

HEALTH PROBLEMS STRUCTURES OF KAMPUNG KB BASED ON PIS-PK (INDONESIA HEALTHY PROGRAM BY FAMILY APPROACH) IN WARU KIDUL VILLAGE PEKALONGAN REGENCY

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Abstract

Recently, Government has concern to develop family as a base of development through 'Kampung KB'. Its implemented priority in peripheral areas to expand the accesses of development to accelerate society welfare. Kampung KB integrates multi sectors, one of them is health sector which implemented with Program Indonesia Sehat Pendekatan Keluarga (Indonesia healthy program by family approach). The aims of the study were to construct the structures of health problems in kampung KB, especially in Waru Kidul Village, Pekalongan District, Central Java. The structures maps of Kampung KB will be used to develop the planning and evaluation of health programs. It's a descriptive study about twelve indicators of healthy family with survey approach, these indicators are structured figuring about health problems. Population are family head in Kampung KB Waru Kidul amount two hundreds family heads and samples taken are total population. Health problems structured by using problems priority method shown with th hierarchies : 1) smoking 2) exclusive breast milk 3) health insurance JKN 4) tuberculosis 5) mental disorder 6) hypertension 8) delivering birth in health facilities 9) family planning 10) immunization 11) water sanitation 12) healthy latrines. These twelve indicators ranked based on results from focus group discussion held in Waru Kidul Kampung KB. Health problem structures effectively to define more problem in health sectors related to population, family planning and community empowering.

Keywords : health problems, kampung KB, PIS-PK

1. INTRODUCTION

Indonesia entering new chalenges of population development, that are : poverty, births, family planning, population, and others health problems related to population problems. Answering these challenges, government presented Kampung Keluarga Berencana or Kampung KB (family planning village) as national program that iniated mainly in peripheral areas. Kampung KB designed as a program mainly oriented to empowering communities comprehensively with others sectors, in addition to the population sector. Some fields covered in Kampung KB are : economic sector, health sector, educational sectos, environtment sector and other fields related.

Increasing total population rapidly becomes main issue in determining aspects in development planning, including district government, provincial government and Indonesian government. Since decentralization, population development had no mainstream so that family planning program and family development stagnant which indicator is total fertility rate has no progress well. Growth level of Indonesian population reach 1,45 percents or 4,5 millions per year, its similar Singapore population. The Indonesian government targeting population growth could be pressed on to 1,1

percents [1]. Population development and family planning has given positive impact in population problem solving. Population problem is long term problem, that is needed solution comprehensively and continuously. Growth population prevented continuously to accelerate national development achievement and community welfare [2]

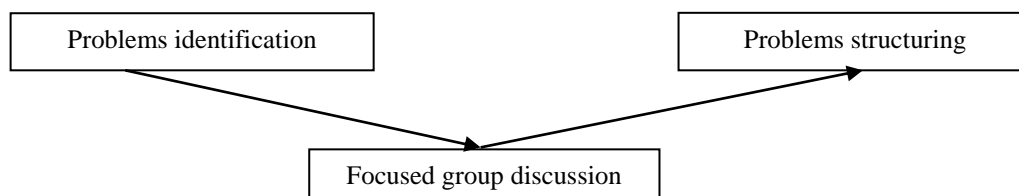
Direct efforts decreasing birthrate implemented through family planning to escalate contraception, that oriented to long term contraception methods. Population development intends to improve the community welfare in economic, social and health mainly baby and children mortality. Therefore, need immediate efforts through improving quality health service and accessible by the whole society, improving nutritional quality and also improving quality of education. Decreasing birth rate and fertility rate are results of development in many sectors beside family planning programs. In other sides, increasing basic standard of living, level of education and health services have important roles in all that achievement [3].

Family planning village (Kampung KB) is a region such as formed citizens association under village with specific criterias, with integrated programs that are population, family planning, family development and other sectors related and implemented systematically and systemic.

2. MATERIALS AND METHODS

Study of Health Problems Structures of Kampung KB Based On PIS-PK (Indonesia Healthy Program by Family Approach) In Waru Kidul Village Pekalongan Regency is descriptive research with survey approach [4]. This research purposes to construct the structures of health problems. The results in formed structured map will be used to develop the planning and evaluation of health programs. The study to identify about twelve indicators of healthy family, that are : family planning, delivery birth in health facility, immunization, exclusive breastfeeding, monitoring of growth and development children under five, tuberculosis, hypertension, mental disorder, smoking, water sanitation, healthy latrines and health insurance JKN. Population are family head in Kampung KB Waru Kidul amount of two hundreds family heads and samples taken are total population. Data collection technique by home visiting directly to entire household in Kampung KB Waru Kidul. Collection data by using questionnaire contains twelve indicators of PIS PK (Indonesia Healthy Program by Family Approach). Identification results of PIS-PK ranked to figure problems priority by using mathematic method including five criterias; magnitude, vulnerability, community and political concern, severity and affordability.

