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Survey on The Implementation of Indonesian Healthy Family Program in Cluwak District, Pati Regency, Central Java Province

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ABSTRACT: In Indonesia, families are declared as healthy families if they meet 12 indicators of healthy families consisting of family planning programs, pregnant women have a pregnancy check (antenatal care, ANC) according to the standard. Besides, infants receive complete immunization, exclusive breastfeeding for infants age 0-6 months, growth monitoring of toddler, patients with TB get standard medication, patients with hypertension get regular medication, patients with severe mental disorders get treatment, and, there is no smoker in the family member. Finally, families have access to clean water, families use healthy latrines, and the whole family member has been a member of National Health Insurance (JKN). The purpose of this research was to know the description of the healthy family indicator in Cluwak District, Pati Regency, Central Java Province. This research was descriptive-quantitative. The samples of this research were 1,928 families through "Simple Random Sampling" technique. The data were obtained by using questionnaire. Analysis of univariate data was presented in the form of a textual frequency table. The results showed that 21% of families are healthy families, 65% pre healthy families, and 14% of unhealthy families. It was expected that Cluwak District and Cluwak Clinic are working together to socialize and motivate the community in applying 12 indicators of the healthy family to create a healthy environment.

KEYWORDS: health, healthy family, indicator

I. INTRODUCTION

Health development policies are concentrated on strengthening the primary health care through improving health insurance, improving access and quality of essential health services, enhancing health systems, and improving health financing. Healthy Indonesia Card is one of the primary means to support health sector in achieving maximum health services, including strengthening promotive and preventive efforts [1]. Healthy Indonesia Program is implemented by upholding three main pillars, namely: (1) application of healthy paradigm, (2) strengthening health services, and (3) implementation of National Health Insurance (JKN). The implementation of the robust standard is done with a strategy of prioritizing health development, strengthening promotive and preventive effort, and community empowerment. The strengthening of health services is done through strategies to improve access to health services, optimization of referral systems, and quality improvement using a "continuum of care" approach and health risk-based interventions. The implementation of JKN is done by the strategy of expansion of target and benefit, and also quality and cost control. All of these three pillars are directed to achieve healthy families [2].

A healthy family is a good overall condition including the physical, mental and social conditions that make its member can live socially and economically productive [3]. The government establishes Healthy Family Indices (IKS) to assess or measure the level of healthy family progress in the region. This program consists of family planning programs, pregnant women have a pregnancy check (antenatal care, ANC) according to the standard, infants receive complete immunization, exclusive breastfeeding for infants age 0-6 months, growth monitoring of toddler, patients with TB get standard medication, patients with hypertension, get regular medication, patients with severe mental disorders get

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treatment, there is no smoker in the family member, families have access to clean water, families use healthy latrines, and the whole family member has been a member of National Health Insurance (JKN). Based on these indices, a family considered as healthy family if it has achieved more than 80% right indicators, pre healthy family has completed 50%-80% good indicator, and unhealthy family has $\leq 50\%$ good indicator [4].

In the achievement of 12 indicators of healthy family in Pati Regency in 2016, the result of percentage of family that followed family planning program was 71.81%, infant who got complete basic immunization was 98.09%, mother giving birth at health facility was 97.16%, toddler got monitoring of growth was 93.86%, babies got exclusive breast milk was 90.81%, family with access to clean water was 97.76%, family with access to latrine was 94.28%, tuberculosis patients who got medication was 46.35%, non-smoking family member was 46.09%, family member who has been a member of health insurance was 37.99%, hypertension patient who did the treatment was 28.59%, and psychiatric patient who got treatment was 7.71% [5].

The percentage of tuberculosis, hypertension, and psychiatric or mental disorder patients who get proper medication were still low. Also, the portion of non-smoking family member still needs to be increased. Based on the above information and problems, the researcher was interested in conducting a scientific research entitled "The Implementation Of Indonesian Healthy Family Program In Cluwak District, Pati Regency, Central Java Province Year 2016-2017". The purpose of this research is to know the description of healthy family indicator that existed in Cluwak District, Pati Regency in 2016.

