Health Promotion

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HEALTH PROMOTION

UU No 28 tahun 2014 tentang Hak Cipta

Fungsi dan sifat hak cipta Pasal 4

Hak Cipta sebagaimana dimaksud dalam Pasal 3 huruf a merupakan hak eksklusif yang terdiri atas hak moral dan hak ekonomi.

Pembatasan Pelindungan Pasal 26

Ketentuan sebagaimana dimaksud dalam Pasal 23, Pasal 24, dan Pasal 25 tidak berlaku terhadap:

i. Penggunaan kutipan singkat Ciptaan dan/atau produk Hak Terkait untuk pelaporan peristiwa aktual yang ditujukan hanya untuk keperluan penyediaan informasi aktual;
ii. Penggandaan Ciptaan dan/atau produk Hak Terkait hanya untuk kepentingan penelitian ilmu pengetahuan;
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1. Setiap Orang yang dengan tanpa hak melakukan pelanggaran hak ekonomi sebagaimana dimaksud dalam Pasal 9 ayat (1) huruf i untuk Penggunaan Secara Komersial dipidana dengan pidana penjara paling lama 1 (satu) tahun dan/atau pidana denda paling banyak Rp100.000.000 (seratus juta rupiah).
2. Setiap Orang yang dengan tanpa hak dan/atau tanpa izin Pencipta atau pemegang Hak Cipta melakukan pelanggaran hak ekonomi Pencipta sebagaimana dimaksud dalam Pasal 9 ayat (1) huruf c, huruf d, huruf f, dan/atau huruf h untuk Penggunaan Secara Komersial dipidana dengan pidana penjara paling lama 3 (tiga) tahun dan/atau pidana denda paling banyak Rp500.000.000,00 (lima ratus juta rupiah).

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Desain Cover :
Ali Hasan Zein

Sumber :
PopTika & Nana_studio (www.shutterstock.com)

Tata Letak :
G.D. Ayu

Proofreader :
Mira Muarifah

Ukuran :
x, 105 hlm, Uk: 15.5x23 cm

ISBN :
978-623-02-7088-8

Cetakan Pertama :
Agustus 2023

PENERBIT DEEPUBLISH
(Grup Penerbitan CV BUDI UTAMA)
Anggota IKAPI (076/DIY/2012)

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FOREWORD

Praise be to God Almighty, for His mercy and grace, the authors have completed this textbook entitled ***Health Promotion***. This textbook was developed to provide guidance for nursing students in the international class of vocational bachelor study programs. This textbook is arranged based on the curriculum for nursing.

This textbook is expected to help students get information about health promotion programs. This is also intended to equip vocational bachelor students of the international class with adequate hard skills and soft skills to be competent in health services.

The authors realize that this teaching material is still far from perfect, so feedback and suggestions for improvement in the future are welcomed. The authors would like to thank all those who have helped and taken part in the completion of this textbook.

Authors

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INTRODUCTION THIS BOOK

Textbook Description

This book will discuss health promotion which includes; history and health promotion, five health promotion strategies, the model approach in health promotion, health promotion planning, monitoring and evaluation, and clean and healthy lifestyle.

Learning Objectives

Student are able to

1. Synthesize the concept of health promotion.
2. Conclude five health promotion strategies
3. Explain various models used in health promotion program
4. Design health promotion programs
5. Explaining the monitoring of the evaluation of health promotion
6. Describe a clean and healthy lifestyle

UNIT 1
CONCEPTS OF HEALTH PROMOTION

Learning Objectives

After studying this subject, students are able to synthesize the concept of health promotion.

Specific Learning Objectives

1. Able to conclude about health promotion.
2. Describe the scope of prevention and health promotion.
3. Explain the health promotion goal
4. Describe health promotion scope
5. Describe the area of health promotion

Key Terms

1. History of heath promotion
2. Health promotion goal
3. Scope of health promotion
4. Health promotion area

1. Introduction

Health promotion is often interpreted as marketing, selling health programs, this is because of the word promotion, but in reality, health promotion is not that simple because health promotion is related to health education, behavior change and health promotion. For more details, let us discuss more clearly about health promotion.

2. History of Health Promotion

The term health promotion in Indonesia has been started since the Dutch colonial era, with health counseling conducted by propagandists, as part of the activities of the Civil Health Service, until finally a unit was formed to manage it specifically, namely Medisch Hygiene Propaganda Dients. During the Japanese colonial period, health promotion efforts were still carried out by native doctors and health workers who joined the army in guerrilla warfare, carrying out health promotion. Advocacy was also carried out for residents whose homes were used as emergency hospitals.

In 1975 community development began with the flagship program Village Community Health Development. Furthermore, Alma Ata's Declaration (1978) regarding Primary Health Care was a milestone for the forerunner of Health Promotion. WHO turns health education into health promotion. The difference between the two terms is that health education is an effort to change behavior while health promotion besides changing behavior is expected to also change the environment as an effort to change this behavior. The First Health Promotion International Conference in Ottawa, Canada, 1986, stated that Health Promotion was "The process of enabling peoples to increase control over, and improve their health". Health promotion efforts should carry out community empowerment as a way to maintain, improve and protect the health of both individuals and communities.

Conference in Adelaide, Australia, which produced “Build Healthy Public Policy”, which is characterized by: (1) real concern from policies in all fields for health, (2) accountability of these policies of its impact on health. The third Health Promotion Conference held in Sweden, the theme “Supportive Environments for Health”, creates a conducive physical, socio-economic and political environment for health. Then the fourth health promotion conference in Jakarta set priorities for health promotion;

a. Increasing social responsibility towards health
b. Increase investment for health development
c. Consolidate and expand partnerships in the health sector
d. Improving community capacity and empowering individuals
e. Strengthen health promotion infrastructure

3. Definition of Health Promotion

WHO 1984, “Health promotion is not only about changing behavior but also changing the environment that facilitates changing that behavior.” Laureen Green 1984, “Health Promotion is any form of combination of health education and interventions related to economics, politics and organizations designed to facilitate behavior change and a conducive environment for the environment”.

Ottawa Charter 1986, “The process of enabling people to maintain and improve their health”. Bangkok Charter 2005, “The process of enabling people to maintain their health and its determinants, and thereby improve their health”. WHO, 2014, health promotion as “The process of enabling individuals and communities to increase control over the determinants of health and thereby improving their health”.

Health promotion is a revitalization of health education in the past, wherein the concept of health promotion is not only a process of raising public awareness in terms of providing and increasing knowledge in the health sector, but bridging behavior change, both in society and in organizations and their environment including the physical environment–non-physical, socio-cultural, economic and political.

4. The Health Promotion Goal

The purpose of implementing health promotion basically is the vision of health promotion itself. The vision and goal of health promotion is to create a society that:

a. Willingness to maintain and improve their health.
b. Able to maintain and improve their health.
c. Maintaining health, means being willing and able to prevent disease,
d. Protect yourself from health problems.
e. Improving health, means being willing and able to improve his health.

Health promotion can be seen from the following perspectives:

a. WHO

1) General Purpose
   Changing individual/community behavior in the Health sector.
2) Specific Purpose
   a) Making health as something of value to society
   b) Helping individuals to be able to independently/in groups engage in activities to achieve healthy living goals.
   c) Encouraging the development and appropriate use of service facilities existing health.

b. According to Lawrence Green

Health promotion goals consist of 3 levels of goals, namely:

1) Program Objectives
   Is a statement about what will be achieved in the period certain time related to health status.
2) Educational Objectives
   Is a description of the behavior that will be achieved can overcome existing health problems?
3) Behavioral Goals
   Is education or learning aimed at achieving desired behavior, this relates to knowledge and attitudes.

4) Purpose of Behavioral Intervention in health promotion
   a. Reducing negative behavior for health
   b. Preventing increased negative behavior for health
   c. Increase positive behavior for health
   d. Prevent the decline of positive behavior for health

5. Scope of Health Promotion

The scope of health promotion can be divided into two aspects, namely aspects of health services and the setting for health promotion programs. Based on the aspect of health services health promotion includes 4 services namely:

a. Health promotion at the promotive level
   The target of health promotion at the level of promotive services is a group of healthy people with the aim that they are able to improve their health. In a survey in developing countries in a population there are only between 80%–85% of people who are completely healthy. If this group does not receive health promotion on how to maintain health, the number of healthy people will decrease and the group of sick people will increase.
b. Health promotion at preventive level
   The targets of health promotion at this level are healthy people and high-risk groups, for example groups of pregnant and lactating women, smokers, sex workers and so on. The aim is to prevent the groups from falling or becoming/getting sick.
c. Health promotion at curative level
   The target of health promotion at this level is sufferers (patients), especially for people with chronic diseases such as asthma, diabetes mellitus (sugar), tuberculosis, rheumatism, hypertension and so on. The goal is to prevent the disease from getting worse.

d. Health promotion at the rehabilitative level

The target of health promotion at this level is the group of patients who have just recovered (recovery). The goal is to restore their health immediately. In other words, health promotion at this stage is recovery and preventing disability due to illness.

Based on the setting of implementation health promotion program, the scope of health promotion includes:

a. Health promotion in the family setting (household)

The family is the smallest unit of society. In the family, a person is taught and shaped mindset, attitude and behavior. If the formation is bad then the effect on society is bad, and vice versa. In order for each family to become a conducive place for the growth of healthy behavior for children as potential members of society, health promotion plays an important role.

b. Health promotion in school settings

Schools are an extension of the family, meaning that schools are a place to continue to lay the foundation for behavior for children, including health behavior. The role of the teacher in health promotion in schools is very important because of the teacher in general more obeyed by children than their parents. Healthy schools and school environments are very conducive to healthy behavior for children. In order for teachers and the school environment to be conducive to healthy behavior for their students, the target of health promotion in schools is the teacher. Teachers receive training on health and health promotion that is sufficient then the teacher will pass it on to their students.

c. Health promotion at the workplace

The workplace is a place where adults earn a living for their family life through their productivity or work results. For approximately 8 hours per day this worker spends his time carrying out activities that pose a risk to his health. Health promotion in the workplace can be carried out by company leaders by facilitating workplaces that are conducive to

healthy behavior for employees or workers, for example facilitating trash bins, canteens, rest areas, clean water and so on. If workers are placed in the production area, the company provides masks, gloves, special shoes, helmets and so on. In addition, the company must have a Occupational Health and Safety (OHS) unit, put up posters containing messages to reduce the risk of work accidents or work-related diseases as stipulated in Law no. 1 of 1970.

d. Health promotion in public places

Why is it necessary to carry out health promotion in public places? What is meant by public places are places where people gather at certain times, for example markets, bus terminals, train stations, airports, malls and so on. How to do health promotion in public places? Health promotion in public places is carried out by placing posters, providing leaflets or leaflets, providing handwashing stations, waiting rooms for smokers and so on.

e. Health promotion in health service institutions

Health service institutions such as hospitals, health centers, clinics, polyclinics, doctors' offices are the most strategic places to carry out health promotion. Why is that? Those who come to health care institutions are groups of sick people or their families who are sick so they become more sensitive to information about the illness they are suffering from or their families. They are easier to receive information even including healthy behaviors recommended by doctors, nurses or other health workers. Health promotion in health service institutions is carried out individually to patients and their families, groups and the masses. For example, by giving leaflets or playing videos when the family is in the waiting room.

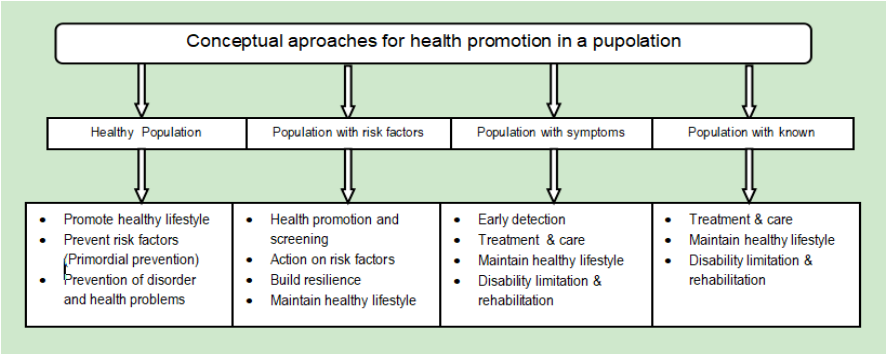

Figure 1. Conceptual approaches for health promotion
(Source: Indian Journal of Community Medicine)

6. Health Promotion Area

The concept of health promotion is all efforts that emphasize social change, environmental development, development of individual abilities and opportunities in society, and changing individual, organizational and social behavior to improve the health status of individuals and society. (Keleher, et al., 2007). Based on this basic concept, the area of health promotion is not narrow, according to Keleher, et al., (2007) there are 5 areas of health promotion action, namely: The strategies in health promotion are:

a. Build Healthy Public Policy.
   Developing health-oriented public policies, paying attention to the impact of every decision that has been made. Public policies should benefit health. Forms of public policy include legislation, fiscal policy, tax policy and organizational and institutional development.
b. Create Supportive Environments.
   Creating a supportive environment plays a major role in supporting a person or influencing a person's health and behavior.

c. Strengthen Community Actions.
   Strengthen the social movement. Health promotion plays a role in encouraging and facilitating community efforts to maintain and improve their health.
d. Develop Personal Skills.
   Developing individual skills is an effort to enable people to make effective decisions about their health. Communities need information, education, training and various skills. Health Promotion's role is to empower people to make decisions and transfer responsibility for health based on the knowledge and skills of each individual. Empowerment will be more effective if it is carried out from household arrangements, workplaces, and other arrangements that already exist in society.
e. Reorient Health Services.
   Rearranging the main direction of health services to preventive and promotive efforts and putting aside curative and rehabilitative efforts.

Summary

Health promotion is to enable individuals and communities to increase control over health determinants and thus improve their health, where the development of health promotion is inseparable from the development of Public Health in Indonesia, namely the start of the Village Community Development program (PKMD) and the development of international health promotion in the form of the Alma Declaration, Alta. The term Health Promotion was coined at the first international conference in Ottawa, Canada. The Ottawa Charter has 5 points in the formulation of health promotion efforts, namely 1) Health-oriented policies, 2) An enabling environment, 3) Reorientation of health services, 4) Individual skills, 5) Community movements.

Health promotion efforts are related to the existence of several health determinants which include biological, physical, social and environmental determinants.

Review Questions

Choose the most correct answer by crossing (X) the letters A, B, C, D and E.

1. Which statement below is the definition of health promotion according to the Ottawa Charter produced at the First International Health Conference in Ottawa Canada in 1986.
   a. The process of community empowerment that enables them to be able to control the determinants of health so that they can improve their health status
   b. Processes that enable individuals to control and improve their health
   c. The way a person offers/sells a product related to health
   d. Health education/counseling in the community which was often carried out by former health workers when there was a program that had to be disseminated
   e. Combination of educational efforts, political policies, regulations and organizations to support activities, living conditions that benefit the health of individuals, groups or communities.

