

## Original Paper

# Challenges of Community Health Education in Improving Quality of Life in Indonesia

Dwi Sogi Sri Redjeki<sup>1\*</sup>

<sup>1</sup> Department of English Education, Sari Mulia University, Banjarmasin, Indonesia

\* Dwi Sogi Sri Redjeki, Department of English Education, Sari Mulia University, Banjarmasin, Indonesia

Received: May 31, 2020

Accepted: June 5, 2020

Online Published: June 11, 2020

doi:10.22158/sshsr.v1n1p121

URL: <http://dx.doi.org/10.22158/sshsr.v1n1p121>

### **Abstract**

*The purpose of this research is to give understanding about community health education to fill the nation's independence which has a role to create a healthy and strong society and refer to the ability to: a) make and maintain relationships with others; b) well-interact with people and the environment, so that understanding of health can demonstrate the ability to adapt to a changing environment. The method of this scientific paper is carried out by conducting academic analysis from various aspects of relevant reference sources so as to find new theoretical meaning in order to answer the challenges that occur in society. The conclusion is that the public health paradigm is a new health development strategy that views health issues as a continuous variable, planned in a decentralized system, with service activities that are always promotive to alleviate public health, by professional health workers together with participatory communities.*

### **Keywords**

*health education, public health, healthy living*

## **1. Background**

Health is an investment to support economic development and has an important role in poverty alleviation efforts. Health development must be seen as an investment to improve the quality of human resources. Thus the health service system is an important part in improving health status. Through this system the goals of health development can be achieved in an effective, efficient and targeted manner. The success of the health care system depends on various components included in the service between the nurse doctor or the other health team that support one another. This system will provide quality effective health services by looking at the values that exist in the community.

Health development is a form of activity in order to fill the nation's independence in order to create a healthy and strong society. One of them is by conducting health services. Health service is an activity provided to individuals and communities by the government with the aim of preventing and curing individual and community diseases.

Health services can be in the form of individual services performed by practicing doctors or health services carried out by an organization. All types of health services generally have the same goal of providing services to cure illnesses and restore the health of individuals and the community.

The point of health development is increasing the ability of people to live healthy lives and overcome simple health problems themselves, especially through efforts to improve, prevent and heal. Understanding this, a National Health System is needed, which a health management is carried out by all components of the Indonesian people in an integrated and mutually supportive manner to ensure the highest degree of public health.

Public health service is a sub-system of health services whose main purpose is preventive, preventive, curative and rehabilitative services targeting the community. Health service facility is a tool and/or place that is used to carry out health service efforts, both promotive, preventive, curative and rehabilitative conducted by the Government, regional government, and/or the community.

In the aspect of health development management, with the implementation of health decentralization, the problem faced is the lack of synchronization of activities between the Center and the Regions, increasing the capacity of regional human resources, especially in planning, improving information systems, limited understanding of legislation and inconsistent health organization structure.

## **2. Method**

The purpose of this academic paper is to give an appropriate information regarding the most important of healthy life awareness for the community in Indonesia based on all research in health community, literature review, and academic opinion from researcher. As stated by Creswell (2009), McAlpine and Admunsen (2011), Arifin and Hermino (2017) that appropriate academic opinion from researcher that able to give an impact to the community have to be based on relevant previous researchs and relevant literatures review.

## **3. Meaning of Public Health**

Broadly defined, a community is a collection of people who interact with one another and whose interests or characteristics give them a sense of unity and ownership. A community is a group of people in a defined geographical area with the same goals and objectives and the potential to interact with each other in a complementary atmosphere.

The function of any community includes the importance of ownership and the existence of a shared identity in the meaning of: values, norms, communication, and supporting behavior of its members. Some communities generally have several conditions such as: a). a community that may share almost

anything; and b). other communities (large, scattered and composed of individuals) who may only share the same interests and involvement in certain goals.

Likewise, a community is often defined by its geographical boundaries and is therefore called a geographical community, for example a city. Cities or neighborhoods are geographical communities. Communities bounded by geographical boundaries are clear targets for health needs analysis to be the basis of health program planning and geographical communities are also easily mobilized to act (Hermينو, 2019).

