

The Influence of Health Promotion Strategies on Community Participation in The Prevention of Non-Communicable Diseases at Ujong Fatimah Health Center, Nagan Raya District

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Submitted: 13/11/2023 **Revised:** 15/01/2023 **Accepted:** 02/03/2024 **Published online:** 30/04/2024

doi: <https://doi.org/10.35308/j-kesmas.v7i2.8531>. **How to cite this article:** Kurniawan, M.F., Nababan, D., Anita, S., Santoso, H., & Sitorus, P (2024). The Influence of Health Promotion Strategies on Community Participation in The Prevention of Non-Communicable Diseases at Ujong Fatimah Health Center, Nagan Raya District. *J-Kesmas: Jurnal Fakultas Kesehatan Masyarakat (The Indonesian Journal of Public Health)*. 11 (1): 1-7

Abstract

Efforts to prevent non-communicable diseases can be carried out through health promotion activities. Through health promotion strategies carried out, it is expected to be able to increase community participation in the prevention of non-communicable diseases. Community participation is widely believed to be beneficial for the development, implementation, and evaluation of health services. However, there are still many challenges to successful and sustainable community involvement. The purpose of this study was to see the effect of health promotion strategies on community participation in preventing non-communicable diseases. The research method used was analytic with a cross-sectional approach. The number of samples in this study was 218 people. The data analysis used is Chi-Square Test. Based on the results of multivariate analysis, it show that the correlation value of community empowerment (0.354), the correlation value of atmosphere building (0.179), the correlation value of advocacy (0.643), and the correlation value of partnership (0.150). The conclusion is that the variable that has a high correlation with community participation is advocacy, the variable that has a moderate correlation with community participation is community empowerment and the variable that has a very low correlation with community participation is the atmosphere building and partnership variables. Suggestions are expected for health workers, especially at the Ujong Fatimah Health Center, to be able to increase community empowerment through regular meetings held in the context of preventing infectious diseases, building a good atmosphere with the community, including the community in every advocacy process and building good partnerships with the community by involving the community in every advocacy activity carried out.

Keywords: Health promotion strategies, community participation, non-communicable diseases.

Introduction

Non-communicable diseases (NCDs) are diseases that are not caused by infection with microorganisms such as protozoa, bacteria, fungi, or viruses, but by a combination of factors such as genetic, environmental, physiological and poor health behavior. Some of the major NCDs are cardiovascular diseases (such as heart attack and stroke), various cancers, chronic respiratory diseases (such as chronic obstructive pulmonary disease and asthma), and diabetes. Non-communicable diseases cause 71% of deaths or about 41 million people every year (WHO, 2022).

Regulation of the Minister of Health No. 71 of 2015 on the Management of Non-Communicable Diseases (NCDs) which refers to the international classification of diseases (International Statistical Classification of Diseases and Related Health Problems) classifies these diseases based on body

systems and organs into 12 types of diseases namely malignancies, endocrine, nutritional, and metabolic diseases, nervous system diseases, respiratory system diseases, circulatory system diseases, mat1a and adnexa diseases, ear and mastoid diseases, diseases of the nervous system, respiratory system diseases, circulatory system diseases, mat1a and adnexa diseases. Skin and subcutaneous tissue, diseases of the musculoskeletal system and connective tissue, diseases of the genitourinary system, diseases of mental and behavioral disorders diseases of blood disorders, and disorders of blood organ formation (MOH, 2015).

Based on Riskesdas Data (2018) found that the prevalence of non-communicable diseases in Indonesia is Asthma (2.4%), Cancer (1.79%), Diabetes (1.5%), Heart Disease (1.5%), Hypertension (8.36%), Stroke (10.9%), Chronic Kidney Failure (0.38%), Joint Disease (7.30%), while the prevalence of non-communicable diseases in Aceh Province are Asthma

(2.3%), Cancer (2%), Diabetes (1.7%), Heart disease (1.5%), Hypertension (9.2%), Stroke (7.8%), Chronic Kidney Failure (0.49%), Joint Disease (13.26%) (Ministry of Health, 2018).

Non-communicable disease prevention efforts are implemented through health promotion activities, early detection of risk factors, and special protection that emphasizes changeable risk factors. Changeable risk factors include smoking, physical inactivity, unhealthy diet, alcohol consumption, and unhealthy environment. Control efforts are carried out through early case-finding and early management activities (Ministry of Health, 2021). Research at the Kediri City North Region Health Center found that the implementation of the Posbindu PTM program still has shortcomings that make the program implementation not optimal (Nugraheni et al., 2022).

Health promotion strategies based on the Minister of Health Decree No. 1193/Menkes/SK/X/2004 on National Health Promotion Policy and Minister of Health Decree No. 1114/Menkes/SKNII/2005 on Guidelines for the Implementation of Health Promotion in the Region, the main basic strategies of health promotion are empowerment, atmosphere building, advocacy, and imbued with the spirit and partnership (Ministry of Health, 2013).