2. Community service programs, physical fitness exercises for residents in public areas, are actions that are in accordance with the principles of the Ottawa charter.
   a. Health Public Policy
   b. Supportive Environment
   c. Reorient Health Service
   d. Develop Personal Skills
   e. Reorient Health Services

3. Which of the following is a service in tertiary prevention?
   a. Early detection of psychosocial problems and mental disorders
   b. Health promotion and prevention of mental disorders

c. Reducing the incidence of mental disorders
d. Improvement of function and socialization as well as prevention of relapse
e. Prompt referral of cases and treatment of patients

4. What is included in primary prevention?
   a. Health education program
   b. Early case finding
   c. Screening cases of mental disorders
   d. Handling of suicide cases
   e. Rehabilitation program

Answer Keys

1. B
2. B
3. E
4. A

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UNIT 2
HEALTH PROMOTION STRATEGY

General Learning Objectives

After studying this subject, students are able to conclude five health promotion strategies.

Specific Learning Objectives

After studying this subject, students are able to do the following:

1. Describe primary care
2. Describe health education and behavior change
3. Conclude about community participation
4. Explain community action
5. Describe the socio ecological promotion

Key Terms

1. Primary health care
2. Health education
3. Behavior change
4. Community participation
5. Community action
6. Socio-ecological promotion

1. Introduction

Health promotion is a very important element in realizing our health status. Health promotion is an effort or process of community empowerment so that people can maintain, improve and protect their health. No matter how good health services are, it will not have an impact on health status, if people's behavior is not followed in their utilization. Health promotion seeks to generate community participation, so that people want to take advantage of the health services provided. In implementing health promotion, a strategic approach is needed so that health promotion efforts are achieved effectively and efficiently. There are five strategies in health promotion that need to be known. This chapter will discuss five strategies in health promotion which include; primary health care, health education and behavior change, health education participation, community action and socio ecological promotion.

2. Concept of Primary Health Care

Basic health care or primary health care (PHC) is a basic health service that uses practical, scientific and social methods and technology and can be fully accepted and followed by the community, families and individuals at an affordable cost. Primary health care is organized based on the World Health Assembly (WHA) agreement which established Health for all by the year 2000.

To realize health for all, it is necessary to change the orientation of health services from curative health services to promotive and preventive health services. Service orientation was also shifted from urban to rural areas and from high-income groups to low-income groups. Clinic-based services become community-based health services.

Primary health care is an essential health service that uses practical and scientifically justified methods. Primary health care emphasizes the full participation of the community so that it sets low

costs and is affordable for the community and the state so that they are able to maintain their development independently.

a. Definition of Primary Health Care

Primary Health Care (PHC) is primary health care based on practical, scientific and social methods and technologies that can be generally accepted by both individuals and families in society through their full participation, and at a cost that society and the country can afford to nurture at every stage of their development in the spirit of independent living and self-determination.

The definition of Primary Health Care, according to the declaration of Alma Alta 1978, is as follows:

1) "Primary Health Care is essential health care, based on practical, scientifically sound socially acceptable methods and technology made universally accessible to individuals and families in the community, through their full participation and at a cost that the community and the country can afford to maintain at every stage of their development, in the spirit of self-reliance and self-determination".
2) "It forms and is an integral part of both the country's health system, of which it is the central function and its main focus and of the overall social and economic development of the community. It is the first level of contact of individuals, the family, and community with the national health system bringing health care as close as possible to where people live and work, and constitutes the first element of a continuing health care process".

The concept of primary health services (PHC) is essential health services that are made and universally accessible to individuals and families in the community. The focus of primary health care is wide-reaching and summarizes various aspects of society and health needs. Primary health care is a pattern of providing health services where consumers of health services become partners with the profession and participate in achieving the general goal of better health.

b. Purpose

Primary health care aims to increase community self-sufficiency in overcoming health problems in the community to achieve optimal public health degrees. Community needs for health services can be fulfilled, so that the level of satisfaction of the people who receive services can be realized, while the specific objectives are as follows.

1) Health services must be accessible to the entire population, both in rural and urban areas, even in remote areas.
2) The services provided must be based on the medical needs of the population served.
3) Services are provided to the maximum using personnel and other resources in meeting the needs of the community.

Figure 2. Weighing toddlers in PHC activities

c. Principles of PHC

There are five PHC principles established at the Alma Alta conference, 1978, as a global strategy, namely:

1) Equal Distribution of Health Efforts

   There is an equal distribution of health care, where primary care and other services must be able to meet the main health problems in society which must be provided equally to all individuals regardless of social status, gender, age, caste, color, urban or rural location.

2) Emphasis on Preventive Efforts
   Preventive efforts are activities to prevent a health problem or disease, in other words, all efforts and activities to maintain and improve health status through the participation of individuals to behave healthily and prevent disease.
3) Use of Appropriate Technology
   In health efforts using medical technology that is affordable, accessible and acceptable to the public.
4) Involve Community Participation
   Community participation is the process by which individuals and families take responsibility for their own health and develop capacities to contribute to community development.
5) Involve Cross-sectoral Cooperation
   The development of health cannot only be done by the health sector alone. It needs support from other sectors in promoting community health and self-reliance. Related sectors include; agriculture (availability of food), housing, education, public works (e.g., availability of clean water and basic sanitation) and other sectors.

d. Essential Elements/Scope of PHC

In the implementation of PHC must have eight essential elements, namely:

1) Education about health problems and how to prevent disease as well control.
2) Increasing the supply of food and improving nutrition
3) Provision of clean water and basic sanitation
4) Maternal and child health including family planning
5) Immunization against major infectious diseases
6) Prevention and control of locally endemic diseases
7) Treatment of common diseases and forced Ruda
8) Provision of essential medicines.

e. Characteristics of PHC

There are several characteristics of PHC, including;

1) The main and intimate service to the community
2) Comprehensive service
3) Organized service
4) Services that prioritize the health of individuals and communities
5) Continuous service
6) Progressive service
7) Family-oriented services
8) Services that do not look at just one aspect
9) Responsibilities of Health Workers in PHC

f. Responsibilities of health workers in PHC

The health workers at PHC must be responsible in terms of:

1) Encouraging active participation of the community in health education programs and implementation of health services.
2) Collaboration with individuals, families and communities.
3) Teaching basic health concepts and self-care techniques to the community.
4) Provide guidance and support to health care workers and the community.
5) Coordination of rural community health development activities, and social class.

3. The Health Education and Behavior Change

a. Health Education

1) Definition of Health Education

According to Notoatmodjo (2018) health education is an attempt at persuasion or learning to the community so that people are willing to take actions to maintain and improve their health level. This means that health education seeks to make people aware of or know how to take care of their health, how to avoid or prevent things that are detrimental to

their health and the health of others, where to seek treatment when sick and so on.

Someone is said to learn if there is a change in the individual, group or community that is learning, both actual and potential. The change is due to new capabilities that apply for a relatively long time, occurs by effort and is not based on coincidence. Health education is a form of independent nursing action to help clients, both individuals, groups and communities, in overcoming their health problems through learning activities.

2). Health Education Goals

According to Notoatmodjo (2012) based on the stages of this health promotion effort, the targets are divided into 3 (three) target groups as follows:

a) Primary Target

The direct target of health education or health promotion efforts is the community. Promotional efforts made to this primary target are in line with the strategy of community empowerment (empowerment).

In accordance with health problems, the targets of general health education include: pregnant and lactating women for KTA (Maternal and Child Health), school children for adolescent health and so on.

b) Secondary Target

The secondary targets are: community leaders, religious leaders, traditional leaders, and so on because by providing health education to these groups it will provide health education to the surrounding community. Besides that, if community leaders behave healthily as a result of health education received, these community leaders will provide examples or references for healthy behavior for the surrounding community. Health promotion efforts aimed at this secondary target are in line with social support strategies.

c) Tertiary Targets

The tertiary target of health promotion, namely policy makers or decision makers at both the central and regional levels, is a tertiary target. The policies or decisions issued by this group will have an impact on the behavior of community leaders (secondary target), and also on the general public (primary target). Health promotion efforts aimed at tertiary targets are in line with the advocacy strategy.

3). Factors Influencing Health Education

According to Notoatmodjo (2012) there are several factors that influence the success of health promotion in conducting health education including:

a) Predisposing Factor

This factor includes people's knowledge and attitudes towards health, traditions and beliefs of the community on matters related to health, the value system adopted by the community, level of education, socioeconomic level, and so on.

b) Enabling Factor

This factor includes the success of health advice and infrastructure or facilities for the community, for example clean water, waste disposal sites, excrement disposal sites, availability of nutritious food and so on. To behave healthy, people need supporting facilities and infrastructure.

c) Reinforcing Factor

This factor includes the attitudes and behavior of community leaders (toma), religious leaders (toga), attitudes and behavior of officials including health workers. Also included here are laws, regulations, both from the central and regional governments, related to health. In order to behave healthily, people sometimes not only need knowledge and a positive attitude and facility support, but also need exemplary behavior (reference) from community

leaders, religious leaders, and officials, especially health workers.

4). Methods of Health Education

a) Individual Education Method; guidance and counseling, interviews.

b) Group Education Method; lectures, seminars, group discussions, brain storming, snow balling, bruzz groups, role plays, simulation games.

c) Mass Education Method; public speaking, speeches about health in electronic media (TV and radio, writings in magazines or newspapers, billboards.

5). Health Education Media

Visual aids used in health education include: electronic media (TV, radio, video, slides, film strips), print media (booklets, leaflets, flyers, flip charts, rubrics, posters), bill boards.

b. Behavior Change

1) Behavior

Human behavior is essentially an activity or activity of the organism concerned. So human behavior is an activity of the man himself. So that human behavior has a very wide range including playing, walking, learning, dressing and so on. Even including the internal activities themselves such as thinking, perception, and emotions are also human behavior.

For the sake of analysis, it can be said that behavior is what organisms do, either directly or indirectly observable. Skinner (1938) in Notoatmojo (2012) said that behavior is the result of the relationship between the stimulus and the response. Skinner distinguished the behavior of two responses, namely:

a) Respondent response. Respondent response is a response elicited by certain stimuli which are called eliciting stimuli because they give rise to relatively fixed responses. For example, the smell of delicious food causes salivation, strong light causes blindness to close eyes.

b) Operant response or instrumental response is a response that arises and develops followed by certain stimuli which are called Reinforcing stimuli because these stimuli strengthen the response that has been made. Example: a child with good achievement gets a prize so he will be more active in learning to pursue achievement.

2) Form of Behavior

Based on the response of the organism that is generated, the form of behavior can be divided into two, namely:

a) Passive behavior is an internal response that occurs within humans and is not directly visible to others, such as thinking, knowledge, responses or attitudes. For example, a mother knows the benefits of immunization, but the mother does not bring her child to a health service for immunization. Passive behavior is also called covert behavior.

b) Active behavior is behavior that can be seen directly by other people, for example the mother has brought her child to a health facility to be immunized. This active behavior is also known as overt behavior.

3) Health Behavior Domain

According to Benyamin Bloom in Notoadmojo, 2018, dividing behavior into three domains namely cognitive domain, affective domain and psychomotor domain. Furthermore, these three domains are measured from knowledge, attitude, practice. A person can behave in a new way if he first begins by knowing the stimulus he gets, but practice doesn't always start with knowledge or attitude.

According to Rogers, 1974 before someone adopts a new behavior in that person a sequential process occurs, namely:

a) Awareness, where the respondent is aware in the sense of knowing in advance about the object.

b) Interest, respondents have started to be interested in the stimulus. The attitudes of the respondents have begun to emerge.

c) Evaluation, the respondent begins to consider whether the stimulus is good or not for him.
d) Trial, here the respondent begins to do something according to what the stimulus wants.
e) Adoption, in this phase the respondent has a new behavior according to his knowledge, awareness and attitude towards the stimulus.

4. Community Participation in Health Programs

Community participation is the participation of all community members in solving health problems that occur in the community. In other words, the community itself thinks, plans, implements and evaluates their health programs. Health institutions are only as motivators and facilitators.

In this case, it is hoped that the community's contribution will not only be in terms of financial fulfillment, but contributions can be in the form of ideas/thoughts, energy (resources), which are embodied in the 4 M, namely manpower, money, materials and mind.

1) Fundamentals of Community Participation Philosophy
   Health programs created with community participation are based on ideals:
   a. Community Felt need
      If the program was created by the community itself, this means that the community needs the program, meaning that the program comes from the community and for the community, not from above.
   b. Organization of health programs based on community participation, where one form is community organizing.
   c. Health services will be carried out by the community itself. That is, personnel and organizers will be handled by community members on a voluntary basis.

   From the description above it can be concluded that the philosophy of community participation in health services or

health programs is the creation of a health program for the community, from the community and by the community.

2) Community Participation Method

There are two ways of community participation, namely:

a. Enforcement Participation

The community contributes to a program due to a necessity (compelling conditions) through legislation, regulations or verbal orders only. This method will be easier and faster, but the community feels forced not because of their own awareness so that the community does not have a sense of ownership of the program.

b. Participation with persuasion and education

Participation based on awareness. It is difficult to grow, and will take a long time. When achieved the result will have a sense of belonging and a sense of care.

3) Elements of Community Participation

The elements of community participation are as follows:

a) Motivation

Motivation is the main condition for community participation, so health education or health promotion is needed to stimulate community motivation.

b) Communication

Communication is very effective for conveying messages, ideas, information to the public. With communication will be able to lead to participation.

c) Cooperation

Collaboration is absolutely necessary to create team work between them, this will foster participation.

d) Mobilization

Community participation starts from start to finish, possibly from problem identification, setting priorities, program planning, implementation to monitoring.

5. Community Action

Community action is a movement that aims to promote a culture of healthy living and abandon unhealthy habits and behaviours. The community action is also followed by the promotion of clean and healthy behaviours and support for community-based infrastructure programmes. This programme has several focuses such as building access to drinking water, public health installations and building livable settlements. These are the basic infrastructures that form the foundation of the healthy living community movement.

Health promotion plays a role in encouraging and facilitating community efforts to maintain and improve their health. The following are examples of strengthening the community movement:

1. The establishment of a foundation or health consumer organisation
2. The establishment of a *posyandu*
3. Establishment of community-sourced health financing

6. Socio Ecological Promotion

The socio-ecological approach to health developed out of the notion that the individual risk factor approach, which considers the individual risks that protect and promote personal health problems, should be analysed within the contextual framework in which people live and work; this requires analysing the main contextual and structural policy drivers, which often influence the incidence and transmission of disease/health problems through a variety of mechanisms at local, city and national levels.

Without attention to these issues, interventions are likely to be individualised and ineffective and miss the opportunity to adopt social interventions that will result in health gains for specific populations and the whole society.

The socioecological approach is simply based on three principles:

1. The environment and humans interact dynamically and interactively, resulting in morbidity and health outcomes.

2. The environment is not only the physical environment but includes the social environment which is differentiated at multiple levels, including the personal, family, personal and community interactions, institutions and social organisations and the broader meso level, national, city and local policies related to the physical and social environment.
3. Simultaneous individual and contextual changes are more effective and achieve greater goals than individual approaches.

