveillance, health emergencies and disaster management, and environmental sanitation. UKBM activities include:

- a. Community-based surveillance where disease observation and recording is carried out by the community (cadres) assisted by health workers.

Community-based surveillance activities include:

1. observation and monitoring of diseases and the health conditions of mothers and children, nutrition, environment and behavior that can cause public health problems,
 2. rapid reporting (less than 24 hours) to health workers for rapid response,
 3. simple prevention and management of diseases and health problems, as well as
 4. death reporting.
- b. Health emergencies and disaster management, namely efforts undertaken by the community to prevent and address disasters and health emergencies. These activities include:

1. guidance in finding a safe place to evacuate,
 2. health promotion and guidance to overcome health problems caused by disasters and prevent factors that cause problems,
 3. assistance/facilitation to fulfill basic sanitation needs (clean water, toilets, garbage/waste disposal, etc.) in refugee camps,
 4. providing volunteers who are willing to become blood donors, and
 5. health services for refugees.
- c. Environmental health, namely efforts made by the community to create and maintain the environment and settlements to avoid disease and health problems.

Environmental health activities include:

1. promotion of the importance of basic sanitation,
2. assistance/facilitation to fulfill basic sanitation needs (clean water, toilets, garbage and waste disposal, etc.),
3. assistance/facilitation of environmental pollution prevention efforts.

Alert Village

According to the Decree of the Minister of Health Number 564 of 2006, an Alert Village is a village that has the readiness of resources and capabilities to prevent and overcome health problems (disasters and health emergencies) independently.

Active Alert Village is a development of Alert Village, namely a Village or Sub-district

- a. Residents can easily access basic health services that provide daily services through Village Health Posts (Poskesdes) or health facilities in the area such as Assistant Community Health Centers (Pustu), Community Health Centers (Puskesmas), or other health facilities.
- b. The population develops Community-Based Health Efforts (UKBM) and carries out community-based surveillance (including monitoring of diseases, maternal and child health, nutrition, environment and behavior), health emergencies and disaster management, as well as environmental sanitation so that the community implements Clean and Healthy Living Behavior (PHBS).

The general objective of this program is to accelerate the realization of village and sub-district communities that are caring, responsive, and able to recognize, prevent, and overcome health problems they face independently, so that their health level improves with the specific objectives, namely:

- a. Developing policies for the development of active alert villages and sub-districts in village or sub-district governments.
- b. Increase the commitment and cooperation of all village or sub-district officials and community organizations for the development of active alert villages and sub-districts.
- c. Improving community access to basic health services in villages or sub-districts.
- d. Developing UKBM and implementing community-based surveillance (including monitoring of disease, maternal and child health, environment and behavior), disaster and health emergency management, and environmental sanitation.
- e. Increasing the availability of human resources, funds and other resources, originating from village or sub-district governments, the community and the private sector/business world, for the development of active alert villages and sub-districts.
- f. Improving Clean and Healthy Living Behaviors (PHBS) in Households: Benefits of Active Alert Villages and Sub-districts

For the community:

- a. Easy access to basic health services.
- b. Caring, responsive and able to recognize, prevent and overcome health problems faced.
- c. Live in a healthy environment.
- d. Able to practice PHBS.
- e. Community leaders and cadres play an active role in empowering and mobilizing the community.

For health centers:

- a. Increase the coverage of health programs.
- b. Optimizing the function of community health centers.
- c. Reducing morbidity and mortality.
- d. Improving the image of community health centers as the spearhead of health services.
- e. The creation of health-oriented development in the sub-district.
- f. The allocation of development funds is not used much for curative services, but rather for promotive and preventive services.
- g. Accelerating the realization of Healthy Districts improves the image of the district government.

Community-Based Total Sanitation (STBM)

Community-Based Total Sanitation (STBM) is an approach to changing hygiene and sanitation behavior through community empowerment with a triggering method. STBM aims to change community behavior in terms of not defecating in the open or Open Defecation Free (ODF) to break the chain of disease transmission, Washing Hands with Soap with running water and Household Drinking Water Management (PAM RT) where water used for drinking water and for food production and other needs such as brushing teeth and gargling is managed, stored and utilized hygienically. This includes the management of household waste and garbage.

Total sanitation is a condition when a community:

- a. Don't defecate carelessly.
- b. Wash your hands with soap.
- c. Managing safe drinking water and food. M
- d. manage waste properly.
- e. Manage household liquid waste safely.

Health Promotion Program

Basic Health Promotion Strategies

Health promotion strategies in Indonesia encompass the dimensions of Information, Education, and Communication (IEC), advocacy, community empowerment, and partnerships. The Ottawa Charter added a new dimension: health as a center of development. This conference produced five core health promotion strategies:

- a. Building political policies
Health promotion through advocacy strategies places health on the agenda of policymakers in all sectors and at all levels, encouraging them to develop policies that support health programs in accordance with their functions and responsibilities in development. Health promotion also directs the formulation of pro-health policies.