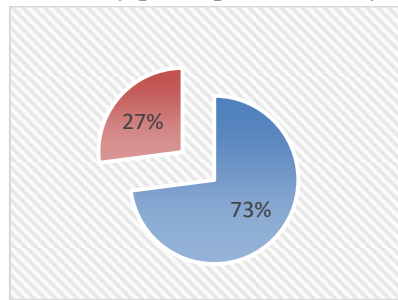
Steps of study known from charts below :



3. RESULTS AND DISCUSSIONS

Results of this study consist of : single table of indicator PIS-PK, table of problem priority and pyramid structure contains health problems PIS-PK.

Table 3.1. Family participate in Family Planning



Based on chart known that 73% family in Kampung KB Waru Kidul participate in family planning. SDKI (Survey Demografi Kesehatan Indonesia) 2012 reports drop out of contraception using about 27%, dominated by short term contraception methods mainly in pill method. In other side, dropout in contraception using and abortion show that proportion live birth and unplanned pregnancy are about 19,8% that caused not using contraceptions, usually will be followed using permanent contraception methods [5].

Table 3.2. Delivery birth in health facility

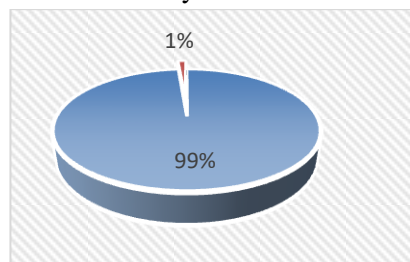


Chart above shows about 99% respondent giving answer their family have birth in health facility. Regulation about delivery birth in health facility regulated at Peraturan Menteri Kesehatan RI Nomor 97 Tahun 2014. The policy aims to ensure health status mother and child, it is also decreasing maternal mortality. The regulation excluded in certain condition at certain regions mainly having problems in geographical disparity and transportation disparity [6].

Table 3.3. Immunization

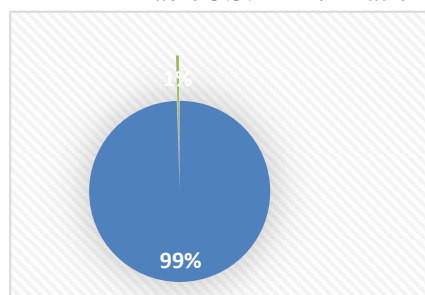
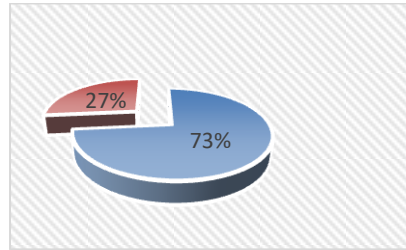


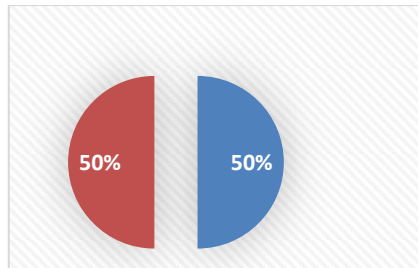
Chart above shows that immunization coverage in Kampung KB Waru Kidul achieve 99%. The results give information Kampung KB Waru Kidul has achieved UCI (Universal Child Immunization), but needed efforts achieving 100% coverage of basic immunization [7].

Table 3.4. Exclusive breastfeeding



From chart above known exclusive breastfeeding until baby six months old only 73%. Breastfeeding is making baby feels save and comfort, and save feeling owned baby in first year until second year could influence to baby growth in next stage including child mental and emotional [8].

Table 3.5. Monitoring Child Growth and Development



From chart above known that regularly monitoring to growth and development children under five years only 50%. Public health center (puskesmas) to be responsible in monitoring child growth and development, including stimulation, detection and and early intervention to growth and development disorders. Those held comprehensively, quality and continuously by health provider and other sectors related [9].

Table 3.6. Tuberculosis Medication

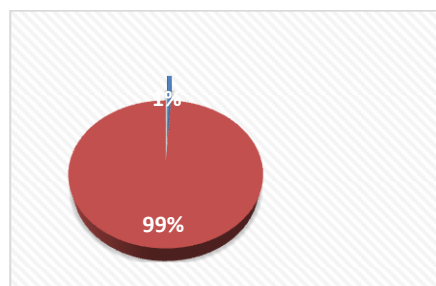


Chart shows that 99% tuberculosis patients have medication regularly until cured.

Table 3.7. Hypertension Medication

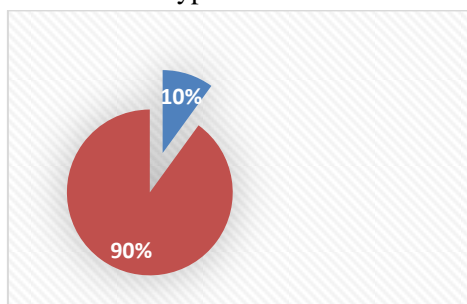


Chart shows that 90% hypertension patients have proper medication, mainly in public health center.