The socioecological model develops the framework that different levels and layers of society (family, community, work and living environment, city and national policies influence the behaviour and health of individuals, families and communities (Kenagi, 2010).

According to Blankenship et al, 2000, in Charles Surjadi, there are six main principles in the socioecological approach that should be understood, namely:

a. Identifying phenomena as social problems
b. Looking at the problem from various levels with various ways of analysing methods
c. Apply the perspective of diversity theory
d. Recognise environmental and human interactions as dynamic and active
e. Analyse social, historical, cultural and institutional contexts through community and environmental interactions
f. Understand the daily life of society in its simplicity

Summary

Health promotion strategy is a way to achieve or realize the health promotion vision and mission effectively and efficiently. Strategies in health promotion can be done with five approaches which include; primary health care, health education and behavior change, health education participation, community action and socio ecological promotion.

Review Questions

1. The operational form of Primary Health Care in Indonesia is...
   a. *Posyandu*
   b. MMD
   c. PKMD
   d. *Poskesdes*

2. The basic principle in the implementation of PHC is...
   a. Distribution of health workers
   b. Using of modern technology
   c. Emphasis on curative efforts
   d. Emphasis on rehabilitative efforts

3. There are several principles in the socioecological approach that should be understood, except…..
   a. Identifying phenomena as social problems
   b. Looking at the problem from various levels with various ways of analysing methods
   c. Apply the perspective of diversity theory
   d. Recognise environmental and human interactions as dynamic and active
   e. Recognise environmental and human interactions as static and active

Answer Keys

1. A
2. A
3. E

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UNIT 3
MODEL APPROACH IN HEALTH PROMOTION

General Instructional Objective

After studying this subject, students are able to: Explain the model and value of health promotion and apply to individuals, families/groups and communities.

Specific Instructional Objectives

After studying this subject, students can; explain the definition of health belief model, PRECEDE_PROCEDE Model, and Intervention Mapping, explain and distinguish Perceived Susceptibility (perception of vulnerability), Perceived Severity (perception of threat), Perceived Barriers (perception of obstacles), Perceived Benefits (perception of benefits), Perceived Self-efficacy (perception of self-ability), Cues to Action (cues to act) in efforts to implement health promotion to individuals, families/groups and communities. Students can explain the stages in the PRECEED-PROCEED Model and Intervention Mapping approach.

Key Terms

1. Health behavior
2. Health belief
3. Precede-proceed
4. Intervention mapping

1. Introduction

Health behavior is too complex to be explained using a single theory. The model uses a number of theories to help understand certain problems in certain settings or contexts. Models are the application of eclectic (choosing from various sources), creative, and simplified concepts that can be used to solve problems. Several models that have been widely used in health promotion and education include the three transtheoretical models (TTM), Theory of reasoned action (TRA) and Theory of planned behavior (TPB), Health Belief Model (HBM), PRECEDE-PROCEED model and Intervention Mapping (IM). This chapter discussed about health promotion approach using health belief model, PRECEDE-PROCEED, and Intervention Mapping.

2. Health Belief Model

1. Concept and Understanding

The Health Belief Model is a health and psychological behavioral change model developed by Irwin M. Rosenstock in 1966 to study and promote health care. This model was further developed by Becker in the 1970s and 1980s. Initially, the model was only designed to predict behavioral responses to treatment received in patients with acute and chronic disease, but in recent years this model has been used to predict more general health behaviors. In this case, the health belief model is the expectation value in terms of the theory that it is assumed that a person has a desire to avoid disease or to obtain good based on his belief that certain health measures will be able to prevent health problems (Conner, 1996).

The Health Belief Model (HBM) is often considered the primary framework for human health-related behavior and has driven behavioral health research since the 1950s (Kirscht, 1988 in Smet, 2004). This makes HBM a model that explains a person's

judgment before they behave healthily. Therefore, HBM has a function as a preventive or preventive model (Stanley et al. 1986).

HBM is a cognitive model which means that individual behavior is influenced by cognitive processes within him. This cognitive process is influenced by several factors as suggested by many previous researchers such as demographic variables, sociopsychological characteristics, and structural variables. Structural variables are knowledge and experience of the problem to be faced.

The Health Belief Model theory adheres to the concept that individuals live in the sphere of social or community life. This theory is an analysis of various factors that affect public participation in health. According to Rosenstock, this health belief model is a belief system that influences to take action which can be seen in the figure below (Champion &; Skinner, 2008):

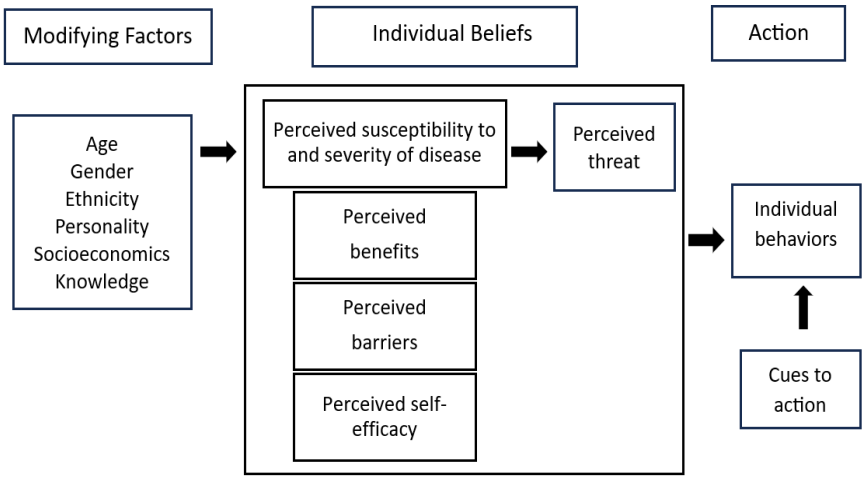


Figure 3. Health belief model components and linkages

The HBM theory by Rosenstock (1966) is based on six elements of a person's perception, namely:

a. Perceived Susceptibility
   Individual assessment of their susceptibility to a disease, for example someone believes or believes that he is vulnerable or at risk of developing Diabetes Mellitus, then he will be interested in carrying out preventive behaviors for the disease.
b. Perceived Severity
   An individual's assessment of how serious the condition is and the consequences posed by the disease
   An individual is more likely to take action to prevent developing diabetes if he or she believes that the negative physical, psychological, and/or social effects of developing the disease have serious consequences (e.g., altered social relationships).
   Example: If I get Diabetes Mellitus then my routine work will be hampered.
c. Perceived Barriers
   An individual's assessment of the magnitude of barriers encountered to adopting suggested health behaviors, such as financial, physical, and psychosocial barriers.
   Example: Someone will feel afraid of the negative impact of treatment that will be undertaken.
d. Perceived Benefits
   Individual assessment of the benefits gained by adopting recommended health behaviors.
   Example: If Diabetes mellitus can be detected early, the percentage of success in treatment will be higher.
e. Perceived Self-efficacy
   A person's beliefs about his ability to persuade circumstances or feel confident in healthy behaviors. Self-efficacy is divided into two, namely outcome expectancy such as receiving a good response and outcome value such as receiving social value.

Example: He feels confident in his ability to pass the screening stage for Diabetes Mellitus.

f. Cues to Action

Support or encouragement from the environment towards individuals who engage in healthy behaviors. Warnings or notifications about potential health problems in understanding threats and taking action, warnings can take the form of mass media, campaigns, advice from others, articles and so on. Cues to action involves stimuli that motivate a person to engage in health behaviors. Perceived thoughts and symptoms can act as internal cues for action. External cues such as a partner's illness or the death of a parent.

Example: Death of a friend due to Diabetes Mellitus

This belief model outlines that behavior is determined by a person's belief in vulnerability to a particular health problem, when they take the problem seriously, believing in the effectiveness of prevention and treatment, being affordable and accepting the advice to take action.

This theory has weaknesses that the assumption of taking an action focuses more on individual decisions themselves, less or does not consider the existence of social and environmental factors that can also influence a person's action decisions and assumes that everyone has equal access to information acquisition to be able to make rational calculations.

2. Application of HBM Model in Premenopausal Women Empowerment

The application of the HBM model has been carried out in a number of premenopausal women by carrying out an empowerment effort (providing education and training about the menopausal period that causes various health problems for a woman). This empowerment is done to prepare a woman to accept and undergo the menopause period comfortably and can improve her quality of life.

Empowerment efforts are carried out using an empowerment model called the Premenopausal Empowerment Model (PEM). This model contains efforts; increased knowledge about menopause, complaints and risks that will be experienced in connection with the decrease in the hormone estrogen. Efforts to reduce complaints that will be experienced and risk prevention due to loss of the hormone estrogen for a long time as well as training in setting a balanced diet and regular physical activity.

Premenopausal Empowerment Model, conducted using health promotion media such as PEM pocket book (which contains reproductive health during menopause, balanced diet management and physical exercise), menopause leaflet and Compact Disk exercises muscle and bone strength exercises. The application of this empowerment model is carried out 3 times for 3 months, and at the end of each month an evaluation of the level of independence is carried out.

The Premenopausal Intervention Empowerment Model is able to change the health beliefs of premenopausal women. Premenopausal women can show a change in attitude to be independent in carrying out expected prevention efforts. High Health Confidence through the application of the Premenopausal Empowerment Model intervention has a relationship with the level of independence in this study. The level of independence of premenopausal women in complaint control in the perimenopausal period shows that individuals cognitively show healthy behaviors and efforts to get healthy based on their beliefs or beliefs.

Champion and Skinner (2008), Health Belief Model has four main components such as individual perception of susceptibility to disease. This vulnerability refers to beliefs about a person's likelihood of getting a disease. The model predicts that premenopausal women are more likely to adhere to healthy lifestyle changes if they are prone to the long-term impact of estrogen deficiency or loss in the body. Perceived severity, this refers to the feelings of premenopausal women in assessing how serious the

condition of health problems will occur and the consequences caused by these health problems if left untreated or treated.

Perceived benefits occur when a person feels their vulnerability to a serious health condition, and that perception leads to behavioral changes that will be influenced by one's beliefs regarding the perceived benefits of various preventive measures. The perception of perceived barriers refers to the negative and contradictory aspects of carrying out a preventive measure.

An individual's perception of the susceptibility and severity of a disease results in a perception of how much of a threat the disease poses to it. Consideration of the benefits obtained from expected behavior and consideration of the surrounding environment will be a consideration in agreeing to the expected behavior or not, until finally deciding to behave as expected (cues to action) because of signs or symptoms experienced by oneself or others; the existence of information, both from the mass media and from health workers; There is support from family.

Premenopausal women in the treatment group who had a high health belief had a high level of independence. Champion et al. 2008, health belief model is often used to describe individual beliefs in healthy living behaviors, so that individuals will carry out healthy behaviors, such as preventive behaviors and use of health facilities. This model is often also used to predict preventive health behaviors and behavioral responses for the treatment of patients with acute and chronic diseases and explain the relationship between behavior and health.

The main concept of the Health Belief Model is that healthy behavior is determined by an individual's beliefs or perceptions about the disease and the means available to avoid the occurrence of a disease. How people respond to disease symptoms and how they behave towards diagnosed diseases, especially those related to the fulfillment of medical treatment can be seen using this model. To date it has become one of the most influential models and widely uses psychosocial approaches to explain the relationship between behavior and health.

The Health Belief Model is a model that specifies how individuals cognitively exhibit healthy behaviors or efforts to achieve health or cure of a disease based on individual beliefs or beliefs about healthy behaviors or certain medications that can make the individual healthy or cured Bayat et al. (2013) conducted a study of 120 randomly selected patients with type II diabetes at Tehran University hospital. Provide Health Belief Model-based health education interventions for 3 months and 6 months.

Educational programs have a positive impact on health including perceived vulnerability, perceived seriousness or intensity, perceived benefits, perceived barriers and self-efficacy in the experimental group. Education is an important factor that affects individual health belief. The results of a study conducted by Edmonds, et al. (2012), who conducted a study to see the relationship between osteoporosis knowledge, health belief and calcium intake in college students. The study also examined perceived vulnerability, severity, benefits, barriers and self-efficacy related to osteoporosis prevention.

The results showed that individuals will take precautions when they know that osteoporosis is prone to occur in them. Lack of knowledge will cause individuals to feel less vulnerable to distractions. Individual perceptions in doing or choosing healthy behaviors, determining yes or no attitudes to do health behaviors can be studied in the Health Belief Model (Conner, 2005). In this study, the effect of PEM intervention on changes in HBM components showed significant results so that health education is a factor that affects a person's health belief. Health belief factors are cognitive-based and related to the thought processes involved in individual decision making in determining a healthy way of life.

The health belief model theory hypothesizes that there is a relationship of action with the following factors: Strong enough motivation to achieve a healthy state: The belief that a person can suffer from a serious illness and can lead to sequelae: The belief that there is an effort to avoid the disease even though it is related to finances (Sarafino, 2004).

Summary

The Health Belief Model is a model that can explain a person's judgment before they behave healthily, so this model can function as a preventive or preventive model. This model is also a cognitive model that can affect a person's cognitive processes so that it can change a person's behavior. A person's knowledge and experience of the problem to be faced is a variable that also affects a person's cognitive processes so that it can increase his health confidence.

The Health Belief Model is a theory of health behavior change and a psychological model used to predict health behavior by focusing on an individual's perception and belief of a disease. This theory can describe about Health measures. The structure of the Health Belief Model includes perceived susceptibility which is a perception of the risk of disease, perceived severity/seriousness is a perception of the severity of the disease, perceived benefits and perceived barrier are benefits and barriers felt in adopting preventive behaviors and cues to action is their signal to act in the form of motivating factors from within and outside the individual or family such as: friends, doctors, health care providers, media and educational resources. The Health Belief Model, used to predict preventive health behaviors and to explain the role behavior of sick people, has also been used extensively in interdisciplinary research such as medicine, psychology, social behavior and gerontology.

3. Precede-Proceed

1. Concepts of Precede-Proceed

PRECEDE (Predisposing, Reinforcing, and Enabling Causes in Educational Diagnosis and Evaluation) is an approach model that can be used in diagnosing health problems or as a tool for planning a health planning activity or developing an approach model that can be used to make health plans. However, in 1991 Green refined the framework to PRECEDE-PROCEED. PROCEED (Policies,

Regulations, Organization, Development, in Education and Environmental Development). PRECEDE is used in the problem diagnosis phase, setting problem priorities and program objectives, while PROCEED is used to set policy objectives and criteria, as well as implementation and evaluation.

2. Stages in the Precede-Proceed Model

The stages of the PRECEDE are; social, epidemiological, educational and ecological diagnostic, and administrative and policy assessment and intervention alignment. While the stages of the PROCEED are implementation, process evaluation, impact evaluation, and outcome evaluation. The following figure shows the stages of planning a health promotion program and evaluating the impact and outcome of the program. The direction of the arrows shows the main lines of development from inputs, and health factors, to outcomes.