II. RELATED WORK

The Indonesian child and infant mortality rates have declined during the past two decades, but the decline is less impressive if it is compared to the progress made by neighboring countries, such as Malaysia, Thailand and Sri Lanka [14]. The decline of child and infant mortality rates have slowed down since 2002. Trends in other health indicators are not really promising. The prevalence of undernourished children is still relatively high. There is no indication of a decline in the trend of the prevalence of undernourished children. Access to antenatal care and health personnel for delivery care has been steadily increasing, but maternal mortality remains high at a level which is among the highest in East Asia. The fact that service coverage has greatly increased but has not been followed by improved health status indicates an issue of health service quality [15].

It is a matter of concern that socio-economic inequity in health is continuing to persist. In Indonesia, education of mother and household wealth status stand as strong predictors of health status and health service access. This persisting socio-economic inequity in health means that the currently operated public and private mix of healthcare delivery system fails to reach the poor who are in the greatest need of health services. The health care delivery system has compromised quality and equity in several ways through the combination of three factors: (i) inadequate health budget; (ii) a weak regulatory environment for delivering social and health services; and (iii) lack of transparency in governance [16].

The differences in the health outcomes between the rich and the poor are avoidable, therefore health inequity can be substantially reduced. Addressing comprehensively the social and economic causes of health disparities may be the best approach for closing the rich-poor health gap in health. For effectively addressing such inequity, public policies should be equity-oriented and equity-sensitive program monitoring should be used [17].

III. MATERIALS AND METHODS

This research was descriptive research. Population in this research was all families in Cluwak District. The sample in this research was chosen by using purposive sampling technique, which resulted in the selection of 4 villages namely Bleber Village, Payak Village, Sirahan Village, and Madini Village. The total families were 1928, and the overall respondents were 6285. This research was conducted in Kecamatan Cluwak on 19 May to 10 December 2016. Data collection was obtained by filling out questionnaires. Univariate data analysis was presented in the form of frequency table and narrated textually.

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IV. EXPERIMENTAL RESULTS

The result from survey on the implementation of Indonesian Healthy Family Program in Cluwak District, Pati Regency, Central Java Province is shown in the figure 1.

Based on the results of 12 indicators of healthy families it could be concluded that there were 5 priority health problems in Cluwak District, namely: there were 495 families (94.2%) had no pregnancy check; 30 families (27%) had no standard TB treatment, 459 families (74%) had no regular hypertension medication, 1688 families (26.9%) had family members who smoked and 755 families (12%) did not have toilets with septic tanks or holes to collect the faeces.

Antenatal Care (ANC) is the examination of pregnancy to maximize the mental and physical health of pregnant women. Thus they will be able to give birth, postpartum period, preparation of breastfeeding and reasonable return of reproductive health. During pregnancy, ANC is critical to detect an early occurrence of high risk of pregnancy and childbirth. Further, ANC can reduce maternal mortality and monitor the condition of the baby in the womb. Based on this research, known that many mothers still lack understanding of the importance of pregnancy check-up, it is, therefore, necessary that health workers help pregnant women to take care of their pregnancy. Hence, public health status can be improved.

Hypertension is a condition when a person's systolic blood pressure exceeds 140 mmHg or when diastolic blood pressure exceeds 90 mmHg [6]. Patients with hypertension may do not show any symptoms for years. This latent period envelops the progression of the disease until significant organ damage occurs. There are symptoms that usually not specific, such as headaches or dizziness. Other symptoms that are often found are irritability, buzzing ears, heavy on the back of the neck, insomnia, and the eyes are blazing. If hypertension is untreated, it may result in death because of heart failure, myocardial infarction, stroke or renal failure. However, early detection and regular medication may decrease the amount of morbidity and mortality [7].

