



Research Article

Overview of survey results of the Healthy Indonesia Program with a family approach in the area of Penggaron Lor, Semarang

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ABSTRACT

Health Development Index (HDI) greatly influences health status. Efforts to achieve healthy development are carried out by implementing Healthy Indonesia Program with A Family Approach (Program Indonesia Sehat dengan Pendekatan Keluarga or PIS-PK). The implementation of the PIS-PK was established with 12 main indicators, which aimed at improving the quality of life. The purpose of this study was to find out family health problems by identifying problems and analyzing the causes of health problems in the working area of Bangetayu Public Health Care (RW I, RT 5, 6, 7, 8, and 9) in Penggaron Lor, Semarang. This research is observational descriptive with a cross-sectional approach through interviews and filling in family health profile data in RW I, RT 5, 6, 7, 8, and 9. The problem obtained from the interview was an analysis of the causes of the problem using the L-Green Theory. The survey results showed that the health indexes with healthy categories consisted of 29 families, pre-healthy 113 families, and unhealthy 14 families, with three lowest indicators of PIS-PK are hypertension without regular medication (22%), no family members smoke (39%) and families join the family planning program (37%). In conclusion, there are three problems from 12 healthy family indicators occur in Penggaron Lor, which are families who participate in the family planning program, hypertensive patients who take regular medication, and no family members who are smokers.



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ABSTRAK

Derajat Kesehatan merupakan salah satu unsur penting dalam meningkatkan Indeks Pembangunan Manusia (IPM). Upaya mencapai pembangunan kesehatan dilakukan dengan melaksanakan Program Indonesia Sehat dengan Pendekatan Keluarga (PIS-PK). Penyelenggaraan PIS-PK ditetapkan dengan adanya 12 indikator utama yang bertujuan untuk meningkatkan kualitas hidup masyarakat Indonesia, dengan mengutamakan pelayanan promotif dan preventif. Tujuan penelitian ini adalah untuk mengetahui masalah kesehatan keluarga dengan mengidentifikasi masalah dan menganalisis penyebab masalah kesehatan di wilayah kerja Puskesmas Bangetayu, RW 1 (RT 5, 6, 7, 8, dan 9), Kelurahan Penggaron Lor, Semarang. Penelitian ini termasuk deskriptif observasional dengan pendekatan cross sectional melalui wawancara dan pengisian data profil kesehatan keluarga di wilayah RW I (RT 5, 6, 7, 8, dan 9). Penyebab pada masalah yang didapatkan dari wawancara dianalisis menggunakan Teori L-Green. Hasil survei menunjukkan warga wilayah RW I (RT 5, 6, 7, 8, dan 9), Kelurahan Penggaron Lor, Semarang berindeks kesehatan dengan kategori sehat sebanyak 29 Kepala Keluarga (KK), pra sehat 113 KK, dan tidak sehat 14 KK, dengan 3 indikator terendah PIS-PK yaitu hipertensi yang tidak melakukan pengobatan secara teratur (22 %), anggota keluarga tidak ada yang merokok (39 %) dan keluarga mengikuti program KB (37%). Kesimpulan penelitian ini adalah terdapat 3 masalah dari 12 indikator keluarga sehat yang terjadi di Kelurahan Penggaron Lor yaitu keluarga mengikuti program KB, penderita hipertensi yang berobat teratur, dan tidak ada anggota keluarga yang merokok.

Kata Kunci : PIS-PK, Keluarga Sehat, Penggaron Lor

INTRODUCTION

Health degree is one of the important elements in improving the Human Development Index (HDI), but several things that affect health degree include health, environmental, health services, and community behavior. (Kozier, 2010). Efforts to achieve healthy development are carried out by utilizing all the potential to implement the Healthy Indonesia Program. The Healthy Indonesia Program is a program from Nawa Cita that aims to improve the quality of life. One of the efforts made by the Healthy Indonesia Program is through a family approach (Laelasari, Anwar, & Soerachman, 2017). Organizing a Healthy Indonesia Program with a Family Approach is carried out by Primary Health Care. The implementation of this program aims to strengthen the function of Primary Health Care in the implementation of Community Health Efforts and Individual Health Efforts.