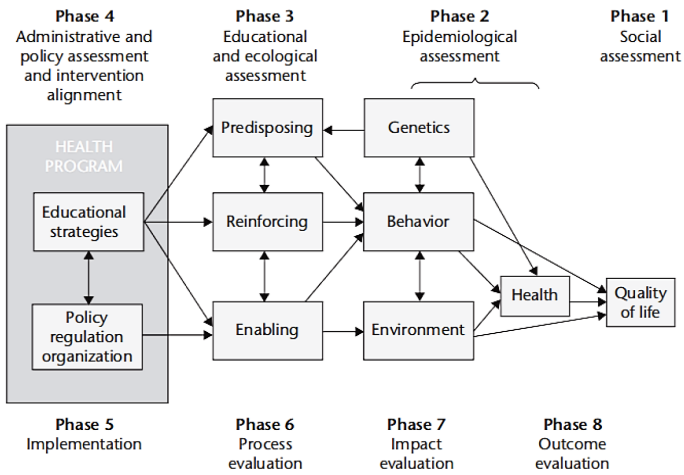


Figure 4. Precede-Proceed Model (Green & Kreuter, 2005)

Phase 1. Social Assessment

The first stage in the PRECEDE-PROCEED model is social assessment. This program assesses the quality of life in community groups. Specifically, key indicators are problems in specific populations (e.g., poverty rates, crime rates, absenteeism, or low levels of education) that affect health and quality of life.

Phase 2. Epidemiological, Behavioral and Environmental Assessment

After identifying social problems related to poor quality of life in the first phase, in the second phase, the program identifies health problems or other factors that play a role in worsening quality of life. At this stage identification of environmental factors, behavioral factors, and genetic indicators that lead to specific health problems is carried out. Common interests and change analysis will show the identification of which factors to target in health promotion programs. Collection of data on health problems in populations that will lead to indifference, such as obesity, liver disease, cancer and infectious diseases. After the diseases have been ranked by importance and changeability, the planner will select a health problem. The next step in this assessment will identify the main causes of the disease, such as environmental factors (for example, toxins, stressful working conditions, or uncontrolled work conditions), behavioral factors (for example, little physical activity, poor diet, smoking, or alcohol consumption), and genetic factors (e.g., family history). The data will be analyzed, and then one or several of these risk factors will be selected as the focus.

Phase 3. Educational and Ecological Assessment

The focus in phase 3 changes to mediating factors that help or hinder a positive environment or positive behavior. These factors are grouped into three categories: predisposing factors, enabling factors and reinforcing factors (Green & Kreuter, 2005). Predisposing factors are those that can support or reduce motivation for change, such as attitudes and knowledge. Enabling

factors are those that can support or detract from change, such as resources or expertise. Reinforcing factors that can help continue motivation and change by providing feedback or rewards. These factors are analyzed according to importance, changeability, and eligibility (i.e., how many factors are eligible to be included in the program). Factors are then selected as the basis for program development, and educational objectives are set.

Phase 4. Administrative & Policy and Intervention Alignment

The main focus of the administrative & policy assessment and intervention alignment in the fourth phase is a reality check, to ensure that all the necessary support is available at the location (school, workplace, health care organization, or community). availability of funding, personnel, facilities, policies, and other resources to develop and implement programs. Field assessments are carried out to clarify what officers need to implement the program and to determine the level of funding.

Phase 5. Implementation

Program execution occurs during phase 5. In addition, process evaluation (phase 6), which is the first evaluation phase, occurs concurrently with program implementation.

Phase 6. Process Evaluation

Process evaluation is a formative evaluation, which takes place during program execution. The purpose of this type of evaluation is to collect quantitative and qualitative data to assess program feasibility and to ensure program quality. For example, participants' attendance and attitudes toward the program can be recorded, as well as an assessment of how well the written lesson plan (describing what content will be delivered, how it will be delivered, and how much time will be allocated) aligns with the actual implementation of the lesson (what content is actually delivered, how it is delivered, and how much time is needed to deliver it). The achievement of educational goals is also measured

in this phase. Process evaluation is a formative evaluation, which takes place during program execution. The purpose of this type of evaluation is to collect both quantitative and qualitative data to assess program feasibility as well as to ensure program quality delivery. For example, participants' attendance and attitudes toward the program can be recorded, as well as an assessment of how well the written lesson plan (describing what content will be delivered, how it will be delivered, and how much time will be allotted) aligns with the actual delivery of the lesson (what content is actually delivered, how it is delivered, and how much time is needed to deliver it). The achievement of educational goals is also measured in this phase.

Phase 7. Impact Evaluation

The focus in this phase is summative evaluation which is measured after the program is finished, to find out the effect of the intervention on behavior or the environment. The timing will vary from as soon as possible after completing the intervention activity to several years later.

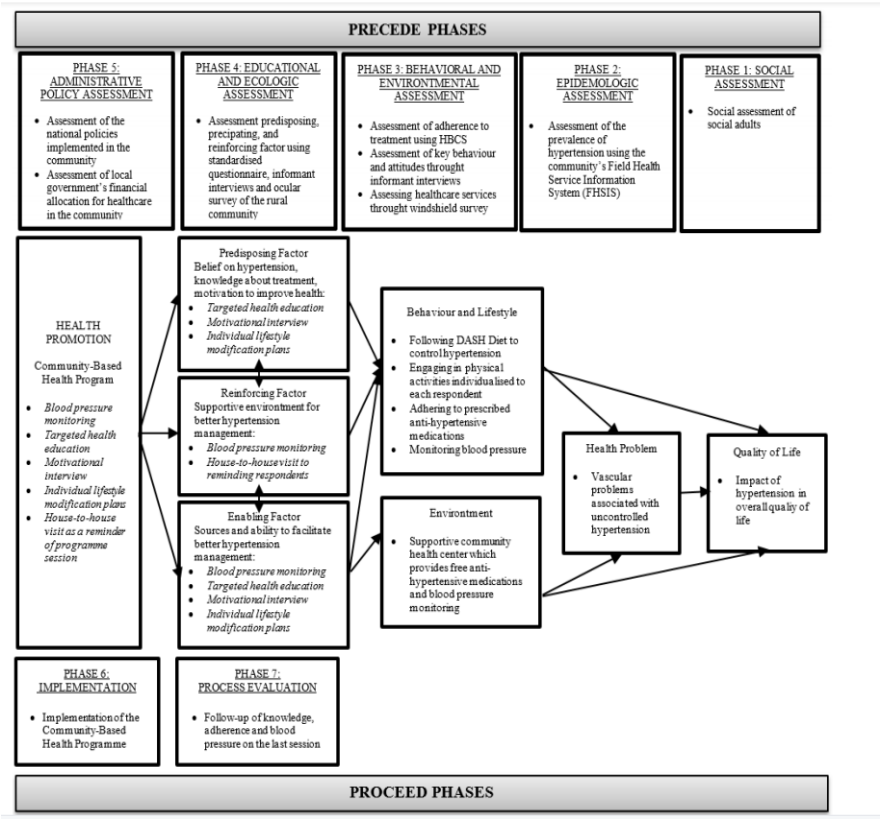
Phase 8. Outcome Evaluation

These factors are analyzed according to importance, changeability, and eligibility (i.e., how many factors are eligible to be included in the program). Factors are then selected to serve as the basis for program development, and educational objectives are set.

The PRECEEDE-PROCEED model approach has been widely used in the health promotion programs planning. The following paragraphs describe the application of the PRECEEDE-PROCEED in efforts to prevent hypertension in Gunung Rejo Village, Malang Regency (Afiani et al., 2021). The initial stage is to conduct an assessment which includes: (1) social assessment; (2) epidemiological assessment; (3) behavioral and environmental assessment; (4) educational and ecological studies; (5) review of administrative policies. The results of the assessment of each

component can be written into the matrix, then the priority of the problems obtained from the assessment is determined.

After the PRECEEDE stage, Furthermore, appropriate interventions are arranged to address health problems that have been diagnosed from the assessment at the PREEEDE phase. In this case, the interventions are determined to be carried out to address problems in the community, namely; blood pressure monitoring, health education, and motivation, personal lifestyle modification plans, house-to-house visits and capacity building training. The PROCEED phase included two main phases. The phases are implementation and evaluation. The Implementation is carried out in accordance with a predetermined plan. The evaluation carried out includes an evaluation of the process, impact, and outcome. Process evaluation is carried out while the activity is running to assess whether the activity has been running as planned. Impact evaluation is carried out by assessing the impact that has been generated through the programs that have been carried out. Outcome evaluation is identified through the achievement of the final objectives of the program that has been implemented. Evaluation of this activity was carried out by following up on the patient's adherence to the therapy program and controlled blood pressure. The activities in each phase are described in the following scheme;



Summary

The PRECEDE-PROCEED model is widely recognized in health promotion efforts. PRECEDE stands for Predisposing, reinforcing, and enabling constructs in educational/environmental diagnosis and evaluation. PROCEED stands for policy, regulatory, and organizational construct in educational and environmental development. In the PRECEDE-PROCEED Model, there are eight phases as a guide in planning health promotion programs. The PRECEEDE part (stages 1-4) focuses on program planning, and the PROCEED part (stages 5–8) focuses on implementation and evaluation.

The eight stages guide planners in creating a health promotion program, beginning with general outcomes and then moving to more specific outcomes. The process leads to program planning, program delivery, and program evaluation. The eight phases are: social assessment, epidemiological, behavioral and environmental assessment, educational and ecological assessment, administrative & policy and intervention alignment, implementation, process evaluation, impact evaluation and outcome evaluation.

4. Intervention Mapping (IM)

1. Concept of Intervention Mapping

Intervention mapping is a protocol for developing theory-based and evidence-based health promotion programs. Intervention Mapping describes the health promotion program planning process in six steps: needs assessment based on the PRECEDE-PROCEED model, definition of performance and change objectives based on scientific analysis of health problems and the factors that cause problems; selection of theory-based intervention methods and practical applications to change (determinants of) health-related behavior; program component production, design and production; anticipation of program adoption, implementation and sustainability; And anticipate evaluation of processes and effects.

Intervention mapping is characterized by three perspectives: an ecological approach, participation of all stakeholders, and use of theory and evidence. Intervention mapping was developed as a reaction to the lack of a comprehensive framework for the development of health promotion programmes. Intervention mapping aims to help health promoters develop the best interventions. The keywords in this protocol are planning, research and theory. Intervention mapping provides a vocabulary for planning interventions, procedures for planning activities, and technical assistance with identifying theory-based determinants and methods for change. Intervention mapping can also help adapt existing interventions to new populations and settings, and provide a

taxonomy of behavior change methods that can be used to code intervention content.

2. Stages in the Intervention Mapping

Planning a behavior change intervention is a step-by-step process, which often includes two steps forward and one step back. This is very important, because each follow-up step is planned based on the previous one, and a lack of attention to one step can lead to mistakes and erroneous decisions in the other. The Intervention Mapping (IM) Protocol identifies six steps for developing interventions that help planning teams construct interventions based on theory and evidence:

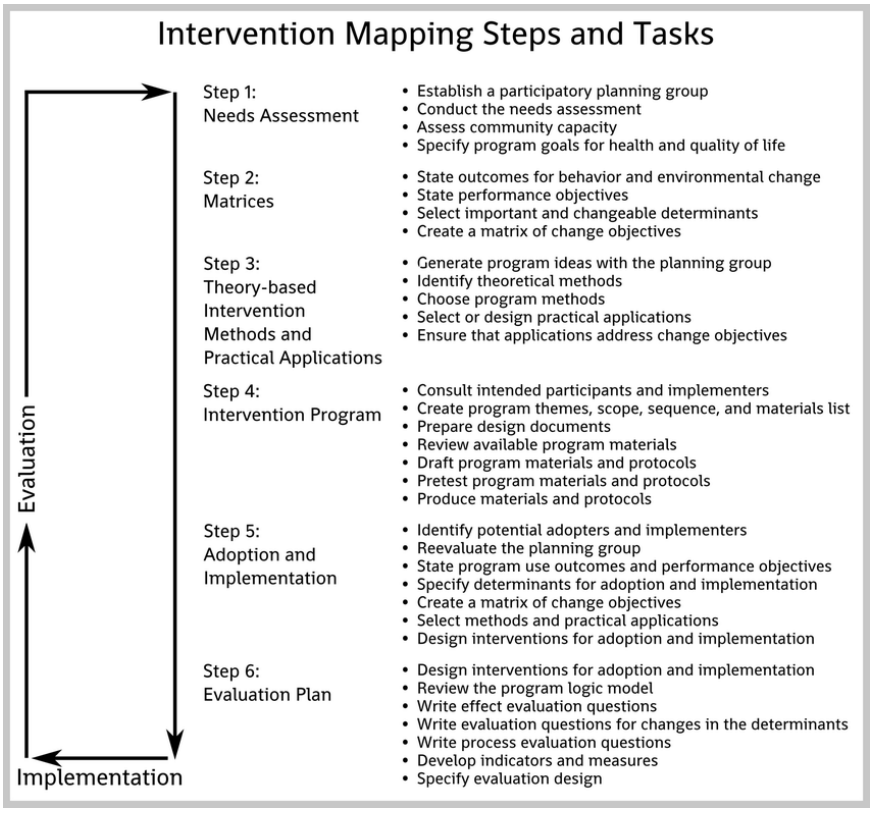


Figure 5. Intervention mapping steps (Bartholomew et al., 2018)

Step 1. Needs Assessment

In this step, the planning team, which consists of all parties involved – including the target population, stakeholders, experts, researchers and implementers – assesses the problem being tackled. This process includes identifying the source of both behavioral and environmental problems, as well as the factors that cause the behavior and environmental conditions. This assessment consists of two components: (1) scientific, epidemiological, behavioral, and social analysis on groups or communities at risk and their problems, and (2) efforts to recognize and begin to understand, community character, members and strengths. The result of this first step is the description of health problems, their impact on quality of life, behavioral and environmental causes, and determinants of behavior and environmental causes.

In Step 1 the planner must complete the following tasks:

1. Establish a planning group that includes prospective program participants and plan a needs assessment (Note: This group will grow over the course of planning process)
2. Conduct a needs assessment using the PRECEDE model (Green & Kreuter,2005) to analyze health and quality of life problems and their causes and for decide on priorities
3. Balance needs assessment with community capacity assessment.
4. Link the needs assessment with evaluation planning by specifying what is desired program results

These pieces of identification can then be described in a “logic model” of the problem such as the example below on people with Type 2 diabetes mellitus, which gives a clear picture of how the various pieces of information are put together.