Community participation is widely believed to be beneficial to the development, implementation and evaluation of health services. However, many challenges remain for successful and sustainable community engagement (Haldane et al., 2019). Community participation relates to participation in infectious disease prevention screening programs. Health workers need to provide adequate facilities for community-based health care interventions to increase participation (Sujarwoto & Maharani, 2022). Education and training interventions have an impact on increasing knowledge and attitudes about non-communicable diseases in an effort to detect anthropometric resika (Sitti Patimah, 2021). Establishment of the NCD Education Post to increase participation in preventing non-communicable diseases (Maharani Pulungan & Qoulan Karima, 2020).

NCD management is prioritized for diseases that are public health problems with several criteria, namely high mortality or disability rates, high morbidity rates or high medical costs, and have risk factors that can be changed. NCD management through public health efforts consists of prevention and control efforts (Ministry of Health, 2021).

The consumption pattern of the community in Ujong Fatimah, Nagan Raya Regency is high in carbohydrates and fat, high in salt consumption, lack of vegetables. 75% of adult men and the elderly smoke 1-

2 packs / day, the obesity rate is also high at 80% in adulthood. Daily physical activity is still very lacking, people spend their daily activities in coffee shops. This habit is growing rapidly as the number of coffee shops in Aceh increases so the consumption of sugar and high-fat foods such as noodles, and fried foods is also excessive.

Research in Central Aceh found that the results of the correlation test obtained a significance value of the advocacy variable of $\text{sig} = 0.034 < 0.05$, based on the results of the correlation test obtained from fostering an atmosphere of $\text{sig} = 0.045 < 0.05$. Meanwhile, based on the correlation test results obtained from empowerment, the $\text{sig} = 0.038 < 0.05$. To overcome health problems faced by the community, two important abilities must be mastered, namely the skills to organize a community and the skills to plan a health promotion program. Health promotion has the power to change people's behavior (Hayati et al., 2023). Research at the Regional Mental Hospital Dr. RM. Soedjarwadi Central Java Province found that the health promotion strategy will assist the hospital in realizing and increasing awareness of health in people's lives. To achieve goals in health promotion, a strategy is needed before running health promotion. The health promotion strategy consists of advocacy, social support, and also community empowerment. Both general hospitals and psychiatric hospitals need health promotion with these three strategies so that people can instill a sense of awareness in themselves about clean and healthy living (Setyabudi, 2017).

Efforts to prevent infectious diseases are carried out by health workers at the Ujong Fatimah Health Center in Nagan Raya Regency in the form of implementing the CERDIK program. Through CERDIK, the community can start to organize their lifestyle, starting from adjusting their diet and rest patterns, this is an important key in living a healthy life. The CERDIK program includes regular health checks, getting rid of cigarette smoke, diligent physical activity, a healthy diet with balanced calories, adequate rest, and managing stress.

The constraints of PTM activities at Ujong Fatimah Health Center, Nagan Raya Regency consist of the limited ability of cadres because they have not followed special training for non-communicable diseases, Posbindu PTM cadres who have not participated in training are quite a lot..., cadre participation in the socialization of early detection of infectious diseases is low at 60%, Posbindu activities are only PTM screening only. The shortage of cadre manpower also resulted in the emergence of other problems, namely the dual role of cadres as Posbindu PTM cadres and Posyandu cadres, and the imbalance of incentives received by cadres with workload. Supporting facilities for Posbindu activities are only available for checking

blood sugar and cholesterol, while constraints in the community include lack of public awareness in early detection of infectious diseases (45%), lack of participation of village officials (67%), stakeholders do not want to play a role in Posbindu PTM because they do not understand the purpose and benefits of Posbindu PTM.

Health Promotion is expected to change people's behavior to be healthier. The stages of behavior change in the community according to the level of understanding of the community include the preconception stage (not ready to change), the contemplation stage (thinking about changing), the preparation stage (ready to change, the action stage (making changes), the maintenance stage (maintaining changes), and the relapse stage (falling back into old behavior after going through other stages) (Dobe, 2012).

Good mechanisms for community participation are difficult to establish quickly. High-quality health coproduction takes time. Meaningful relationships between communities and providers must be nurtured to ensure sustainable and inclusive participation. Managing participatory spaces requires sensitivity and attention to recognizing and utilizing the different types of knowledge and experiences that diverse communities and individuals bring, and to avoid replicating structures. that can cause harm such as stigma (Yancy, 2020).

Methods

This study is an analytic descriptive study with a cross-sectional study design. This research was conducted at Ujong Fatimah Health Center, Nagan Raya Regency in August 2023. The population in this study were all people suffering from hypertension who sought treatment at the Ujong Fatimah Health Center in 2022 which amounted to 476 people.