Table 3.8. Mental Disorder

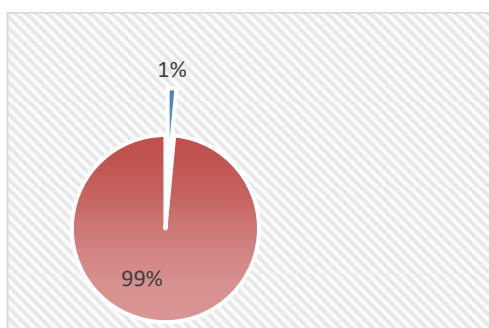
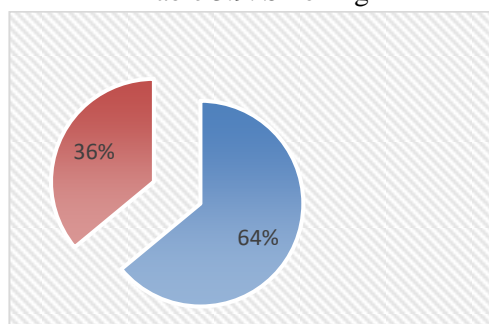


Chart above shows only 1% respondent having mental disorder

Table 3.9. Smoking



From chart above known that 64% family in Kampung KB Waru Kidul have smiking family members.

Table 3.10. Water Sanitation

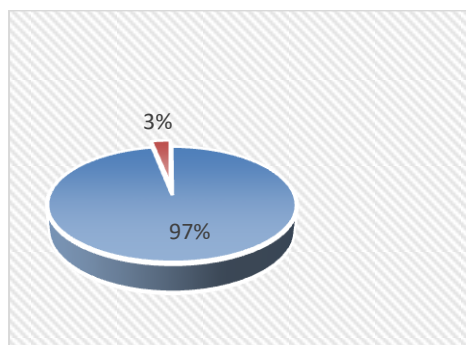


Chart above shows about 97% family in Kampung KB Waru Kidul have proper water sanitation.

Table 3.11. Healthy Latrines

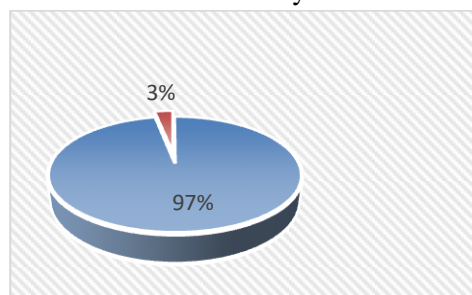
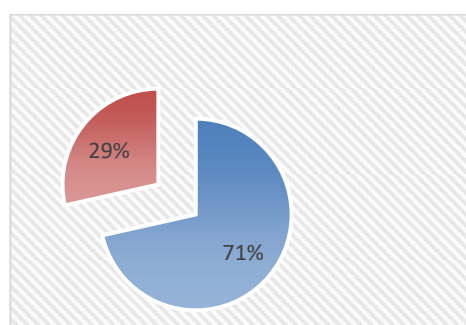


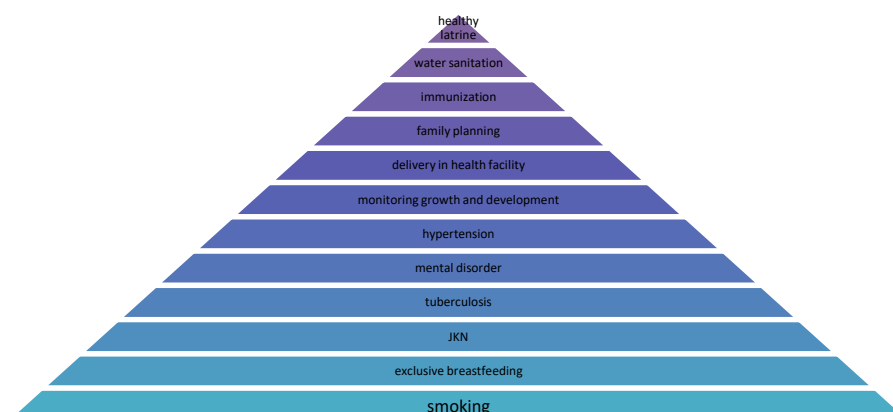
Chart above shows that 97% family in Kampung KB Waru Kidul have healthy latrines and proper to use.

Table 3.12. Health Insurance (Jaminan Kesehatan Nasional)



From chart above known that 71% family in Kampung KB Waru Kidul participate in Jaminan Kesehatan Nasional.

3.13. Health Problem Structure Based On PIS-PK Indicators



Health problems structure in Kampung KB Waru Kidul construct using pyramid such as figure above. Health problems ranked from bottom to top. The lowest one is the most problem priority. Health problem priority technique using mathematic method, consist of five criterias : magnitude, severity, vulnerability, affordability, community and political concern. In this methods, determination ranks based on scors in every criteria in range 1-5 points. Higher scors shown higher priority of indicators such as health problems indicators.

4. CONCLUSION

Indicators of PIS-PK (Indonesia healthy program by family approach) could be integrated in Kampung KB used as tools to identify health problems in Kampung KB. Synergy of both programs expected having maximum results to overcome population problem, economic problem, health problems, education problem and environment problem comprehensively. From results and discussion above can be concluded that smoking is the most health problem priority in Kampung KB Waru Kidul.

5. ACKNOWLEDGMENTS

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