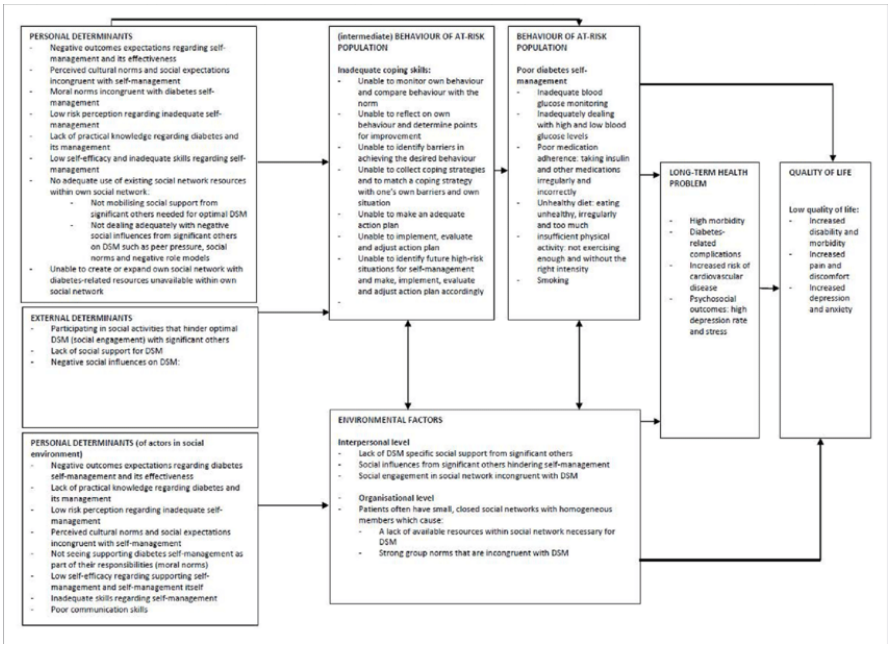


Figure 6. Results of the need assessment in people with DMT2 (Vissenberg et al., 2017).

Step 2: Matrices of Changes Objective

Once the problem and its causes are clearly defined, specific program outcomes and objectives can be defined as well. This includes determining how to change individual and environmental behavioral factors (decision makers) to address the problem. In Step 2 the planner must complete the following tasks:

1. Establish the desired change or health-related behavioral outcome and environmental conditions
2. Divide performance goals by behavior and environmental conditions
3. Select important and changeable personal and external determinants of risk group behavior and environmental conditions.
4. Create a matrix of change objectives for each level of intervention planning (individual, interpersonal, organizational,

community, and societal) by crossing performance goals with determinants and writing change goals.

Step 3: Theory-Based Methods and Practical Strategies

Design coherent and actionable interventions. At this stage, the team selects theory-based intervention methods and practical applications to change behavior (determinants) and generates program themes, components, scope and sequence of implementation. IM distinguishes behavior change methods (or techniques) that have been shown to be effective in changing the determinants of behavior and/or the environment. For example, the perception of risk can be improved by using scenario-based risk information. Self-efficacy can be increased by modeling/imitating and feedback. Advocacy and lobbying can influence decision-making at the policy-making level. All of these change methods need to be translated into practical implementation, taking into account theory and evidence-based parameters. In Step 3 the planner must complete the following tasks:

1. Review program ideas with target participants and use their perspectives when selecting methods and strategies
2. Use the core process to identify theoretical methods that can effect change in the determinant and identify the conditions under which the method is given most likely effective
3. Select a program theoretical method (Note: Planners must be sure to distinguish between theoretical methods and practical strategies, ensuring all program component contains the corresponding method, and consider the introduction ideas about programs based on information from theory and evidence.)
4. Select or design practical strategies to convey methods to the intervention group
5. Ensure that the final strategy is (still) compatible with the purpose of the change from matrix

Step4: Program

This is the actual production stage of the intervention. At this stage, the program structure is outlined, and messages and materials are developed, piloted, and produced. In Step 4 the planner must complete the following tasks:

1. Discuss again with the intended participants about the designed health education and promotion program.
2. Convey the scope and sequence of programs, themes, and required program materials
3. Complete design documents that will be used by various professions to produce materials that meet program objectives and comply with specific guidelines or parameters for specific methods and strategies
4. Review available program materials for possible suitability with change objectives, methods, and strategies
5. Develop program materials
6. Pretest the program material and monitor the final production

Step 5: Adoption and Implementation

Produce a program implementation plan. The team identified users who could use the program, set performance goals and change goals, and designed the implementation of the intervention, again using the IM steps. In this step the planner must complete the following tasks:

1. Identify potential users of the health promotion program (revisit the planning group and linkage system to assure representation)
2. Specify performance objectives for program adoption, implementation, and sustainability
3. Select methods and strategies to address the change
4. Design interventions and organize programs to achieve objectives

Step 6: Evaluation Planning

Intervention is not the end of the process. It is very important to evaluate whether the intervention has achieved its objectives (by evaluation of effectiveness), and whether the intervention has been implemented as intended or not (by the assessment process). The activities in steps 5 and 6 should start as early as possible in the planning process. Information from this evaluation can be used to refine and improve the intervention, by moving back and forth between the steps. In Step 6 the planner must complete the following tasks:

1. Describe the program and complete its logic model
2. Write evaluation questions based on the program outcome objectives for behavior, health, quality of life, and environment
3. Write evaluation questions based on the matrix, namely about the objectives and performance determinants stated in the change objectives
4. Write process evaluation questions based on the descriptions of methods, strategies, conditions, program, and implementation
5. Design the indicators and measures
6. Determine the evaluation design

Review Questions

1. Health promotion models based on individual beliefs or beliefs about healthy behaviors or treatments that can make the individual healthy or healed are:
   A. Health Belief Model
   B. Theory of Reasoned Action
   C. Transtheoretical Model
   D. Social Learning Theory Model
   E. Stress Adaptation Model

2. One component of the Health Belief Model in which individuals feel serious about a disease (e.g., death, disability) is included in the component.
   A. Perceived Susceptibility
   B. Perceived Severity
   C. Perceived Benefits
   D. Perceived Barriers
   E. Perceived Threat

3. The advantages of the health belief model (Health Belief Model) one of them is
   A. Health belief model for the upper class
   B. Belief models are only for high-risk individuals
   C. Health belief models are easy to use
   D. Health belief models are difficult for respondents to read
   E. Random sifta belief model

4. The Health Belief Model has been widely used to understand healthy behaviors. Things that can be applied in HBM are:
   A. Preventive healthy behavior
   B. Curative healthy behavior
   C. Healthy behaviors that are rehabilitative
   D. Healthy behavior that is evaluative
   E. Healthy behavior that is progressive

5. Someone who believes or believes that he is vulnerable or at risk of getting a disease, so he tries to find information related to the disease and tries to make preventive efforts so as not to get the disease, what elements of perception is this in the health belief model?
   A. Perceived Susceptibility
   B. Perceived Severity
   C. Perceived Barriers
   D. Perceived Benefits
   E. Perceived Self-efficacy

6. Someone who believes, that he is able to carry out healthy life behaviors so that he can avoid diseases that might attack him. What belief perception is this in HBM theory?
   A. Perceived Susceptibility
   B. Perceived Severity
   C. Perceived Barriers
   D. Perceived Benefits
   E. Perceived Self-efficacy

7. Health education is needed for the group of parents to realize/do good things that pass on good health to their offspring, this is the role of health education in:
   A. Public health
   B. Environment
   C. Behavioral factors
   D. Hereditary factors
   E. Health Service Factors

8. This role aims to increase public awareness about health so that “Health Literacy”, is the role of health education in:
   A. Public health
   B. Environment
   C. Behavioral factors
   D. Hereditary factors
   E. Health Service Factors

9. Targets who have problems are expected to be willing and able to behave in a healthy life, are the targets of health education:
   A. Primary
   B. Secondary
   C. Tertiary
   D. Special
   E. Group

10. Stimuli that motivate a person to engage in Health behaviors, for example hearing the news of the death of a friend due to a disease Diabetes Mellitus
    A. Perceived Barriers
    B. Perceived Benefits
    C. Perceived Self-efficacy
    D. Cues to Action
    E. Perceived Susceptibility

11. The health promotion planning section on the PRECEDE-PROCEED approach is contained in the stage....
    A. Stages 1-3
    B. Stages 2-4
    C. Stages 1-4
    D. Stages 3-5
    E. Stages 5-8

12. The implementation and evaluation part of the PRECEDE-PROCEED approach is contained in the stages…..?
    A. Stages 1-3
    B. Stages 2-4
    C. Stages 1-4
    D. Stages 3-5
    E. Stages 5-8

13. The first stage in intervention mapping is a need assessment. At this stage the model used to assess health promotion needs is…
    A. PRECEDE model
    B. PROCEED model
    C. Health belief model
    D. Transtheoretical models (TTM)
    E. Theory of reasoned action (TRA)

14. At what stage is the health promotion intervention designed in the intervention mapping approach?
    A. Stages 1
    B. Stage 2
    C. Stage 3
    D. Stage 4
    E. Stage 5

15. One task that must be done at the needs assessment stage is…
    A. Link the needs assessment with evaluation planning by specifying what is desired program results
    B. Determine the appropriate theory to achieve the goal
    C. Describe the program and complete its logic model
    D. Write evaluation questions based on the program outcome objectives
    E. Write evaluation questions based on the matrix

Answer key:

1	A	6	E	11	C
2	B	7	D	12	E
3	C	8	C	13	A
4	A	9	A	14	D
5	A	10	D	15	

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UNIT 4
PLANNING OF HEALTH PROMOTION PROGRAM

Learning Objectives

After reading this chapter, students are able to design health promotion programs

Specific Learning Objectives

After attending this lesson, students are able to:

1. develop lesson plan
2. develop media for health promotion program
3. develop methods for health promotion
4. develop strategies and techniques for health promotion program

Key Terms

1. Health promotion program planning
2. Lesson plan
3. Methods for health promotion
4. Media for health promotion

1. Introduction

Planning is basically the process of setting goals and objectives and determining how to achieve the expected goals and objectives. Planning is a series of activities where decisions are made in the form of action. Planning is one cycle of the problem-solving process to change the current position to the desired position.

Health promotion planning as a process. The process of diagnosing the causes of problems, setting priority problems and allocating existing resources to achieve goals. Therefore, in planning health promotion, it must consist of the public, health professionals and health promoters. This group must cooperate in the health promotion planning process, so that appropriate, cost-effective, and sustainable programs are produced. Besides that, involving related people will create a sense of belonging, so that a sense of responsibility arises. Planning aims to direct existing resources to achieve program targets within a certain time (Fertman & Allensworth, 2010).

Good health doesn't just happen; it's more than luck. While being born with good genes and having access to health care are important, they don't guarantee a health ticket. The food we eat, the level of physical activity, exposure to tobacco smoke, social interactions, the environment in which we live, and many other factors ultimately affect our health or lack thereof.

Individual behavior is influenced by environmental factors. The social ecology paradigm focuses on the interactions between individuals with their biological, psychological, and behavioral characteristics and their environment. This environment includes physical, social, and cultural aspects that exist in all domains of individual and social life. McLeroy, Bibeau, Steckler, and Glanz (1988) identified three levels of influence on health-related behaviors and conditions: (1) the intrapersonal or individual level, (2) the interpersonal level, and (3) the population level. The

population level includes three types of determinants: institutional or organizational factors, community factors, and public policy factors.

Figure 7. Ecological Perspective on Health Promotion Programs (McLeroy, Kenneth R., Daniel Bibeau, Allan Steckler, and Karen Glanz (1988)

2. Health Promotion Program Planning

Several models can be used in developing health promotion program planning. However, in general, the approach used in many models includes 3 basic steps:

a. Planning the program, the first step in making program planning is conducting a needs assessment of existing health problems including their factors and influences, establishing interventions, prioritizing actions, and making decisions to design programs
b. Implementation of programs and activities based on health theory, eliminating gaps and based on needs assessment

c. Evaluating the program, an evaluation is carried out to assess whether the program is implemented according to plan and whether it is successful in overcoming health problems or related factors**.**

3. Designing Lesson Plan (LP)

Lesson Plan (LP) is an organized description of activities and resources that will be used as a guide to achieve learning objectives. Kakkakunnan (2018) defines lesson plan as a roadmap from the instructor or teacher regarding what students will learn and how this can be achieved effectively during the learning process. LP can be in a simple form containing only a brief outline or it can be in a more complex form accompanied by scripts, instructions and a list of questions that are planned to be asked during the learning session.

When planning, we will visualize each step in the learning session. This will help us make sure we have thought through everything that needs to be said and present the material in a logical order. We can also prepare points that people may find difficult to understand. Some of the benefits of lesson plan are;

a. Used to assist instructors in delivering training material in an organized approach without missing important parts.
b. Combining learning principles and strategies to ensure the achievement of learning objectives
c. Helping instructors to carry out all important tasks according to learning objectives and explaining how can achieve these goals
d. LP that are carefully and precisely prepared, allow the instructor to deliver well-thought-out material
e. Ensuring that the instructors makes a logical and systematic learning process to ensure participants can achieve learning goals with a limited time

A good lesson plan addresses the following three main components; learning objectives, teaching and learning activities,

and strategies for checking student understanding. The three key components are interrelated with each other to form a cycle. Defining learning objectives at the outset will help determine the types of teaching and learning activities to be used during the learning session. This learning activity will determine how to check the achievement of learning objectives.

There are several steps that must be taken when compiling an LP. The following will describe in detail one by one the steps in compiling an LP;

a. Define and Identify Targets/Clients

First of all, you must know in advance who is the target of health promotion, learn their characteristics to make planning easier. If the target has been set, the next thing you have to do is...:

1) Determine target segmentation, namely choosing the right target and is considered very decisive for the success of health promotion.
2) Target segmentation allows the program manager to calculate the target group to determine the availability, quantity and range of products on the market. In addition, the program manager can calculate media types and place media that is easily accessible to the target.
3) Collect target data, which includes behavioral data, epidemiology, geographic demographics and psychographic or lifestyle data.

b. Arranging the implementation plan schedule.

This is an elaboration of the time and place plans for the implementation of health promotion which is usually presented in the form of a chart/table at the end of the LP, or written at the beginning of the LP design after the title.

c. Determine teaching priorities/topics/subject matter

1) The nurse and the client should do it together. Note the client's motivation to concentrate on the learning needs that have been identified.
2) Some that can be used as a framework for setting priorities: Hierarchy of needs according to Maslow's theory; if the client is a group or community consider predisposing, enabling and reinforcing factors. Specifically, for families, the priority scale developed by Bailon & Maglaya (1988) can be used. Determining the priority of health problems in the community is by considering several aspects, namely: community awareness of the problem, motivation to solve problems, the ability of nurses to influence problem solving, the consequences and the severity if the problem is not solved.
3) The nurse's ability to determine the priority of health promotion issues will be the rationale for making topics/subjects of discussion that will be given to targets according to their learning needs. So, to accustom nurses to work professionally and according to their competence in carrying out nursing care based on the nursing process, include a nursing diagnosis which is the reason why the client/target is given the health promotion teaching. Associate it with the results of the assessment that you get.

d. Set the learning objectives

Determining the purpose of the promotion is a statement about a condition in the future that will be achieved through the implementation of the health promotion. For example, 90% of households consumed iodized salt in 2024. Goals must be SMART, namely specific (directly aimed at the expected changes to the target), measurable, achievable/accurate, realistic (adjusted to circumstances), and timebound (has a time limit).

e. Determine the substance/content of health promotion materials

Health promotion content should be made as simple as possible so that it is easily understood by the target audience. If necessary, use pictures and the local language so that the target wants to carry out the contents of the message.

f. Choose a learning strategy/method

The methods chosen must adjusted to the purpose of the expected change.

