



*Proceedings of the 1st ACEH INTERNATIONAL
CONFERENCE ON HEALTH Poltekkes Kemenkes Aceh
November 10-11, 2024, Banda Aceh, Indonesia*

IMPLEMENTATION OF HEALTH PROMOTION STRATEGIES IN INTEGRATED FIELD WORK LECTURES FOR NORTH ACEH NURSING STUDY PROGRAM STUDENTS HEALTH POLYTECHNIC MINISTRY OF HEALTH, ACEH

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ABSTRACT

Many health promotion strategies can directly prevent, maintain and even improve public health. Campaigns to improve behavior and lifestyle, efforts to prevent disease and efforts to find health problems and diseases early (screening) are effective and low-cost strategies. It is believed that this strategy will improve health in the future through several changes and activities such as advocacy, atmosphere building, partnerships and community empowerment. The research aims to get an overview of the implementation of health promotion strategies by students in implementing the Integrated-FWL in 2024. The research was conducted at the North Aceh Nursing Study Program, Lhokseumawe City. The research design used a survey method with a sample of 73 students. Data collection by distributing questionnaires to respondents using Google Form. Data analysis was carried out through univariate analysis with the type of data used in this research being categorical. The results of the research show that students have implemented two health promotion strategies very well in implementing Integrated-FWL, namely atmosphere building and community empowerment strategies. Students have not been able to implement health advocacy and partnership strategies well. It is hoped that the results of the research will provide direction for improving the implementation of Integrated-FWL in the future, especially for students of the North Aceh Nursing Study Program, Ministry of Health Polytechnic, Aceh.

Keywords: *Health promotion strategies, advocacy, partnership, empowerment*

INTRODUCTION

Many health promotion strategies can directly prevent, maintain and even improve public health. Campaigns to improve behavior and lifestyle, efforts to prevent disease and efforts to find health problems and diseases early (screening) are effective and low-cost strategies. This strategy is believed to improve health in the future through several changes and activities. Campaigns to increase vegetable and fruit consumption, or the addition of new bike lanes get people cycling to work leading to more overall health improvements. It is necessary to continue to improve promotional strategy approaches that can

increase change, both internal (individual) changes, and some external (environmental) changes so that the level of public health improves (Editorial Lifestyle Medicine, 2021).

Students in carrying out community health practices need strategies and skills in implementing health promotion. These promotional strategies and skills include health advocacy, creating a supportive atmosphere and empowering the community. In its implementation, health promotion does require a strategy, considering the complexity of the community situation and the unequal understanding of the importance of good health. Likewise, the social and cultural conditions of different communities mean that the implementation of health promotion does not always run smoothly (Indriyani, at.al, 2016).

Health promotion is an effort to increase community capacity through a process of self-learning by, for and with the community so that they can help themselves and develop activities that are resourced by the community in accordance with local socio-cultural conditions and supported by health-oriented public policies. Health promotion strategies through health advocacy are important because students have the responsibility to participate in activities that contribute to improving the health of each community by identifying and addressing health disparities. Health advocacy is a mindset and set of skills that includes ensuring access to care, navigating the health care system, mobilizing resources, addressing health disparities, influencing health policy and creating system change (Hubinette, at.al, 2016).

Furthermore, health promotion strategies with a focus on building an atmosphere and providing education about public health also need to be carried out by health workers. This approach allows communities to be actively involved in the process of improving their own health, taking into account the local cultural and environmental context. By involving the community and providing appropriate education, a health promotion approach like this can help increase understanding of the importance of preventing health problems and encourage better action in preventing health problems in society (Daulay, at.al, 2023).

Health empowerment arises from a combination of people's personal resources and social contextual resources. Personal resources reflect people's characteristics such as their capacity and potential. Social contextual resources include support from social networks and available social services. Empowerment is a dynamic process in health that emphasizes intentional participation in the process of changing oneself and the environment,

recognizing patterns and using existing resources for collective well-being. Health empowerment emphasizes facilitating a person's awareness of the ability to participate consciously. in making decisions in the field of health and care together. Health empowerment is an expression of human health patterns and is seen as a relational process that arises from the recognition of personal resources and social contextual resources in society by facilitating participation aimed at achieving community health and well-being (Shearer, 2009).

The implementation of the Thematic Integrated Field Work Lecture (Integrated-FWL) at the Aceh Ministry of Health Polytechnic in 2024 involves all final semester students, including from the North Aceh Nursing Study Program. This Thematic Integrated-FWL adapts to the Ministry of Health's program regarding health transformation, specifically supporting the transformation of improving primary services, carrying out public health interventions with the main focus on efforts to improve primary services in the community. These activities include (1) Community education, strengthening the role of cadres, the Healthy Living Community Movement (GERMAS) campaign, and education using digital platforms and advocacy for community leaders; (2) Secondary prevention; namely conducting screening for the highest causes of death (Cancer, Heart, Stroke and Uroneprology) at each target age, stunting screening and early detection of TB, increasing ANC for maternal & baby health; and (3) Increasing the capacity and capability of primary services, especially Posyandu, and individual and family care (11).