The sample of this study is part of the population taken based on the slovin formula with the sampling method using Systematic Random sampling. The number of samples taken in this study was 217 people. The data collection technique was carried out by systematic random sampling. The research was conducted at the Puskesmas in the general poly room. In this study the data used were primary and secondary data. The instrument used in this study was a questionnaire. Data analysis used is the Chi Square Test.

Results

Table 1. Characteristic of Respondent

Characteristics	f	%
Participaiton		
Good	44	20.2
Lest	174	79.8
Empowerment		
Good	53	24.3
Less	165	75.7
Atmosphere Building		
Good	105	44
Less	113	51.8
Advocacy		
Good	48	22
Less	170	78
Partnership		
Good	137	62.8
Less	81	37.2

Primary data, 2023

Table 4. Effect of Community Empowerment on Community Participation in the Prevention of Non-Communicable Diseases at Ujong Fatimah Health Center, Nagan Raya Regency

Variables	Risk Factor				Total	P-Value	PR
	Good		Less				
	n	%	n	%			
Participation							
Good	24	45.3	29	54.7	53	100	
Less	20	12.1	145	87.9	165	100	0,000
Total	44	20.2	174	79.8	218	100	3,88
Advocay							
Good	29	27.6	76	72.4	105	100	
Less	15	13.3	98	86.7	113	100	0,000
Total	44	20.2	174	79.8	218	100	4,01
Partnership							
Good	34	24.8	103	75.2	137	100	
Less	10	12.3	71	87.7	81	100	0,041
Total	44	20.2	174	79.8	218	100	2,08

Primary data, 2023

Discussion

The Effect of Community Empowerment on Community Participation

The results showed that of the 53 respondents who received community empowerment in the good category, the majority had less community participation as many as 29 (54.7%), while of the 165 respondents who received community empowerment in the poor category, the majority had less community participation as many as 145 (87.9%). The results of data analysis



using the Chi-Square Test statistical test obtained a value of $p = 0.000$ ($p < 0.05$), so it can be concluded that there is an influence between community empowerment on community participation in preventing non-communicable diseases at the Ujong Fatimah Health Center, Nagan Raya Regency.

Empowerment is an effort to foster and improve the knowledge, willingness, and ability of individuals, families, and communities to prevent disease, improve their health, create a healthy environment, and play an active role in organizing every health effort. Empowerment of individuals, families, and communities organized by *Puskesmas* must pay attention to conditions and situations, especially the socio-culture of the local community. The results of this study are in line with the results of research conducted by (Hayati et al., 2023) with a value of $p = 0.05$. 0.038 ($p < 0.05$) which means that there is a relationship between community empowerment and community participation in disease prevention. The results of research conducted by Trisnowati (2018) show that community empowerment is carried out through several activities such as building community trust through meetings with community leaders discussing non-communicable diseases, increasing public awareness, developing health promotion programs, organizing health promotion activities, and initiating program maintenance turns out to be one of the strategies to prevent risk factors for non-communicable diseases. This means that community empowerment activities can increase community participation so that they can prevent non-communicable diseases.

The Effect of Community Development on Community Participation

The results showed that of the 105 respondents who received atmosphere building in the good category, the majority had less community participation as many as 76 (72.4%), while of the 113 respondents who received atmosphere building in the poor category, the majority had less community participation as many as 98 (86.7%). The results of data analysis using the Chi-Square Test statistical test obtained a value of $p = 0.014$ ($p < 0.05$), so it can be concluded that there is an influence between atmosphere building on community participation in preventing non-communicable diseases at Ujong Fatimah Health Center, Nagan Raya Regency.

Community development is an effort to create an atmosphere or social environment that encourages individuals, families and communities to prevent disease and improve their health and create a healthy environment and play an active role in every effort to organize health. A person will be encouraged to want to do the introduced behavior if his social environment (family, role models, recitation groups and others) is

supportive. Therefore, to support the process of community empowerment, especially in an effort to invite individuals, families and communities to improve from the "know" phase to the "want" phase, it is necessary to create a supportive environment. Families or people who bring patients to the *Puskesmas*, visitors (patient visitors) and health workers have the influence to create an environment that is conducive or supportive of positive opinions towards the behavior that is being introduced. It is certainly not possible to separate the patient from the patient, for example, the patient is gathered in one room to get an explanation/information.

According to the researcher's assumption, atmosphere building is one of the health promotion strategies that can be done to foster community interest and participation to care for health. From the results of data collection, researchers see that the atmosphere between health workers and the community is still very lacking. This is evident from the answers to the questionnaires filled out by respondents where the question with the least score is community participation in routine periodic meetings in an effort to prevent infectious diseases. In addition, another question with the least score is the efforts made by health workers for handling people who experience non-communicable diseases. This means that health workers must further improve the services provided to the community and foster community interest in participating in every routine activity carried out in efforts to prevent infectious diseases.