1) For changes in Knowledge level: direct counseling, installation of posters, banners, distribution of leaflets, etc.
2) To change attitudes: provide concrete examples that can evoke emotions, feelings and attitudes of the target, for example by showing photos, slides or through film/video screenings.
3) For changes in abilities/skills: targets must be given the opportunity to try these skills.
4) Consider the source of funds & resources.

g. Select teaching aids/health promotion media

The easiest way to learn is to use the media. Select promotional media, namely the channels that will be used to convey messages to the target, which is based on the target's tastes, not the tastes of the program manager. The media chosen must depend on the type of target, level of education, aspects to be achieved, methods used and available resources. In addition, the selected media must also have an impact. Therefore, it is necessary to determine media objectives which will form the basis of media planning: reach, weight frequency, continuity and cost. Develop messages in the media to be used that are tailored to the purpose of the promotion.

h. Designing a plan of implementation activities

Make a description of the plan that describes your activities and goals when the health education/promotion program will be carried out, starting from 1) opening, 2) implementing core counseling activities and 3) closing.

i. Develop an evaluation plan

It should be spelled out when the evaluation will be carried out, where it will be carried out, which target group will be evaluated and who will carry out the evaluation.

4. Methods in health promotion

Method can mean “the way that must be traversed to achieve a certain goal”. The method is an orderly and systematic way used to carry out a job in order to achieve the desired goal. In the topic of teaching, a teacher/educator/instructor does not have to be fixated on using various methods (variations of methods) so that the teaching and learning process is not boring, but how to attract the attention of students/targets. But on the other hand, the use of various methods will be difficult to bring luck or benefit in teaching topics, if their use is not in accordance with the circumstances and conditions that support it, as well as the psychological conditions of students. With regard to the use of appropriate methods, a health educator must pay attention to various factors in the use of methods. There are 5 types that influence the use of teaching methods, including: objectives of various types and functions, students who various levels of maturity, situations of various kinds, facilities of various qualities, teachers’ personalities and their different professional abilities.

a. Determination of methods by purpose

The following are examples of determining the health promotion methods used in accordance with the objectives of implementing the health promotion:

1. To increase health awareness: lectures, group work, mass media, seminars, campaigns.
2. Increase knowledge: One-to-one teaching (teaching individuals/private), seminars, mass media, campaigns, group teaching.
3. Self-empowering, improving self-ability, making decisions: group work, training, simulations, problem solving methods, peer teaching methods.
4. Changing habits, changing individual lifestyle: group work, skills training, training, debate methods.
5. Changing the environment: working with the government to make policies related to health.

b. Types of methods in health promotion

The basic thinking of health promotion is essentially an activity or effort to convey health messages to the public, groups or individuals. A health promotion process that leads to the achievement of health education goals, namely behavior change is influenced by many factors, one of which is the method. Methods must differ between mass targets, groups or individual targets.

1) Individual Method (Individual)

In health education, this individualized method is used to develop new behaviors, or develop someone who has become interested in a behavior change or innovation. For example, a woman who has just become an acceptor or a pregnant woman who is interested in the Tetanus Toxoid (TT) immunization because she has just received/listened to health education. The approach used so that the mother becomes a acceptor or a pregnant woman immediately asks for immunization, she must approached individually. Individual here does not mean it has to only be the mothers concerned, but perhaps also the husbands or their families. The basis for using this individual approach is because everyone has different issues or reasons regarding the acceptance or new behavior. In order for health workers to know exactly how to

help, it is necessary to use the following form of approach (method), namely:

a). Guidance and counseling

In this way the contact between the client and the officer is more intensive. Every problem faced by the client can be explored and assisted in solving it. Finally, the client will voluntarily, consciously, and understandingly accept the behavior (change behavior).

b). Interview

This method is actually part of guidance and counseling. Interview between the health worker and the client to find out whether the client has a strong awareness and understanding of the information provided (expected behavior change), as well as to dig up information on why he does not or has not accepted the change, is he interested or has not accepted the change presented. If it hasn't changed, then more in-depth counseling is needed.

2) Group Method

In selecting the group method, one must consider the size of the target group and the level of formal education of the target. For large groups, the method will be different from small groups. The effectiveness of a method will depend on the size of the educational goals.

a. Large Group

What is meant by a large group here is if the extension participants are more than 15 people. Good methods for these large groups include lectures and seminars.

1) Lectures

This method is good for higher and lower educational goals. Lecturer is a method of conveying information and knowledge orally. This method is easy to implement but the recipient of the information becomes passive and the activity becomes boring if it takes too long. Things to consider when using the lecture method:

a) Preparation:

A successful lecture is when the speaker himself masters the material to be lectured on. The speaker must prepare himself and study the material with good systematics. It is better if arranged in a diagram or schematic. Prepare teaching aids, for example short papers, slides, transparencies, sound systems, and so on.

b) Implementation:

The key to the success of implementing a lecture is if the speaker can master the target of the lecture. To be able to master the target (in a psychological sense), the speaker can do the following things:

1) Convincing attitude and appearance, should not be hesitant and anxious.
2) The voice should be quite loud and clear.
3) Views should be directed to all participants in the lecture.
4) Standing in front (in the middle), should not sit.
5) Use hearing aids (AVA) as much as possible.

2) Seminars

This method is only suitable for upper secondary formal education. Seminar is a presentation (presentation) from an expert or several experts on a topic that is considered important and is considered warm in society.

b. Small Group

If there are less than 15 people participating in the activity, we usually call it a small group. Methods suitable for small groups include:

1) Group Discussion

The method is carried out in the form of discussions between the giver and recipient of information, usually to solve problems. This method encourages recipients of information to think critically, express their opinions freely, contribute their thoughts to solve common

problems, take one alternative answer or several alternative answers to solve problems based on careful consideration.

In group discussions so that all group members can freely participate in the discussion, the seating formation of the participants is arranged in such a way that they can face each other or look at each other, for example in the form of a circle or rectangle. The leader of the discussion also sits between the participants, they must feel at the same level, so that each member of the group has freedom to express opinions. To start the discussion, the discussion leader must provide prompts which can be in the form of questions or cases related to the topic being discussed. In order for a lively discussion to take place, the group leader must direct and organize in such a way that everyone has the opportunity to speak, so that it does not lead to domination by one of the participants. Weaknesses of the discussion method as follows: cannot be used in large groups, discussion participants received limited information, can be mastered by people who like to talk, usually people want a more formal approach.

2) Brainstorming

This method is a modification of the group discussion method, which begins with giving cases or triggers to stimulate responses from participants. The principle is the same as the group discussion method. The difference is at the beginning the group leader provokes a problem and then each participant gives an answer or response (brainstorming). These responses or answers are accommodated and written on a flipchart or whiteboard. Before all participants share their opinions, no one can comment on them. Only after all members have issued their opinions, each member can comment, and finally a discussion occurs.

3) Snowball

The method by which agreement will be obtained from breaking into smaller groups, then joining larger groups. The group is divided into pairs (1 pair 2 people) and then asked a question or problem. After about 5 minutes, every 2 pairs merge into one. They continue to discuss the matter, and seek conclusions. Then each of the 2 pairs which already consist of 4 people is joined again by another pair, and so on so that in the end there will be a discussion of all group members.

4) Buzz Group

The group is divided into small groups (buzz groups) which are then given a problem that is the same or not the same as the other groups. Each group discusses the problem. Then the results of each group are discussed again and conclusions are sought.

5) Role Play

In this method some group members are appointed as holders of certain roles to play roles, for example as a doctor at a health center, as a nurse or midwife, and so on, while other members are as patients or members of the community. They demonstrate, for example, how to interact or communicate daily in carrying out tasks.

6) Simulation Game

This method is a combination of role play with group recognition. Health messages are presented in several forms of games such as the monopoly game. How to play it is exactly like playing monopoly, using dice, *gaco* (directions), as well as a spread or playing board. Some people become players, and some act as resource persons.

3). Mass Method

Methods of mass health education are used to communicate health messages aimed at the masses or the public. Thus, the most appropriate way is the mass approach.

Because the target of this promotion is general in nature, in the sense that it does not differentiate between age group, gender, occupation, socioeconomic status, education level, and so on, the health messages to be conveyed must be designed in such a way that they can be captured by the masses.

This approach is usually used to raise public awareness of an innovation, and is not yet expected to lead to behavior change. However, if it can later affect behavior change is also a natural thing. In general, this form of mass approach (method) is not direct. Usually by using or through the mass media.

Some examples of this mass health education method include:

a) Public speaking. On certain occasions, for example on National Health Day, the Minister of Health or other health officials make speeches in front of the masses of people to convey health messages. Safari KB is also a form of mass approach.
b) Speeches/discussions about health through electronic media, both TV and radio, are essentially a form of mass health promotion.
c) Simulation, dialogue between patients and doctors or other health workers about a disease or health problem is also a mass health education approach.
d) Writings in magazines or newspapers, both in the form of articles and questions and answers or consultations about health are a form of mass health promotion approach.
e) Bill Boards, which are placed on the side of the road, banners, posters, and so on are also a form of mass health promotion. Example: billboard Let's go to *Posyandu.*

The methods mentioned above are just a few of the many. These methods can be combined or modified by the health promotion team according to the recipient of the message and the ingredients. In addition, the methods used are also adjusted to the objectives of the health promotion carried out.

5. Media in Health Promotion

Media has multiple meanings. The emergence of various kinds of definitions due to differences in viewpoints, aims and objectives. AECT (Association for Education and Communication Technology) interprets media as all forms that are used in the process of distributing information. NEA (National Education Association) defines media as anything that can be manipulated, seen, heard, read, or discussed along with the instruments used for these activities.

Around the middle of the 20th century, efforts to use visual tools began to be equipped with audio equipment, so audio-visual learning equipment was born. Efforts to make abstract lessons more concrete are ongoing. In that effort, Edgar Dale made a classification of 10 levels of learning experiences from the most concrete to the most abstract. This classification became known as "The Cone of Experience" from Edgar Dale. At that time, educators were very interested in the cone of experience, so that Dale's opinion was widely adopted in selecting the most appropriate type of media to provide a particular learning experience.

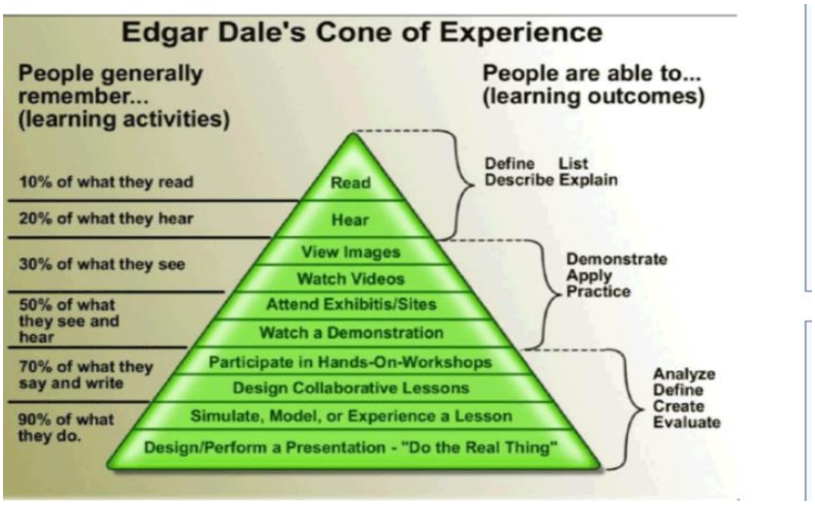

Figure 8. Edgar Dale's cone of experience

Health promotion, such as health education cannot be separated from the media because through the media, the messages conveyed can be more interesting and understood, so that the target can study the message until it understands it so that they are able to decide to adopt it into positive behavior.

1. Definition of Media in Health Promotion

Health promotion media are all means or efforts to display information messages that the communicator wants to convey so that the target can increase their knowledge which is ultimately expected to change their behavior in a positive direction towards health.

Counseling is the process of disseminating information about science, technology and art. So that the extension media has several meanings, as follows:

a. Extension media are all the means and tools used in the process of conveying messages.
b. Extension media is a vehicle for channeling messages from senders to recipients that can stimulate thoughts, feelings and attention/interest.
c. Extension media are all means or efforts to display information messages to be conveyed by the communicator so that the target can increase their knowledge which is ultimately expected to change their behavior in a positive direction towards health.

2. The Role of Health Promotion Media

Based on the definition above, we understand that the media has a very important role in implementing health education, because:

a. Media can facilitate the delivery of information.
b. The media can avoid misperceptions.
c. The media can clarify information.
d. Media can facilitate understanding
e. Media can reduce verbalistic communication.

f. Media can display objects that cannot be captured by the eye.
g. Media can facilitate communication.

3. ypes of Health Promotion Media

Based on its role as a distribution of health messages/ information, health promotion media is divided into 3 namely:

a. Print media

This media prioritizes visual messages, usually consisting of a description of a number of words, pictures or photos in a color arrangement. Included in this media are booklets, leaflets, flyers, flip charts, rubrics or articles in newspapers or magazines, posters, photos that disclose health information. There are several advantages of print media, including being durable, covering many people, low cost, can be carried anywhere, does not need electricity, facilitates understanding and can increase learning enthusiasm. Print media has the disadvantage that it cannot stimulate motion and sound effects and is easily folded.

b. Electronic Media

This media is a moving and dynamic media, can be seen and heard and its delivery is through electronic aids. Included in this media are television, radio, video films, cassettes, CDs, VCDs, internet (computers and modems), SMS (cell phones). Like print media, electronic media has advantages, including being easier to understand, more interesting, already known to the public, face to face, involving all the five senses, the presentation can be controlled and repeated and has a greater reach. The disadvantages of this media are that it costs more, is a bit complicated, requires electricity and sophisticated tools for production, requires careful preparation, equipment is always developing and changing, requires storage skills and skills to operate it.

c. Outdoor media

The media conveys its messages outside the room, either through print or electronic media, for example billboards,

banners, exhibitions, wide screen television banners and banners, which contain messages, slogans or logos. The advantages of this media are that it is easier to understand, more interesting, as general information and entertainment, face to face, involves all the five senses, the presentation can be controlled and the reach is relatively large. The disadvantages of this media are higher costs, a little complicated, need sophisticated tools for production, careful preparation, equipment is always developing and changing, requires storage skills and skills to operate it.

4. Message Development, Testing and Media Production

A Good health promotion media is media that is able to provide information or health messages in accordance with the target's level of acceptance, so that the target is willing and able to change behavior according to the message conveyed. For this reason, when developing messages, you need to use the following principles and steps:

a. The message is the translation of the purpose of communication into words that are appropriate for the target.
b. Development of messages requires the ability of communication science and art.
c. Determining the position of the message (positioning), namely the communication strategy to enter the window of the consumer's brain so that the product/behavior introduced has a certain meaning.
d. Make a clear, specific, positive, attention-grabbing, action-oriented message concept that fits the target. Message structure should use the AIDCAA formula, namely: Attention, Interest, Desire, Conviction, Action, and Approach.