The Family Approach is carried out by primary health care through several activities, namely: (1) carrying out family health data collection; (2) creating and managing primary health care database; (3) analyzing, formulating, intervening and developing Primary Health Care plans; (4) conducting home visits comprehensive; (5) conduct health services; and (6) carry out information and reporting systems for Primary Health Care (Kemenkes RI, 2016).

Based on the Minister of Health Regulation of the Republic of Indonesia No. 39 of 2016 concerning the Implementation Guidelines for a Healthy Indonesia Program with Family Approach, 12 main indicators are set as markers of family health status, namely family planning, births assisted by health workers, infants receiving complete basic immunizations, giving exclusive breastfeeding, monitoring the growth of toddlers, appropriate standard medication



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for TB patients, hypertensive patients taking medication regularly, people with mental disorders getting treatment and not abandoned, none of the family members smoking, families becoming JKN members, using healthy latrines, and using water clean. (Kemenkes RI, 2016)

Penggaron Lor is one of the urban villages in the Sub-District of Genuk, Semarang, which has the smallest number of the neighborhood association, and population, which is 5943 residents consisting of 34 neighborhood association (Rukun Tetangga or RT), 5 citizens association (Rukun Warga or RW). Penggaron Lor is limited to Bangetayu Wetan, Sembungharjo, and Pedurungan (Puskesmas Bangetayu, 2018).

The objective of this study was to determine family health problems by identifying problems and analyzing the causes of health problems in the working area of Bangetayu Public Health Care, RW I and RT 5, 6, 7, 8, and 9, Penggaron Lor, Semarang with Lawrence Green Theory.

METHOD

This study was an observational descriptive study, which was conducted to describe family health in the Penggaron Lor area of Semarang with a cross-sectional design. This research was conducted in Penggaron Lor RW I and RT 5, 6, 7, 8 and 9, from February to March 2019. Data collection in this study used the Healthy Indonesia Program Family Health Profile questionnaire with a Family Approach. The data obtained is done by identifying problems and analyzing the causes of the problem.

RESULT

The area of Penggaron Lor is 1.54174 m² with a population of 5,943 residents. Penggaron Lor has 34 RT, and 5 RW and the number of family cards owned is 1,537 households.

Table 1. Data on the Results of 2019 PIS-PK Penggaron Lor RW 01

No	RT	Health Categories		
		Healthy	Pre-Health	Unhealthy
1	05	4	17	1
2	06	4	29	1
3	07	16	41	4
4	08	2	12	5
5	09	3	14	3
Total		29	113	14

The results of the Healthy Family Index in Penggaron Lor RW I at RT 5 showed that there were 4 Healthy, 17 Pre-Healthy, and 1 Unhealthy family. There were 4 Healthy, 29 Pre-Healthy, and 1 Unhealthy family on RT 6. In RT 7, there is 16 Healthy, 41 Pre-Health, and 4 Unhealthy families. In RT 8, there are 2 Healthy, 12 Pre-Healthy, and 5 Unhealthy families. In RT 9, there are 3 Healthy, 14 Pre-Healthy, and 3 Unhealthy families.

Table 2. Identification of problems

No	Indicator	Achievements
1	Families follow family planning	37%
2	Pregnant women do ANC	75%
3	Babies get complete basic immunization	91%
4	Exclusive breastfeeding	61,54%
5	Toddler Monitoring and Growth	88%
6	Pulmonary TB patient who seek treatment	100%
7	Hypertensive patients seek regular treatment	22%
8	Patients with severe mental disorders treated	100%
9	No family member smokes	39%
10	Families have JKN	82%
11	Have clean water facilities	100%
12	Using a toilet	98%



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Table 3. Theory of L-Green Hypertension

Factor	Information
<i>Predisposing Factors</i>	<ol style="list-style-type: none"> 1. lack of knowledge about the dangers of hypertension 2. Know that sickness is still not treatment 3. Feel healthy and get well if you reduce salt and cucumber consumption
<i>Enabling Factors</i>	Health facilities far from residents' homes
<i>Reinforcing Factors</i>	Health services are too crowded and queues are long