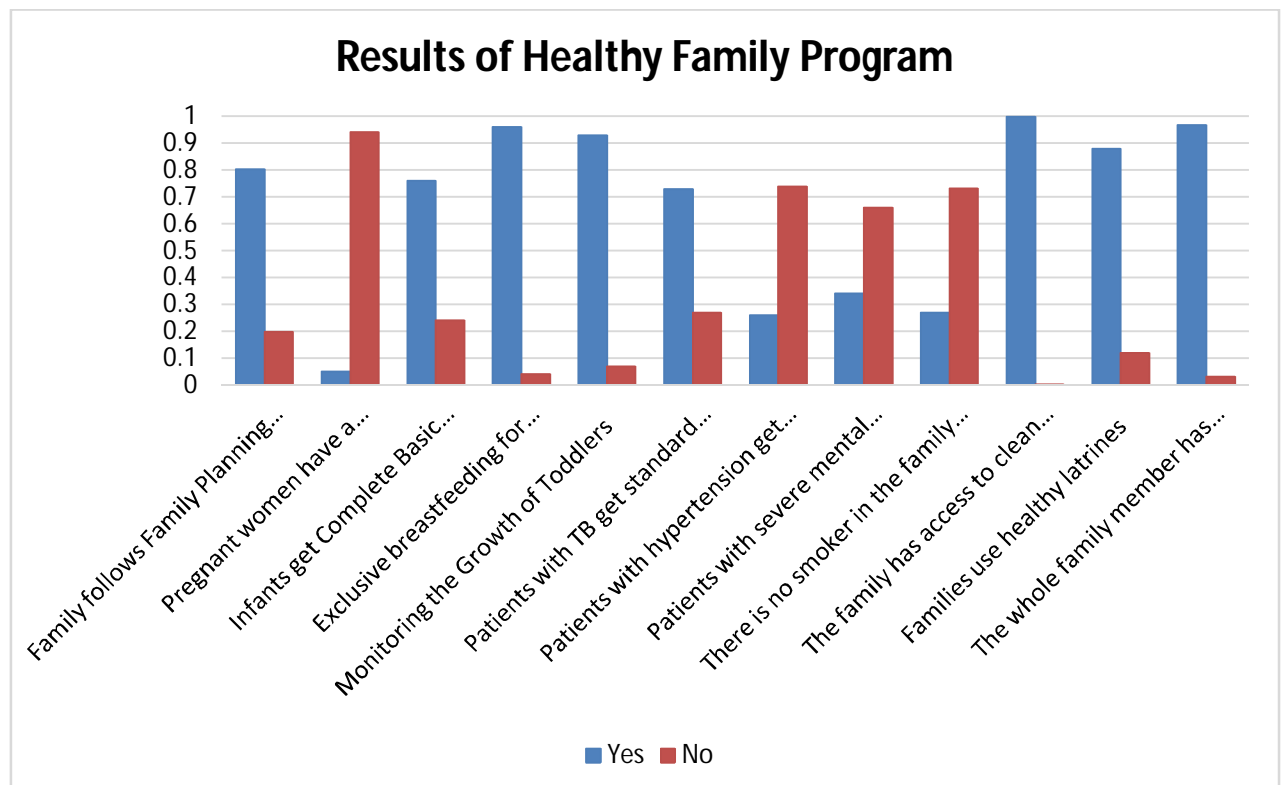


Fig 1. Results of Survey on Healthy Family Program in Cluwak District

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Cigarettes can increase the workload of the heart and increase blood pressure. Nicotine contained in cigarettes is very dangerous for health because nicotine can increase blood clots in the blood vessels and can cause calcification of blood vessel walls. Nicotine is toxic to nerve tissue leading to increased systolic or diastolic blood pressure, increased heart rate, forced cardiac muscle contraction, increased oxygen use, increased coronary blood flow, and vasoconstriction in peripheral blood vessels [8]. Adverse effects of smoking cigarettes tradition for health have been widely discussed. Approximately 25 kinds of diseases from various organs of the human body are caused by smoking. They include cancers and vascular diseases [9].

Health education activities should be done continuously. Also, it can also take advantage of special moments, for example at “No Tobacco Day” which held every 31 May. Smoking behavior is not merely a process of imitation and positive reinforcement of the family or peers but also the consideration of the consequences of smoking behavior. A smoking parent or sibling is a good imitation agent. If no one smokes in the family, then the parental permissiveness is a positive reinforcement of smoking behavior [10]. Efforts that can be made to reduce the number of smokers is to increase the price of cigarettes by raising taxes on cigarettes. Another attempt is to install a warning on cigarette packs. Warnings for non-smoking can be applied to specific environments, such as school environments, government buildings, health facilities, or on particular flights. One can also establish clinics to promote quit smoking, such as the Indonesia Cancer Foundation, Indonesia Heart Foundation, and others [9].