Communities can also be identified by shared interests or goals. A group of people, even though they are geographically dispersed, can have interests or goals that bind members together, called a community of shared interests, for example: people with disabilities who are spread out of big cities can emerge as communities through shared interests in their need for access better for wheelchairs or other handicapped facilities.

The community has three features: location, population, and social system. *First*, location: each physical community carries out its daily existence in a certain geographical location. Community health is affected by this location, including service placement, geographical features. *Second*, Population: consists of special aggregates, but all different people who live by the boundaries of the community. *Third*, the social system: various parts of the social system of society that interact and include the health system, the family system, the economic system, and the education system.

#### **4. The Meaning of Health**

Health is defined as a state of physical, mental and social well-being not just the absence of disease or weakness (Hermينو, 2019; Sari & Manungkalit, 2019). Health, in its holistic philosophy, is very different from the acute care setting. Physical health implies the body's mechanical functions. Mental health means the ability to think clearly and coherently and has to do with a person's thoughts and feelings and how a person handles the problem at hand. A mentally healthy person has the capacity to live with others, to understand their needs, and to achieve mutually satisfying relationships.

Social health refers to the ability to: a) make and maintain relationships with others; b) interact well with people and the environment. Health can show the ability to adapt to a changing environment to grow and age, for healing when damaged, for suffering and for the hope of a peaceful death. Likewise health can be interpreted as a person's ability to think concretely, objectively in appropriate norms and appropriateness in a system or system (for example: family, or community) in order to respond adaptively to various environmental challenges.

Health can also be seen as the opposite of disease as no disease. Furthermore, death is not seen as the ultimate disease but as a natural part of growth and development (Coleman & Garfield, 2004). Thus it can be considered that the interaction of individuals with ecology as an important influence on health and disease. Health is also conceptualized as a source of daily life. This is a positive idea that emphasizes social and personal resources and physical abilities.

Everyone has a personal perception of health. Some people describe their health condition well even though they may actually have one or more diagnosed diseases. That's because everyone feels health in relation to personal expectations and values. The concept of health must allow for individual variability. Health is a dynamic state in which the person is constantly adapting to changes in the internal and external environment, for example a person can see himself healthy when experiencing a respiratory infection.

Health is a lifestyle that aims to achieve physical, emotional, intellectual, spiritual, and environmental well-being. The use of health measures can increase stamina, energy, and self-esteem, then improve quality of life. The concept of health also allows for individual variability. Health can be considered as a balance of physical, emotional, psychological, social and spiritual aspects of one's life. This is a dynamic state. Everyone will define health in relation to personal expectations. Health behaviors are behaviors that encourage healthy functioning and help prevent disease. This includes, for example, stress management, nutritional awareness, and physical fitness.

There are various models of health concepts. Some models are narrowly based on the presence or absence of definable diseases. Others are based more conceptually on trust in health, well-being and holism. Health is defined as the absence of signs and symptoms of disease or injury; thus the opposite of health is disease. The meaning of health as a state relatively free of disease, and conditions of relative homeostasis. Therefore, illness is something that happens to someone. Many health care providers focus on trusting signs and symptoms of disease and conclude that when this does not exist anymore, the person is healthy. Regarding this condition, the condition may not consider one's health belief or lifestyle (Hermino, 2016).

## **5. Environmental Model for Health**

This model helps identify the cause of a disease. In this model, there are three meanings that need to be examined, namely: a) the host: refers to people or groups who may be at risk or susceptible to an illness; b) agent: is any factor (internal or external) that can cause disease in its presence; and c) environment: refers to these factors (physical, social, economic, emotional, spiritual) that can create the possibility or tendency for the person to contract the disease.

In the environmental model for health and health management, there is a relationship between one's beliefs and actions. Factors that influence one's beliefs, such as: a). personal expectations in relation to health and illness; b). previous experience with illness or health; and c). age and development status. To achieve these health beliefs, it requires commitment in a person to live healthy. Health beliefs are an idea, and one's attitude about health and disease. Regarding this, a person's understanding might be based on factual information, wrong information, common sense or myth, or wrong reality or expectations, so health beliefs usually influence health behavior, this effect can be positive or negative. The Health Belief Model (HBM), this model provides a meaning regarding the existence of daily life to the quality of life, where: a). trust can contribute in overcoming the relationship between people's

beliefs and behavior; b). health trust can provide a way to understand and predict how clients will behave in relation to their health and how they will comply with health care therapy.