Health policies developed by various related sectors will be more likely to generate greater leverage. For example, a policy on smoking issued by the Ministry of Health will have greater leverage if supported by policies on tobacco issued by the trade, agriculture, and customs sectors; and by the education sector, which will incorporate the topic of the dangers of smoking into the school curriculum.

b. Creating a supportive environment

As a manifestation of the political commitment to healthy development, every sector, in implementing its programs, should participate in creating a physically healthy, socially healthy, and safe living environment. A supportive environment in various settings (schools, households, workplaces, public service locations, and industry) will encourage people to behave healthily.

c. Empowering and strengthening community activities

Health promotion, through its strategies, also aims to empower communities so that members can work together to improve the health of their citizens. Health promotion involves conducting various health education sessions to help communities understand the importance of health, to effectively plan community health activities, and to assist communities in providing self-funded health services for the benefit of their citizens. For example, the government can assist by sending midwives to serve at community-owned integrated health posts (Posyandu) or by assisting communities in managing the proper administration of maternity savings programs.

d. Developing individual skills

Health promotion strives to educate community members, foster positive attitudes toward health, and ultimately lead to healthy lifestyles. With this knowledge, it is hoped that community members will be able to make the best decisions for themselves regarding their health. Health promotion supports the development of individuals and groups through the provision of information, training, and skills development.

e. Reorientation of health services

Health services need to re-evaluate their approach to balancing curative and rehabilitative services with promotive and preventive services, with the belief that prevention is better than cure. Sick people become unproductive and are more likely to fall into poverty due to the costs of treatment. A healthy lifestyle must be more actively promoted, with messages and encouragement to avoid risk factors that endanger health, such as smoking. Health services must engage in more preventive activities, such as providing quality antenatal care and intensive education on exclusive breastfeeding.

Reorienting health services also requires greater attention to health research as well as professional training and education. (Ministry of Health, 2005)

Clean and Healthy Living Behavior (PHBS)

Clean and Healthy Living Behavior is one strategy that can be taken to create independence in the health sector both in the community and in families through the provision of health information and education. These behaviors are practiced based on awareness, as a result of learning that enables individuals or families to help themselves and play an active role in realizing public health.

A healthy condition can be achieved by changing unhealthy behaviors to healthy behaviors and creating a healthy environment in the

household. A household that practices PHBS means being able to maintain, improve and protect the health of each household member from the threat of disease and an environment that is less conducive to healthy living. The implementation of PHBS in the household is the responsibility of each household member, which is also the responsibility of the government and related sectors to facilitate PHBS activities in the household so that they can be implemented effectively.

Increasing the number of PHBS households in villages, districts/cities throughout Indonesia is the general objective of the PHBS strategy, while the specific objective is to increase the knowledge, willingness and ability of household members to implement PHBS and play an active role in the PHBS movement in the community.

Benefits of PHBS

- a. The benefits of a Clean and Healthy Lifestyle for households are that each household improves its health, children grow up healthy and intelligent, and the work productivity of family members increases. With the improved health of household members, costs that were previously allocated for health can be diverted to investment costs such as education costs, fulfilling family nutrition and business capital to increase family income.
- b. The benefits of a healthy lifestyle and behavior for the community are that the community is able to strive for a healthy environment, the community is able to prevent and overcome health problems, the community utilizes existing health services, the community is able to develop Community-Based Health Efforts (UKBM) such as integrated health posts (posyandu), health care insurance, maternity savings (tabulin), toilet social gatherings, water user groups, village ambulances, and others.

The target of PHBS households is all family members including couples of childbearing age (PUS), pregnant and breastfeeding mothers, children and adolescents, the elderly, and caregivers. PHBS development in households is carried out to create PHBS-compliant households, where households must fulfill 10 PHBS indicators in the household. However, if there are no mothers who have given birth, no babies, and no toddlers in the household, then the definition of PHBS-compliant households is a household that fulfills only 7 indicators.

PHBS indicators in households are:

1. Delivery by health personnel
2. Giving babies exclusive breastfeeding
3. Weighing toddlers every month
4. Using clean water
5. Wash your hands with clean water and soap
6. Using a healthy toilet
7. Eradicating mosquito larvae in the house once a week
8. Eat vegetables and fruit every day
9. Do physical activity every day
10. No smoking in the house

CONCLUSION

Health promotion in Indonesia has evolved through various social approaches that prioritize community participation, cross-sector collaboration, and community empowerment. Programs such as UKBM (Community Health Unit), Desa Siaga (Alert Village), STBM (Community Health Unit), and PHBS (Healthy Living Environment) demonstrate that behavioral change and the creation of a healthy environment can be effectively achieved if

the community is involved from the planning stage through implementation. Health promotion strategies such as advocacy, community empowerment, strengthened communication, and reorientation of health services must continue to be developed as part of a systematic effort towards an independent and health-conscious society. The government needs to continue strengthening political commitment and resource investment so that the transformation of a healthy lifestyle can be sustainable and reach all levels of society.

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