Summary

Health promotion cannot be separated from methods and media. choosing a method that fits the characteristics of the target will be more effective in achieving the goal. Through good media, the message conveyed can be more interesting and understandable, so that the target can study the message until it understands it so that they are able to decide to adopt a positive behavior towards health.

The role of the media in health promotion is very important because it can simplify and clarify communication or information and reduce verbalism. The types of media commonly used in health promotion consist of print media, electronic media and or outdoor media, adjusted to the level of target acceptance.

Review Questions

1. An example of a mass method is ….
   a. Teaching a father to his son about the use of brushing his teeth
   b. A doctor's advice to a client on a visiting doctor in an inpatient installation
   c. Counseling of midwives to mothers who will use contraception
   d. Consult a doctor during doctor's office hours
   e. Health counseling in densely populated areas regarding proper MCK facilities for health.

2. Methods that aim to increase awareness of health are carried out by….
   a. Increasing self-awareness, making decisions Group work, training, simulations, problem solving methods, peer teaching method
   b. Providing One-to-one teaching information, seminars, mass media, campaigns, group teaching

c. Changing individual lifestyle Group work, skills training, training, debate methods.
d. Cooperate with the government to make policies related to health.
e. Lectures, group work, mass media, seminars, campaigns.

3. The method that aims to change habits is done by….
   a. Increasing self-awareness, making decisions Group work, training, simulations, problem solving methods, peer teaching methods
   b. Providing One-to-one teaching information, seminars, mass media, campaigns, group teaching
   c. Changing individual lifestyles with group work, skills training, training, debate methods
   d. Cooperate with the government to make policies related to health
   e. Lectures, group work, mass media, seminars, campaigns

4. The role of the media in health promotion is…
   a. Media can reduce verbalistic communication
   b. Translate the purpose of communication into words that are appropriate for the target.
   c. Determine the position of the message
   d. Make a clear action-oriented message concept that fits the target.
   e. Make a specific action-oriented message concept that fits the target.

5. There are three types of health promotion media, namely;
   a. Print media, indoor media, electronic media
   b. Outdoor media, electronic media, indoor media
   c. Print media, electronic media, outdoor media
   d. Indoor media, outdoor media, print media
   e. Print media, electronic media, mass media

Answer Keys

1. E
2. E
3. A
4. A
5. C

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UNIT 5
MONITORING AND EVALUATION OF HEALTH PROMOTION ROGRAM

General Learning Objective

After reading this chapter, students are able to have the knowledge to assess and monitor health promotion programs

Specific Learning Objectives

1. able to explain the meaning concept (definition and purpose) of monitoring and evaluation
2. able to explain monitoring and evaluation aspect
3. able to explain monitoring and evaluation stages
4. able to implement monitoring and evaluation

Key Terms

1. concept of monitoring and evaluation
2. stages, benefits**,** aspects of monitoring
3. objectives, time, steps of evaluation
4. health promotion program evaluation steps

1. Introduction

Studies on monitoring and evaluation in health promotion cannot be ignored. Health promotion is not only the responsibility of the health sector but also includes other sectors that affect healthy lifestyles and social welfare. Health Promotion is the process of enabling people to increase control over their health and improve their health status, to achieve the status of complete health, physical, mental and social well-being, each individual or group must be able to identify every aspiration, to meet needs and change or anticipate the environment. Health, as a source of daily life, is not just a goal of life. Health is a positive concept that emphasizes social and personal resources, as well as physical capacities.

It appears that health promotion is a process of activity, so that everyone is able to increase control over their health, as well as improve their health status. Meanwhile, everyone will always live in a social environment that is always developing and the demands of the times are always changing and bring their own consequences. Therefore, everyone needs to continue to update their understanding and ability to keep up with the times and technological improvements as well. Likewise, with health promotion itself, it will really need monitoring and evaluation of every activity that takes place. There is a need for updating information and early warning of problems or obstacles encountered and which may arise.

2. Monitoring and Evaluation in Health Promotion

The concept of monitoring and evaluation is used as a reference in the monitoring and evaluation process in the implementation of subsequent health promotion. As has been understood, monitoring and evaluating each ongoing activity as well as conducting periodic reviews can provide information or early warning of problems or obstacles encountered. This information can be used as a basis for redirecting the next activity plan. Evaluation

Results or (Outcome Evaluation) must be able to measure indicators that are different from the expected results. Unexpected consequences or results of activities must also be carefully recorded, and a solution sought immediately.

Outcome measures of health promotion efforts can include several intermediate indicators, such as:

a. measure of understanding related to health which includes the level of knowledge, attitudes, motivation, behavioral tendencies, personal skills and self-confidence;
b. measures of community influence and movement which include elements of community participation, community empowerment, social norms and public opinion;
c. measures that include health-oriented public policies which include political statements, resource allocation, cultural elements and behavior;
d. measures of health conditions and a healthy lifestyle, one of which includes the opportunity to obtain healthy food;
e. measuring the effectiveness of health services, which includes the provision of prevention services, access to health service places, as well as socio-cultural factors related to health services;
f. measures for a healthy environment, which includes limiting access to the use of tobacco, alcohol, and illegal drugs, providing a positive environment for children and the elderly, freedom from violence and various abuses;
g. measures of social impact which include quality of life, independence, social support network, equity or fairness;
h. measures of health impact which include reduced levels of morbidity, mortality and disability, psychosocial competence and self-skills;
i. measures of capacity development.

3. Concept of monitoring

Monitoring is an effort to supervise and review activities carried out systematically by program managers to see whether program implementation is as planned. Monitoring is often referred to as process evaluation. Based on the basic concept of monitoring, it is very important for Health Promotion implementers to complete their monitoring process. As with making a health promotion plan, in this monitoring section the implementer must know very well about the programs that have been implemented and are currently being carried out as a whole. Therefore, systematically there are several stages of monitoring that need to be carried out by implementers as a reference in carrying out the monitoring process, namely understanding monitoring objectives and benefits, identifying monitoring stages, understanding what to monitor and how to do it, and recognizing who and when is the right time. to carry out this monitoring.

1) Purpose of monitoring

The purpose of monitoring is to find and fix problems in the program as early as possible, such as:

a. what strategies do not work?
b. which program mechanism is not appropriate?
c. is the program running according to plan?
d. are there any new problems in its implementation?

2) Monitoring stages

Stages in monitoring a program are as follows:

a. logistics required in the implementation of the program,
b. intermediate results,
c. expected behavior,
d. health improvement.

3) Monitoring Benefits

Some of the benefits obtained from the implementation of monitoring include;

a. Management
   Monitoring will provide information about the process and scope of the program to leaders and provide feedback on program implementation.
b. Evaluation
   Proper and good monitoring can interpret the final results of the program accurately.
c. Impression
   Monitoring that is carried out properly gives the impression that the program leader is very concerned about the resources and resources needed.

4) Monitoring aspects

Activities in monitoring include three aspects, namely input, output and outcome.

a. Input which includes: material; distribution; media; target range; program activities; resource.
b. Output which is seen from the intermediate results; whether the target receives the message/material, the target of utilizing the material, whether the target feels the benefits of the material.
c. Outcome which is seen from the results of the intervention in the form of behavior.

5) How to Monitor

Various ways that can be done in monitoring health promotion programs are as follows:

a. home visits and discussions with household members,
b. in-depth interview,
c. focus group discussion,
d. observation,
e. questionnaire,
f. article

6) Who and when the monitoring be carried out?

Monitoring can be carried out during the course of the program, each stage of activity, every month or every 3 months. Monitoring can be carried out by:

a. person in charge: program leader

b. executor:

1) staff provider/program implementer

2) trained volunteers

3) relevant agencies

4. Concept of Evaluation

Evaluation is an integral (integrated) part of the management process, including health promotion management. The reason why people carry out evaluations, none other than because people want to know what has been done has gone according to plan, whether all the estimated inputs are in accordance with the funding requirements, whether the activities carried out have produced the expected results and impacts.

Evaluation is a process that allows administrators to know the results of the program and based on that make adjustments to achieve goals effectively. In this presentation, several concepts regarding evaluation will be explained which will then be linked to the implementation of health promotion.

Overall, this evaluation is inseparable from planning, and is also part of the administrative cycle, which consists of 3 phases, namely: planning, implementation, and evaluation. With regard to health promotion program planning, where in detail it is planned which program will be carried out to address existing problems, while the implementation of the health promotion program is the phase in which planning is carried out. During the implementation phase, any errors in planning will be exposed. Likewise, the strengths and weaknesses that emerged during the implementation phase were a reflection of the planning process.

While the evaluation as the next phase, it is the phase in which the results of the health promotion program are measured. In this phase, it is seen whether the planning and implementation of health promotion programs can be continued, and also as a tool for preparing further plans.

In other words, evaluation of health promotion programs is an activity designed to measure the results of health promotion programs, both in terms of knowledge, attitude, practice or performance as well as health status. Evaluation aims to measure the efficiency and efficacy of health promotion programs.

The efficiency of a health promotion program is measured by the suitability of the allocated resources with the achievement of goals. While the effectiveness of the health promotion program is measured by the changes that occur whether it is really caused by the health promotion program being implemented.

The evaluation classification in health promotion programs consists of:

1. diagnostic evaluation, namely an evaluation carried out during a needs assessment or problem identification;
2. formative evaluation, namely an evaluation carried out when the health promotion program was in progress, in order to see the effectiveness of the program; and
3. summative evaluation, namely an evaluation carried out at the end of the program, to see whether the program will still be continued, modified or stopped.

Meanwhile, Green (1991) classifies the evaluation of health promotion programs into:

1. process evaluation, namely evaluation carried out while the health promotion program is in progress, because it aims to carry out monitoring. This evaluation is the evaluation that is most often carried out, because it is easy and inexpensive;
2. impact evaluation, which is an evaluation that is also carried out while the program is in progress and aims to assess changes in knowledge, attitudes and practices or skills of program targets. This type of evaluation is more expensive,

more difficult and performed less frequently than process evaluation.

3. outcome evaluation, which is an evaluation carried out at the end of the program, because it aims to measure changes in health status, such as morbidity, mortality, fertility, etc., as well as the quality of life of the target health promotion program. This type of evaluation is the most useful but the most expensive and difficult to assess whether the change is really due to the health promotion program being implemented and not due to other programs being implemented. Therefore, this type of evaluation is the least frequently performed.

1) Evaluation Objectives

1) to help with future planning.
2) to find out whether the means are put to good use.
3) to find weaknesses and strengths in the implementation of the program.
4) to help determine the program strategy.
5) for motivation
6) to get sponsorship support.

2) Who and How the Evaluation is Conducted

1) To the parties in (implementation) of the program, through:
   a) Logging and reporting
   b) Supervision
   c) Interview
   d) Observation
2) Parties outside the program, through:
   a) The other party's report
   b) Questionnaire

3) Evaluation Time

1) Regular assessment
   Continuous, regular and concurrent assessment of program implementation

2) Periodic assessment
   Periodic assessment at the end of each part of the program e.g., every 3 months, 6 months, 1 year, etc.
3) Final assessment.
   Assessments are conducted at the end of the program or sometime after the end of the program is completed.

4) Evaluations carried out in health promotion

1) Input; input, materials, technology, means, management.
2) Process; Implementation of health promotion Program
3) Output; The result of the program is understanding, attitude and skills
4) Outcome; the impact of the program.
5) Impact; improvement of health status.

5) Health Promotion Program Evaluation Steps

1) Determine the purpose of the evaluation–At this stage it must be determined what aspects will be evaluated.
2) Establish evaluation indicators
   Based on the evaluation objectives set evaluation standards/indicators of the aspect with reference to the objectives (program objectives, educational objectives and behavioral objectives) that have been set before the health promotion program is implemented.
3) Determine the evaluation method/design
   The selection of evaluation design should be based on evaluation aspects and indicators. If you are going to monitor the implementation of the program (process evaluation), the qualitative research approach will be more appropriate and useful, while if you want to assess changes in knowledge, attitudes, practices, and health status of the program target, then a quantitative research approach must be chosen.
4) Evaluation data collection plan
   At this stage it is determined who will conduct the evaluation, where and when the evaluation will be carried out. Evaluation

should be carried out by a third party or not the program implementer so that the results will be more objective.

5) Place and time of evaluation
   It should be done where the program is implemented, but sometimes there is insufficient funding available.
6) Conduct evaluation measurements with data collection instruments
   At this stage instruments are developed that will be used to assess aspects that have been set on evaluation objectives and indicators.
7) Perform data analysis and interpretation
   After the data to be evaluated is collected, analysis is carried out. At this stage, what the evaluator does is to compare the results with the evaluation standards that have been set previously.

Based on the results of the evaluation, further advocacy is carried out for sustainability or modification of the program if the program provides positive results. Meanwhile, if the results of the program are not as expected, then the program needs to be stopped.

Summary

Monitoring is an effort to supervise and review activities carried out systematically by program managers to see whether program implementation is as planned. Evaluation is an integral (integrated) part of the management process, including health promotion management. Why do people carry out evaluations, none other than because people want to know what has been done has gone according to plan, whether all the estimated inputs are in accordance with the funding requirements, whether the activities carried out have produced the expected results and impacts.

Monitoring and evaluating each ongoing activity and conducting periodic reviews can provide information or early warning of problems or obstacles encountered. This needs to be

done simultaneously and in line with systematic and directed work steps. Systematic Monitoring and Evaluation is very important, so that the process can take place in a sustainable manner, and the results can be followed up by advocating or modifying better programs.

Review Question

1. Supervision and review efforts of activities carried out systematically by program managers to see whether program implementation is as planned, referred to:
   a. Monitoring
   b. Evaluation
   c. Output
   d. Outcome
   e. Impact

2. A process that allows the administrator to know the results of his program and based on it make adjustments to achieve the objectives effectively, called:
   a. Monitoring
   b. Evaluation
   c. Output
   d. Outcome
   e. Impact

3. Measurement Assessing whether changes that occur are really caused by health promotion programs carried out, is the purpose of evaluation to measure:
   a. Efficiency
   b. Efficacy
   c. Diagnostic Evaluation
   d. Sumative evaluation
   e. Formative evaluation

4. Evaluation carried out at the time of needs assessment or problem identification, referred to:
   a. Efficiency
   b. Efficacy
   c. Diagnostic Evaluation
   d. Sumative evaluation
   e. Formative evaluation

5. Aims to measure changes in health status, such as morbidity, mortality, fertility, and quality of life of the targets of the Health promotion program, is the objective of:
   a. Process Evaluation
   b. Impact evaluation
   c. Evaluation of results
   d. Formative evaluation
   e. Impact evaluation

6. Aims to assess changes in knowledge, attitudes or practices or skills The target of the program is the purpose of:
   a. Process Evaluation
   b. Impact evaluation
   c. Evaluation of results
   d. Formative evaluation
   e. Outcome evaluation

Answer key:

1. A
2. B
3. B
4. C
5. C
6. B

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UNIT 6
THE CONCEPT OF CLEAN AND HEALTHY LIVING BEHAVIOR

General Learning Objective

After studying this subject, students are able to apply life and healthy behavior to various orders of community life.