Components in HBM, among others: a). first component, namely individual perception. Individual's perception of susceptibility to disease; b). second component, the modifying factor. Individual perception about the seriousness of the disease. This perception is influenced and modified by demographic and socio-psychological variables, perceived disease threats and cues to act; c). third component (the likelihood of action), namely the likelihood that someone will take preventative actions arising from the person's perception of the benefits and obstacles to taking action. Preventive actions can include: lifestyle modification/change, increasing adherence to medical therapy or seeking medical advice or treatment.

Based on the meaning above, the implication of HBM for public health is in the context of helping the community to understand the factors that influence the client on: a). perception; b). beliefs and behavior; c). health planning is most effective in maintaining or restoring health and preventing disease, so that health is recognized as an ongoing process towards one's highest potential function. This process involves people, families and communities. Regarding this, health is reflected as the experience of people living in good health, living in a style of good health with energy to be developed very well (Hermino, 2019; Kozier, 1995).

## 6. The Holistic Health Model in Public Health Practices

Holism comes from the Greek word *holos* which means overall. Holism is seen as a new health model that follows the development of the era, but actually it is not new at all. Holism has become a major theme in humanities, political traditions and the habituation of life throughout history. Holism is a different approach to health, namely recognizing and respecting the interaction of one's mind, body and soul in the environment.

Holism is also seen as an antidote to the contemporary science automation approach. An automation approach that separates several things, such as checking one piece at a time in an effort to understand the bigger picture by examining smaller molecules or atoms (Hermino, 2014). Holism is based on the belief that people (or even their parts) cannot be fully understood if examined only in separate parts of their environment. People are seen as a changing energy system.

Public health practices are part of a larger public health effort related to the preservation and improvement of the health of certain populations and communities. Public health practices incorporate six basic elements: *first*, health promotion: a) this includes all efforts that seek to bring people closer to optimal welfare or a higher level of health; b) this is a combination of educational and environmental support for actions and living conditions that are conducive to health. *Second*, prevention of health problems, this involves efforts to provide understanding to the community, especially with regard to environmental health, health in the family, and health for yourself. This condition is certainly very influential on the level of education in a person or society. *Third*, the treatment of disorders: a) focus on

the end of the disease from the continuum and is an improved aspect of public health practice. This is practiced through: (i) direct services to people with health problems, for example home visits for elderly people, chronic illnesses, etc.; (ii) indirect services, for example helping people with health problems get treatment and referrals; (iii) development of programs to improve unhealthy conditions; for example alcoholism, drug abuse. *Fourth*, rehabilitation. This involves efforts that try to reduce disability, as much as possible, and restore function; for example stroke rehabilitation. *Fifth*, evaluation. This is the process by which practices are analyzed, assessed, and improved in accordance with established objectives and standards. It helps to solve problems and provides direction for future health care planning. *Sixth*, research. This is a systematic investigation that helps find facts that affect public health and public health practices, solve problems, and explore methods of improving health services.

## 7. Community Health Care

Public health care can be defined as a synthesis of nursing and public health practices that are applied to promote and protect the health of the population. This is a specialized nursing field that focuses on the health needs of the community, aggregation groups, and especially vulnerable populations. This is a sustainable and comprehensive practice aimed at all groups of community members. It combines all the basic elements of clinical, professional nursing with public health and community practice.

There are at least six characteristics of public health nursing that should be observed, namely: 1) the specialty of nursing; 2) the practice of combining public health with nursing; 3) focus on population; 4) emphasis on health and disease; 5) involvement of interdisciplinary collaboration; 6) promotion of client's responsibility and self-care. Public health care takes place in a variety of settings which include health improvement, disease prevention, health care, recovery, coordination, management and evaluation of the care of individuals, families, and aggregate groups, including the community. In community settings, care focuses on maximizing the potential of individuals for self-care regardless of injury or any disease. Changes in health care services result in changes in care too. Arrangements are changed to the community and especially to the home. The purpose of care is not to improve with care but to improve the quality of life and support actions that make the client's life as comfortable as possible.