The latrine is a room with a sewerage facility consisting of water closet to sit with a gooseneck or without a gooseneck equipped with a dirt collection unit and water for cleaning purpose. A latrine is a building that is used for disposal of feces or human waste which is called a toilet. The benefits of latrines are to prevent the occurrence of transmission of disease and human waste. The sanitary waste disposal will reduce the infection e.g., intestinal disease, cholera, hookworm disease, leptospirosis, shigellosis, strongyloidiasis, tetanus, trichuriasis, and typhoid is a disease of the intestine [11].

Unhealthy and unclean toilets can be the source of contamination of bacteria which present in human feces, carried by familiar animals such as insects or through direct contact so that bacteria can infect the body. The data showed that 21 respondents who did not use the family toilet from 27 respondents experienced diarrhea. Most of the respondents who experienced diarrhea were respondents who did not use the family toilet. This was because the place or facility used by the community is not clean [12].

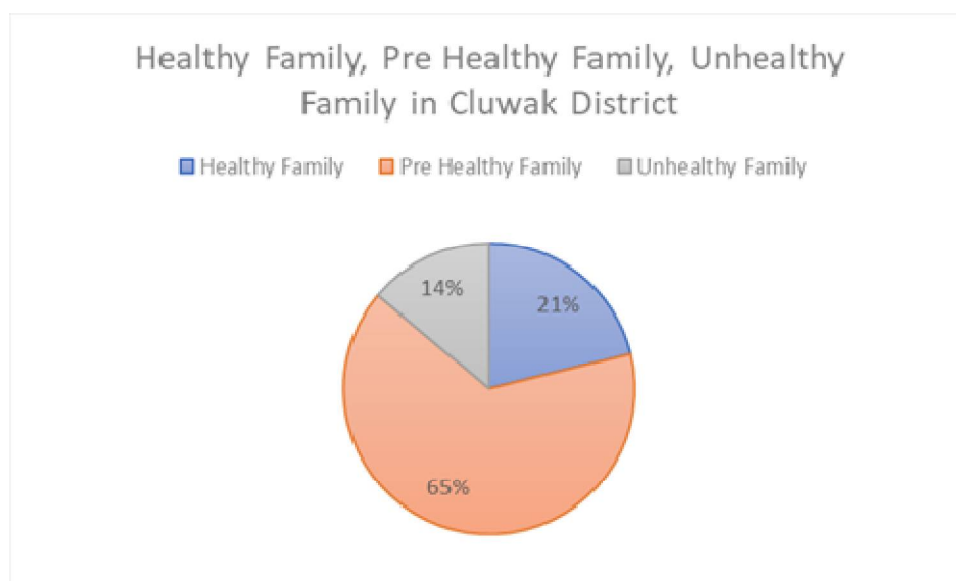


Fig 2. Healthy Family, Pre Healthy Family, Unhealthy Family in Cluwak District

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The results showed that the percentage of Pre Healthy Families was 65% higher than a healthy family which was 21%. This is due to the non-fulfillment of some indicators as mentioned above, there were some families who do not check their pregnancies, people with pulmonary TB do not get standard treatment, hypertension patients do not get regular medication, family members who smoked, and families who did not have toilets with septic tanks or holes to collect the faeces. In healthy families, there were 19 families who did not smoke and in the family of pre-healthy, only 3 families who did not smoke. In addition, there were 14% of unhealthy families in Cluwak sub-district of Pati district due to unfulfilled indicators whereas 204 families (3.2%) had not been entirely belonged to JKN members and did not receive assistance.

Health insurance is a guarantee in the form of health protection so that the participants get health care benefit and protection in fulfilling basic health requirement given to each person who has paid the contribution or the contribution paid by the government. Benefits guaranteed by JKN Program are in the form of personal health services, which include comprehensive health promotion services, prevention of disease, treatment (curative) and recovery (rehabilitative) including medicines and medical supplies [13].

V. CONCLUSION

Based on the results of research on individual characteristics of the indicators of Indonesia Healthy Family Program in Cluwak District, Pati Regency Year 2016-2017, it can be concluded that 21% of families were healthy families, 65% were pre healthy families, and 14% were unhealthy families. It was expected that Cluwak District and Cluwak Clinic are working together to socialize and motivate the community in applying 12 indicators of the healthy family to create a healthy environment.

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