Specific Learning Objectives

After studying this subject, students are able to do the following:

1. able to explain the meaning of PHBS
2. able to explain the purpose of PHBS
3. able to explain the benefits of PHBS
4. able to decompose PHBS from various settings
5. able to identify PHBS in various settings
6. able to decompose PHBS in various settings
7. able to implement PHBS in various settings

Key Terms

1. Basic Health Policy
2. Benefits of PHBS
3. PHBS Development Target
4. Management in PHBS

1. Introduction

Clean and healthy living behavioral also known as PHBS (*Perilaku Hidup Bersih dan Sehat*) *i*s a step that must be taken to achieve an optimal degree of health for everyone. Healthy conditions do not necessarily occur, but must always be strived from unhealthy to healthy living and creating a healthy environment. This effort must start from instilling a healthy mindset to the community that must be started and worked on by oneself. This effort is to realize the highest degree of public health as an investment for the development of productive human resources. In pursuing this behavior, a commitment is needed to jointly support each other in improving the degree of public health, especially families so that health development can be achieved optimally.

The degree of public health that is still not optimal is essentially influenced by environmental conditions, community behavior, health services and genetics. Its main determinants are environmental conditions and people's behavior.

This PHBS coaching program has been started since 1996 in household settings, but the achievement is still very low. The results of Riskesdas in 2007 stated that household in Indonesia practiced it still reached 38%, this figure is still far from the achievement expectations in 2014, which has set the achievement up to 70%. This is a homework that must continue by involving other settings such as educational institutions, workplaces, public places, and health facilities. The success of achieving PHBS is not only determined by the performance of the Ministry of Health. Other ministries as well as local governments, community organizations, community leaders, the private sector and the business world are expected to jointly carry out policies, planning, implementation, as well as monitoring and evaluating PHBS development in order to achieve PHBS targets.

2. Definition

Clean and Healthy Living Behavior (PHBS) is a set of behaviors that are practiced on the basis of awareness as a result of learning, which can make individuals, families, groups or communities able to help themselves (independently) in the field of Health and play an active role in realizing public health (Permenkes No. 2269/Menkes/PER/XI/2011).

PHBS includes a variety of behaviors that must be practiced in all areas of life so that the highest degree of health can be achieved.

3. Policy

a. Regulation of the Minister of Health of the Republic of Indonesia No. 2269/MENKES/PER/XI/2011 on Guidelines for Clean and Healthy Lifestyle
b. Regulation of the Minister of Health of the Republic of Indonesia No. 74 Year 2015 on Health Improvement and Diseases Prevention.
c. Regulation of the Minister of Health of the Republic of Indonesia No. 13 Year 2015 on Health Services in Public Health Center.
d. Regulation of the Minister of Health of the Republic of Indonesia No. 39 Year 2016 on Guidelines for Healthy Indonesia Program with Family Approach

4. The purpose of PHBS

The purpose of PHBS is to increase the knowledge, awareness, willingness and ability of the community to live clean and healthy, as well as increase the active participation of the community, including the private sector and the business world, in an effort to realize an optimal degree of health.

5. Benefits of PHBS

The benefits of PHBS in general are to increase public awareness to want to live a clean and healthy life. Therefore, the community can prevent and overcome health problems. People who are able to implement PHBS will be able to create a healthy environment and improve the quality of life.

If people live with a clean and healthy living behavior regularly, it can provide the following benefits.

a. Preventing infectious diseases
   Application to maintain the cleanliness of the body and environment will ensure we avoid various viruses, bacteria, fungi, and parasites that cause infectious diseases.
b. Supporting productivity
   All of our activities every day will be more comfortable and excited and smooth if the body is healthy and the environment is clean.
c. Supporting children's growth and development
   Environmental cleanliness that is maintained, especially when applied in households, plays a role in optimizing children's growth and development and preventing stunting. Maintained hygiene will cause children to be protected from germs that cause disease. This can be an important factor to support the health and growth of children from an early age.
d. Preserving the cleanliness and beauty of the environment
   A clean, beautiful, and green environment will certainly be more comfortable to live in.

6. PHBS Development Targets

PHBS development is targeted at each order found in the community (i.e., the community of the order concerned), so in each order there are also various roles. There are 3 major groups of PHBS coaching targets, namely primary targets, secondary targets and tertiary targets.

a. Primary Goals

Primary targets are direct targets such as individuals, community members, groups in the community and society as a whole who are expected to be able to carry out or implement PHBS.

b. Secondary Goals

Secondary targets are those who have influence on the primary target in their decision to practice PHBS. Community leaders or community leaders, or who are role models for primary targets. A leader or figure is someone who has advantages among other people in a group or in society. He will be a role model for his group or for society because he is a prominent figure.

c. Tertiary Goals

Tertiary targets are those who are in formal decision-making positions, so that they can provide support, either in the form of policies/regulations and/or resources in the PHBS coaching process towards primary targets. These tertiary targets are known as formal community leaders, i.e., people who have a decisive position in the formal structure of their society (also called policy determinants). They have the ability to change the value system and norms of society through the enactment of policies/regulations, in addition to providing the necessary means.

7. Management in PHBS

Management is a place where humans actively manipulate the environment, thus creating and simultaneously overcoming problems in the field of Health. The people live in various settings, namely various places or social systems where he carries out his daily activities. In every setting, individual factors, physical environment and social environment interact and have an impact on health. It is clear that each Management has its peculiarities, so PHBS coaching must be tailored to each setting. There are five Management in PHBS, namely:

a. PHBS Household Management
b. PHBS Educational Institution Management
c. PHBS Workplace Management
d. PHBS Public Place Management
e. PHBS Health Facility Arrangement

The implementation of PHBS coaching is carried out by implementing empowerment strategies supported by atmosphere building, advocacy and the spirit of partnership. This strategy is implemented thoroughly so that it can reach all settings with the distribution of tasks to each stakeholder.

There are three main strategies that must be carried out to achieve changes in community behavior in achieving clean and healthy living behavior. The three strategies refer to the Ottawa Charter which consists of (1) advocacy, (2) atmosphere building and (3) empowerment. These three strategies are carried out in the form of action:

1) develop health-minded policies
2) creating a supportive environment
3) strengthening community movements
4) develop individual abilities
5) reimagine the direction of health services

If these three main strategies are carried out correctly and coordinated, then the ability of the community to behave to prevent and overcome health problems will be achieved.

a. PHBS in Household Management

Implementing PHBS in the household will create a healthy family and be able to minimize health problems.

The benefits of PHBS in households include;

a. Family members are able to improve welfare (by implementing PHBS, family members are not susceptible to disease, healthy households are able to increase the productivity of household members)

b. Family members are accustomed to applying a healthy lifestyle and children can grow healthy and fulfilled nutrition.
c. Household expenses can be aimed at meeting family nutrition, education and business capital to increase family income.

The PHBS indicators in households are:

a) childbirth assistance by health workers.
b) giving babies exclusive breastfeeding.
c) weighing toddlers monthly.
d) using clean water.
e) wash hands with clean water and soap.
f) using healthy latrines.
g) eradicate larvae at home once a week.
h) eat fruits and vegetables every day.
i) perform physical activity every day.
j) do not smoke inside the house.

The picture below shows ten clean and healthy living behaviors in a household setting:

Figure 9. Ten clean and healthy living behaviors in the household

Families need to understand and understand PHBS House Management so that it can be practiced by families, family members, and the environment where each family lives. In this condition, the role of family members, communities, community leaders, local governments are very influential, including in the availability of facilities and the existence of supportive policies.

b. PHBS in School Management

PHBS in schools is an activity to empower students, teachers and the school community to want to carry out a healthy lifestyle so as to create a healthy school. The benefits of PHBS in schools are able to create a clean and healthy environment, improve the teaching and learning process and students, teachers to the school environment community becomes healthy.

Schools with PHBS are schools that carry out the following activities:

a. washing hands with soap before and after meals
b. consume healthy snacks
c. using clean and healthy latrines
d. regular exercise
e. eradicate mosquito larvae
f. no smoking on school premises
g. disposing of trash in its place
h. doing community service work with school residents to create a healthy environment.

If students have been introduced to PHBS as early as possible with the guidance of teachers, then this behavior will be more embedded in daily life and in the future.

c. PHBS in Workplace Management

PHBS activities in the workplace are activities to empower workers to know and want to carry out Clean and Healthy Living Behavior and play a role in creating a healthy workplace.

Benefits of PHBS in the workplace:

a. workers are able to improve their health and do not get sick easily
b. it increases work productivity
c. it improves a positive workplace image.
d. household expenses are only intended for improving living standards, not for medical expenses due to illness.

PHBS indicators in the Workplace Management are:

a. using personal protective equipment (PPE) according to the type of staffing.
b. no smoking/no smoking policy
c. regular exercise/physical activity
d. washing hands with clean water and soap before eating and after bowel movements
e. using healthy latrines when urinating and defecating
f. throwing trash in the trash
g. eradicating mosquito larvae in the workplace
h. consume healthy foods and drinks
i. free of drugs (Narcotics, Drugs, Psychotropic and Addictive Substances other)
j. not spitting anywhere

d. PHBS in Public Management.

PHBS in public places is an effort to empower the visitor community and its managers, to know, want and be able to practice PHBS and play an active role in realizing healthy public places.

All facilities organized by the government or private, or individuals used for activities for the community such as tourism facilities, transportation, worship facilities, trade and sports facilities, recreation and other social facilities are called public places.

PHBS indicators applied in public places include:

a. using clean water
b. using latrines
c. dispose of garbage in its place
d. no smoking in public places

e. no indiscriminate spitting
f. eradicate mosquito larvae

e. PHBS Health Facility Management

PHBS in health care facilities is an effort to empower patients, visiting communities and officers to know, want and be able to practice PHBS and play an active role in realizing healthy health care facilities and preventing disease transmission in health care facilities. The targets of PHBS in health care facilities are patients, patients' families, visitors, health workers and employees.

The purpose of PHBS in health care facilities:

a. cultivating clean and healthy living behavior
b. prevent the occurrence of disease transmission.
c. create a healthy environment.

The benefits of PHBS in health care facilities:

1. For patients/families of patients/visitors:
   a) obtain safe and healthy health services,
   b) avoid disease transmission,
   c) accelerate the healing process of the disease and
   d) improvement of the patient's health status.
2. For health service facilities/hospitals:
   a) prevent the occurrence of disease transmission,
   b) improve the image of good health care facilities as places to provide health services and health education for the community.

PHBS Indicators in Health Facility Management

The indicators of PHBS activities that can be carried out are:

a. hand rub/hand wash
b. use of clean water
c. use of healthy latrines
d. dispose of garbage in its place
e. smoking ban
f. not spitting carelessly
g. eradication of mosquito larvae

Summary

Clean and Healthy Living Behavior is basically an effort to transmit experiences about healthy living behavior through individuals, groups or the wider community with communication channels as a medium of information sharing. There are various information that can be shared such as educational materials to increase knowledge and improve attitudes and behaviors related to a clean and healthy way of life. PHBS is a social engineering that aims to make as many community members as possible agents of change in order to be able to improve the quality of daily behavior with the aim of clean and healthy living.

There are steps in the form of education through the approach of community leaders or leaders, atmosphere management building and also community empowerment with the aim of being able to recognize and know health problems that are around; Especially at the household level as a start to improve patterns and lifestyles to be healthier.

The main objective of the PHBS movement is to improve the quality of health through an awareness process that is the beginning of the contribution of individuals in living clean and healthy daily life behaviors. The most important benefit of PHBS is the creation of a health-conscious society and has the knowledge and awareness to live a life behavior that maintains cleanliness and meets health standards.

Review Questions

1. The form of embodiment of a healthy paradigm in the culture of individuals, families, and healthy-oriented communities, aiming to improve, maintain, and protect their health both physically, mentally, spiritually, and socially is...
   a. clean and healthy living behavior (PHBS)
   b. health promotion
   c. healthy living

d. excellent health
e. environmental health

2. Which is not included in the components of PHBS, namely...
   a. Household PHBS
   b. PHBS in Schools
   c. PHBS at work
   d. PHBS In Public Places
   e. PHBS at landfills

3. Efforts to empower the public visitors and managers of public places to know, want and be able to practice PHBS and play an active role in realizing Healthy Public Places
   a. PHBS at work
   b. PHBS in Public Places
   c. PHBS in Health Institutions
   d PHBS in Household
   d. PHBS in school

4. What is PHBS in Health Institutions;
   a. Efforts to empower patients, visiting communities and staff to know, want and be able to practice Clean and Healthy Living Behavior and play an active role in realizing Healthy Health Institutions and preventing disease transmission in health institutions
   b. Facilities organized by the government/private sector, or individuals used for activities for the community such as tourism facilities
   d. To empower workers to know, want and be able to practice clean and healthy living behaviors and play an active role in realizing a healthy workplace
   e. A set of behaviors practiced on the basis of awareness as a result of learning that allows the individual/group to help themselves

5. Aims to increase knowledge, awareness and willingness of the community to live a healthy life, as well as increase the active role of the community, including the private sector and the business world, in an effort to realize an optimal degree of life, is the purpose of:
   a. Healthy living
   b. Clean and Healthy Living Behavior
   c. *Puskesmas*
   d. Health Promotion
   e. Prevention

6. The steps for PHBS development in health institutions are below except:
   a. Situation Analysis
   b. Establishment of PHBS Policy Preparation Work Group in Health Institutions
   c. Infrastructure Preparation
   d. Facilitator's mental preparation
   e. Monitoring and Evaluation

7. What is the meaning of PHBS in school?
   a. the student must be empowered to be aware, willing and able to carry out clean and healthy living behaviors at school.
   b. school children must be healthy and clean
   c. school children must diligently wash their hands
   d. school children want to live clean and healthy
   e. school children are able to protect the environment

8. Which includes socialization of the implementation of PHBS in schools in the internal environment, among others:
   a. Smoking bans in schools and non-smoking areas in schools
   b. PHBS Policy Making in schools
   c. Establishment of working groups

d. Infrastructure Preparation
e. Become a model of healthy schools for other regions

9. The following are PHBS Indicators in the health facility setting, except.....
   a. Using clean water.
   b. Using clean and healthy latrines.
   c. Weigh and measure height every month.
   d. Dispose of garbage in its place.
   e. Not spitting indiscriminately.

10. One of the PHBS indicators in the workplace setting except....
    a. Non-smoking areas.
    b. Sanitary Landfill
    c. Occupational health and safety.
    d. Healthy latrines
    e. Mosquito larvae free

Answer key:

1. A
2. E
3. B
4. A
5. B
6. D
7. A
8. A
9. E
10. B

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The development and publishing of this book have been supported by WHO Indonesia and Directorate General of Health Workforce, Ministry of Health Indonesia

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Health Promotion

Kategori : Health Promotion
ISBN 978-623-02-7088-8
9 786230 270888