Thus it can be interpreted that public health care is the art and science of extending life, promoting health and preventing disease through community organization efforts. Public health nursing refers to the composition of nursing services and population health promotion. This aims to: 1) improve sanitation; 2) community epidemic control; 3) prevent transmission of infection; 4) provide education about the basic principles of personal hygiene; 5) arrange medical and nursing services for early diagnosis, prevention and treatment of diseases.

Health improvement is not seen as a result of the number and type of medical services or hospital size. The care provided in an acute care setting is usually directed at solving immediate health problems. In society, care focuses on maximizing the potential of individuals for self-care regardless of any injury or

disease. The client bears responsibility for health care decisions and provision of care. Where health is at the core of care, the client's ability to function is a major concern.

Education and community based programs can be designed to address lifestyles (Hermino, 2016; Hermino, 2020). Health protection strategies are related to environmental measures or regulations that provide protection to large population groups. Health protection involves a broad community focus. Prevention services include counseling, screening, immunization, or chemoprophylaxis interventions for individuals in clinical settings. Thus it can also be interpreted that the focus of prevention is a key concept of community-based nursing. Prevention is conceptualized on three levels: a) the level of primary prevention; b) the level of secondary prevention; c) level of tertiary prevention.

In this regard too, it is necessary to have a continuum of health, namely a visual comparison of health that harmonizes with the understanding of the development of the times with the traditional health view of health. In this sense, a person will evaluate his behavior at a particular moment, learn about the options available, and grow towards self-actualization by tying out the options available to obtain health in accordance with the changing times.

## **8. Health Paradigm Strategy**

The paradigm develops as a result of synthesis in human awareness of information obtained either from experience or from research (Hermino, 2016; Hermino, 2015). In the development of health development policies in entering the global era for Indonesia, there has been a change in mindset and basic concepts of health development strategies in the form of a healthy paradigm. Previously health development tended to use the sick paradigm by emphasizing curative efforts towards Indonesian society.

Changes in the health paradigm and our experience in dealing with health problems in the past have forced us to review the priorities and emphasis of the program in an effort to improve the health of the population which will be the main actors and maintain the sustainability of development. To form humans.

Indonesia is a healthy, productive-creative human resource, we must think and be somewhat different from what we are doing now. We need a re-orientation in strategy and approach. The basic paradigm shift and re-orientation that needs to be done is the paradigm or concept that originally emphasized healing in the form of medication and alleviating the burden of the disease changed towards efforts to improve the health of most people who have not fallen ill so that bias can contribute more to development.

Changes in the health paradigm which now emphasizes promotive-preventive efforts compared to curative and rehabilitative efforts are expected to be a turning point in government policy in dealing with population health, which means health programs that focus on fostering national health are not just healing diseases. Thus, each new breakthrough needs to be preceded by a paradigm shift to change old habits and ways of thinking. Future health efforts must be able to create and produce healthy,

productive Indonesian human resources so that the obsession with health efforts must be able to deliver every population to have adequate health status.

Changes in the health paradigm if implemented can have quite a broad impact (Hermiono, 2014; Panggabean, 2002; Notoatmojo, 2007). That is because the organization of existing health efforts, existing health service facilities, is a vehicle and supporting facilities for the implementation of health services oriented to efforts to cure disease, so as to support the implementation of a healthy paradigm oriented to proactive promotive-preventive efforts, community centered, active participation and community empowerment, then all existing vehicles and facilities need to be adjusted or even reformed including reforming activities and programs at the health education center.

Health workers must be able to invite, motivate and empower the community, be able to involve cross-sectoral cooperation, be able to manage health care systems that are efficient and effective, able to be leaders, pioneers, development and healthy living models. In the formation and empowerment of the most important mayarakat is how to invite and encourage the community to be interested and responsible for their own health by mobilizing the financial resources available to them.