Table 4. L-Green Smoking Theory

Factor	Information
<i>Predisposing Factors</i>	<ol style="list-style-type: none"> 1. Lack of knowledge about the dangers of smoking 2. Cigarettes are provided at events at the RT, RW, and Kelurahan levels 3. Smoking habits
<i>Enabling Factors</i>	<ol style="list-style-type: none"> 1. Health promotion related to smoking is lacking 2. No smoking area available
<i>Reinforcing Factors</i>	<ol style="list-style-type: none"> 1. Community leaders also smoke 2. Health worker smokes 3. There are still many people who smoke around them

The table above shows that in Penggaron Lor RW I, families participating in family planning were 37%, pregnant women who did ANC were 75%, babies who had received complete basic immunization were 91%, exclusive breastfeeding was 61.54%, monitoring was growing and toddler flowers by 88%. In patients with TB treatment at 100%, people

with mental disorders who are treated and have clean water facilities by 100%. In patients with hypertension who are regularly treated by 22%, families that have JKN are 82%, families using latrines are 98% and family members who do not smoke are 39%.

Table 5. L-Green Theory of Using KB

Factor	Information
<i>Predisposing Factors</i>	<ol style="list-style-type: none"> 1. Lack of knowledge about family planning 2. Fear of side effects of using KB
<i>Enabling Factors</i>	-
<i>Reinforcing Factors</i>	<ol style="list-style-type: none"> 1. There is no family support for using family planning 2. Want to have another child

DISCUSSION

Based on Table 2, there were 3 major problems that appeared in Penggaron Lor, namely families participating in the family planning program (37%), hypertensive patients who were treated regularly (22%) and no family members smoking (39%). The analysis of the causes of these three problems in this study used the L. Green Theory consisting of predisposing factors, enabling factors, and reinforcing factors (Green, 2011).

Table 3, 4, and 5 shows that there are several factors that influence the problems that arise in the Penggaron Lor, Semarang. The research conducted by Fauziah shows that in hypertensive problems, there is a role of families that influence influencing treatment and the influence of health workers who take good care to maintain blood pressure. Smoking problems are influenced by factors of smoking habits that are difficult to change even though posters have been given about the dangers of



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smoking (Fauziah, 2016). Other studies also show that there is a relationship between the duration of suffering from hypertension and the level of adherence to treatment (Puspita, Eka, & Yunita, 2017). The longer a person suffers from hypertension, the lower the level of medication obedience due to capacity in taking medicine while the expectations of the sufferer to recover are not appropriate (Gama, Saemidi, & Harini, 2014). The level of knowledge also influences non-compliance in the treatment of hypertension. This is supported by research showing that there is a significant relationship between the level of education and adherence to treatment with a p-value of 0.001 (Puspita, Eka, & Yunita, 2017). People with higher education have more knowledge than a low level of education (Notoatmodjo, 2010).

The second problem was there were still many people who smoked in their families. This is due to lack of knowledge, lack of health promotion related to smoking, important figures in the community and health workers who also smoke. Research conducted by Purnomo shows that there is a relationship between knowledge about smoking and smoking behavior, which shows a negative correlation (Purnomo, Roesdiyanto, & Rara, 2017). There is a relationship between knowledge and smokers' behavior in implementing non-smoking areas (Kusumaningrum, Priyadi, & Syamsulhuda, 2018). Qualitative research by Syaifulloh shows that smoking behavior is influenced by family (father and grandfather), friends and by Kiai in Islamic Boarding Schools, thus proving that the role of important figures in the community also influences smoking behavior (Syaifulloh, 2013).

The third problem found was the lack of people in using family planning. This was imposed because of a lack of knowledge about family planning, fear of side effects and lack of family support. Research conducted by

Sulikhah shows that there is no relationship between knowledge and family planning behavior, but in theory, families with a low level of knowledge do not use KB more. This is because people do not understand the importance of using KB (Sulikhah, Djiko, & Yudhy, 2016). Other research also shows that having good knowledge means being able to understand family planning goals, methods, and side effects, although some people with good knowledge are also afraid of side effects when using contraception (Ahmadi, 2005).

CONCLUSION

In this research, there are three problems that occur from 12 healthy family indicators, namely hypertension, smoking, and family planning.

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