The Effect of Community Development on Community Participation

The results showed that of the 48 respondents who received advocacy in the good category, the majority had good community participation as many as 33 (68.8%), while of the 170 respondents who received advocacy in the poor category, the majority had less community participation as many as 159 (93.5%). The results of data analysis using the Chi-Square Test statistical test obtained a value of $p = 0.000$ ($p < 0.05$), so it can be concluded that there is an influence between advocacy on community participation in preventing non-communicable diseases at Ujong Fatimah Health Center, Nagan Raya Regency.

Advocacy is a planned effort or process to gain commitment and support from relevant parties (informal and formal community leaders) so that the community in the *puskesmas* environment is empowered to prevent and improve their health and create a healthy environment. In an effort to empower individuals, families and communities, *Puskesmas* need support from other parties, so advocacy needs to be done. For example, in order to strive for a smoke-free *Puskesmas* environment, the *Puskesmas* needs to



advocate to local leaders for the issuance of regulations on Smokefree Areas (KTR) in the Puskesmas work environment such as schools, sub-district offices, and places of worship. During the conversation process in advocacy, it should be noted that the target of advocacy should be directed/guided to go through the stages of understanding realizing the issue raised, being interested in taking part in the issue raised, considering a number of possible options in playing a role, agreeing on one choice of possibilities in playing a role, and submitting follow-up steps.

The results of this study are in accordance with research in Central Aceh which found that the results of the correlation test obtained a significance value of the advocacy variable of $\text{sig} = 0.034 < 0.05$, which means that advocacy has an influence on community participation. (Hayati et al., 2023).

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According to the researcher's assumption, the community must also play a role in the health advocacy process. Advocacy by involving the community will certainly have more influence on health efforts such as the prevention of non-communicable diseases. The results showed that the lowest score of question answers was the lack of community participation in providing facilities and infrastructure assistance to Puskesmas personnel in non-communicable disease prevention efforts and the lack of community participation in the overall non-communicable disease prevention program at *Puskesmas*.

The Effect of Community Development on Community Participation

The results showed that of the 137 respondents who received partnerships in the good category, the majority had less community participation as many as 103 (75.2%), while of the 81 respondents who received partnerships in the poor category, the majority had less community participation as much as 71 (87.7%). The results of data analysis using the Chi-Square Test statistical test obtained a value of $p = 0.041$ ($p < 0.05$), so it can be concluded that there is an influence between partnerships on community participation in preventing

non-communicable diseases at Ujong Fatimah Health Center, Nagan Raya Regency.

In empowerment, mentoring and advocacy, the principles of partnership must be upheld. Partnerships are developed between Puskesmas health workers and their targets (patients or other parties) in the implementation of *e m p o w e r m e n t*, atmosphere building, and advocacy. In addition, partnerships are also developed due to the realization that to increase the effectiveness of health promotion, Puskesmas health workers must cooperate with various related parties, such as professional groups, religious leaders, NGOs, mass media, and others. The three basic principles of partnership that must be considered and practiced are (1) equality, (2) openness, and (3) mutual benefit.

According to the researchers' assumptions, partnerships affect community participation in the prevention of non-communicable diseases, because increasing community participation is not an easy thing. Here a good partnership is needed between the community and health workers in order to build public trust in health workers. With this trust, the community will more easily follow the directions given by health workers, especially in the prevention of non-communicable diseases. 71 (87.7%). The results of data analysis using the Chi-Square Test statistical test obtained a value of $p = 0.041$ ($p < 0.05$), so it can be concluded that there is an influence between partnerships on community participation in preventing non-communicable diseases at Ujong Fatimah Health Center, Nagan Raya Regency.

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According to the researcher's assumption,

community empowerment is very important, because through community empowerment it provides information to them about understanding and how to prevent non-communicable diseases. People who have never received empowerment are certainly unable to recognize and prevent the onset of a disease. From the results of data collection, researchers see that there are still many people who lack community empowerment so most of them do not participate in the prevention of non-communicable disease.

Conclusion

Research at Ujong Fatimah Health Center in Nagan Raya Regency shows significant effects of community empowerment, advocacy, atmosphere building, and partnerships on preventing non-communicable diseases. Advocacy is the most influential (correlation coefficient of 0.643), followed by community empowerment (0.354), while atmosphere building (0.179) and partnerships (0.150) have lower impacts, though all positively affect community participation.

Acknowledgment

The researchers' gratitude was given to all contributors to this manuscript

Author Contribution and Competing Interest

Contributing authors for this research are interested in collecting and analyzing data and compiling the manuscript.

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