## **9. Main Strategies and Targets for Health Development**

Health development is an inseparable part of the national development pursued by the government. In carrying out health development amid burdens and increasingly complex health problems, a precise strategy is needed to deal with it. In overcoming health problems several key strategies can be used, including:

- 1) Mobilize and empower people to live healthy. The main target of this strategy is that all villages become alert villages, all people behave in a clean and healthy life and all families are aware of nutrition.
- 2) Increasing community access to quality health services. The main objective of this strategy is that every poor person receives quality health services; every baby, child and high-risk community group protected from disease; in each village competent health human resources are available; in each village there are enough essential medicines and basic medical devices; each Puskesmas and its network can reach and reach all communities in the working area; health services in each hospital, health center and its network meet quality standards.
- 3) Improve surveillance systems, monitoring and health information. The main target of this strategy is that every disease event is reported quickly to the head of village and then forwarded to the nearest health agency; any outbreaks and disease outbreaks are dealt with quickly and precisely so as not to cause public health impacts; all availability of pharmaceuticals, food and health supplies meets the requirements; controlled environmental pollution in accordance with health standards; and the functioning of evidence-based health information systems throughout Indonesia.
- 4) Increase health financing. The main objectives of this strategy are health development to get priority budgeting from the central and regional governments; the government health budget is prioritized for



prevention and promotion of health; and the creation of a health financing guarantee system, especially for the poor.

All national development policies that are being and/or will be implemented must have a health insight, meaning that the national development program must make a positive contribution to health, at least for two things. *First*, the formation of a healthy environment. *Second*, the formation of healthy behavior. By interpreting these two things, it is hoped that every development program carried out in Indonesia can make a positive contribution to the formation of the environment and healthy behavior. Whereas on a micro level, all health development policies that are being or will be implemented must be able to further encourage the improvement of the health status of all members of the community. If it is known that the maintenance and improvement of health will be more effective and efficient if carried out through promotive and preventive efforts, not curative and rehabilitative efforts, then the first two services can be prioritized. For the realization of health-oriented development, it is necessary to carry out socialization, orientation, campaign and training activities so that all relevant parties understand and are able to carry out national development with a health perspective. In addition, it is also necessary to carry out further elaboration of the concept so that it truly becomes operational and measurable all the achievements and impacts produced.

Professionalism is implemented through the application of scientific and technological progress, and through the application of moral and ethical values (Panggabean, 2002; Hermino, 2015). For the implementation of quality services, it needs to be supported by the application of the advancement of medical science and technology. For the realization of health services like this, it is clear the development of health human resources is seen as having a very important role. Professional health services will not be realized if they are not supported by implementing staff, namely health human resources who follow the development of science and technology. More than that, for the implementation of quality health services, it also needs to be supported by the application of high moral values and professional ethics. For the realization of health services like this, all health workers are required to always uphold the oath and professional code of ethics. The implementation of the behaviors demanded by health workers as above need to be monitored regularly through collaboration with various professional organizations (Hermino, 2016; Pacho, 2020). For the implementation of a professionalism strategy, competency standards for health workers will be carried out, training based on competence, accreditation and legislation on health workers, and other quality improvement activities. To strengthen the independence of the community in a healthy lifestyle, it is necessary to promote the broadest participation of the community, including participation in financing.

For the success of health development, the implementation of various health efforts must depart from the problems and specific potential of each region. Decentralization, which is essentially the delegation of greater authority to local governments to regulate the government system and the household itself, is indeed seen as more appropriate for the management of various national developments in the future. Of course, for the success of this decentralization, various preparations need to be made, including the

most important thing is the preparation of organizational tools and human resources. For decentralization, an analysis and determination of the role of the central and regional government in the health sector will be carried out, the determination of the health effort activities that must be carried out by the regions, analysis of regional capability, regional human resource development, training, re-placement of personnel and other activities so that the strategy decentralization can be carried out significantly.

Thus, the target of health development in Indonesia is directed to support the improvement of the degree of public health through increased access of the community, especially the poor, to health services which, among others, are reflected in several indicators, as follows: 1). an increase in the proportion of families who behave in a clean and healthy life; 2). an increasing proportion of families with access to sanitation and clean water; 3). increased coverage of deliveries assisted by trained health workers; 4). increasing coverage of antenatal, postnatal and neonatal services; 5). increasing the rate of visit of the poor to the Puskesmas; 6). increasing the rate of visits of poor people to hospitals; 7). increased immunization coverage.

## 10. Conclusion

The healthy paradigm is a new health development strategy that sees health problems as a continuous variable, planned in a decentralized system, with service activities that are always promotive to alleviate public health, by professional health workers together with participatory communities.

In addition, in this healthy paradigm the measurement of the degree of public health is not merely seen from the decrease in morbidity/death (by using negative indicators), but rather emphasized on achieving the results of improvement in health numbers (positive indicators). This positive indicator value is obtained as a result of promotive health efforts that have been carried out by health professionals and supported by the appropriate placement of promotional efforts.

The healthy paradigm has an orientation in which efforts to improve public health are focused on: 1) siding with the people, namely obtaining the highest degree of health for everyone is one of human rights without differentiating between ethnic groups, religious groups, and socioeconomic status; 2) act quickly and appropriately, namely in overcoming health problems, especially those of an emergency nature must be done quickly. Rapid action must also be followed by careful consideration, so that it can hit the target with appropriate interventions; 3) teamwork, that is, in carrying out the tasks of health development, team work must be fostered that is intact and compact, by applying the principles of coordination, integration, synchronization and synergism; 4) high integrity, namely in carrying out daily life, it must have sincerity, honesty, strong personality, and high morality; and 5) transparency and accountability, i.e., all health development activities carried out by the government must be carried out transparently and be accountable to the public.

## References

- Arifin, I., & Hermino, A. (2017). The Important of Multicultural Education in Schools in the Era of ASEAN Economic Community. *Asian Social Science*, 13(4). <https://doi.org/10.5539/ass.v13n4p78>
- Coleman, W. L., & Garfield, C. (2004). Fathers and Pediatricians: Enhancing men's roles in the care and development of their children. *Psychosocial Aspects of Child and Family Health*, 113(5), 1406-1411. Retrieved from <http://www.pediatrics.org/cgi/content/full/113/5/1406>.
- Creswell, J. W. (2009). *Research Design. Qualitative, Quantitative, and Mixed Method Approaches*. Los Angeles: SAGE Publications, Inc.
- Hermino, A. (2020). Contextual Character Education for Students in the Senior High School. *European Journal of Educational Research*, 9(3), 1009-1023. <https://doi.org/10.12973/eu-jer.9.3.1009>
- Hermino, A. (2019). Komunitas Masyarakat dan Perawatan Kesehatan dalam Peningkatan Kualitas Hidup. *Jurnal Dinamika Kesehatan*, 10(1). <https://doi.org/10.33859/dksm.v10i1.437>
- Hermino, A. (2016). ASEAN Economic Community in the Pespective of Transformational Leadership in School. *International Journal of Education and Research*, 4(6), 401-416. Retrieved from <http://www.ijern.com/June-2016.php>
- Hermino, A. (2015). Pendidikan Karakter dalam Perspektif Psikologis Siswa Sekolah Menengah Pertama di Era Globalisasi dan Multikultural. *Jurnal Peradaban. Universiti of Malaya*, 8, 19-40. <https://doi.org/10.22452/PERADABAN.vol8no1.2>
- Hermino, A. (2014). *Kepemimpinan Pendidikan di Era Globalisasi*. Yogyakarta: Pustaka Pelajar.
- Kozier. (1995). *Fundamental of Nursing: Concept, Process and Practice* (4th ed.). Philadelphia: WB Saunders Company.
- McAlpine, L., & Amundsen, C. (2011). *Doctoral Education: Research-Based Strategies for Doctoral Students, Supervisors and Administrators*. New York: Springer. <https://doi.org/10.1007/978-94-007-0507-4>
- Notoatmojo, S. (2007). *Kesehatan Masyarakat, Ilmu dan Seni*. Jakarta: Rineka Cipta.
- Pacho, T. O. (2020). Impact of Globalisation on African and Its Implication to Education. *Social Sciences, Humanities and Sustainability Research*, 1(1). <https://doi.org/10.22158/sshsr.v1n1p81>
- Panggabean, M. S. (2002). *Manajemen Sumber Daya Manusia*. Jakarta: Ghalia Indonesia.
- Sari, N. P. W. P., & Manungkalit, M. (2019). The Best Predictor of Anxiety, Stress and Depression among Institutionalized Elderly. *International Journal of Public Health Science*, 8(4), 419-426. <https://doi.org/10.11591/ijphs.v8i4.20359>