METHODS

This research is a quantitative, observational type with a survey design to obtain an overview of the implementation of health promotion strategies by students of the North Aceh Nursing Study Program, Aceh Ministry of Health Polytechnic in implementing the Integrated-FWL in 2024 (24). The research was carried out at the North Aceh Nursing Study Program, Aceh Ministry of Health Polytechnic, Lhokseumawe City. The time for conducting the research is during the first and second semesters of 2024, from January to December 2024. The sample was all students of the North Aceh Nursing Study Program, class of 2021. The sample was taken using a saturated sampling technique where the entire population was sampled as 73 people. The inclusion criteria in this study were active students, having passed the Health and Community Promotion course-1 and taking the Community Practice course-2 (Integrated-FWL) in the even semester of 2024.

The research variable in this study is the implementation of health promotion strategies in the implementation of Integrated-FWL. The variable in this research is a single variable consisting of four subvariables, namely implementation of health advocacy strategies, atmosphere building, partnerships and community empowerment strategies. The research instrument is a questionnaire containing items measuring variables in implementing health promotion strategies in the implementation of Integrated-FWL. Data collection is carried out by distributing questionnaires directly via Google Form to respondents at the end of the even semester 2024. The data collected will be processed using editing, coding, transferring and tabulating steps. Data analysis was carried out through univariate. The type of data used in this research is categorical. The research data is presented descriptively in the form of tables and graphs.

RESULTS AND DISCUSSION

Univariate analysis in this study provides an overview of the characteristics of respondents based on gender and age.

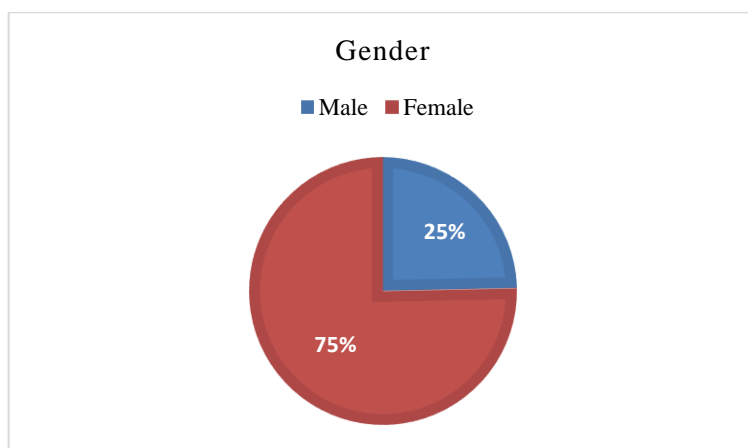


Figure 1. Respondent Gender.

The figure above shows that the majority of respondents were female, 55 people (75.3%). The ages of the respondents are shown in the following figure.

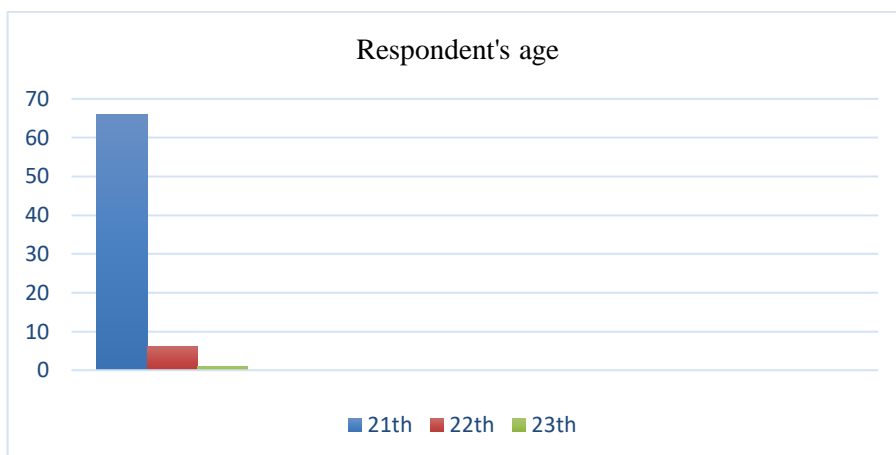


Figure 2. Respondent Age.

The figure 2 above shows that the respondents' ages were between 21-23 years, with the highest frequency being 21 years, namely 66 respondents (90.4%). The results of the analysis of the four sub-variables, namely the implementation of health advocacy strategies, atmosphere building, partnerships and community empowerment strategies can be seen in the following table:

Table 1. Implementation of Health Advocacy Strategy (n=73)

No.	Category	Frequency	Percentage
1.	Very good	14	19,2
2.	Good	22	30,1
3.	Poor	33	45,2
4.	Very poor	4	5,5

Based on the table above, it can be seen that the ability of students to apply health advocacy strategies in the implementation of Integrated-FWL is dominated by the poor and very poor categories of 37 people (50.7%).

Table 2. Implementation of Atmosphere Building Strategy (n=73)

No.	Category	Frequency	Percentage
1.	Very good	24	32,9
2.	Good	36	49,3
3.	Poor	13	17,8
4.	Very poor	0	0

The table above shows that the ability of students to apply strategies for building an atmosphere with the community in implementing Integrated-FWL is good and very good, namely 60 people (82.2%)

Table 3. Implementation of Partnership Strategy (n=73)

No.	Category	Frequency	Percentage
1.	Very good	6	8,2
2.	Good	18	24,7
3.	Poor	41	56,1
4.	Very poor	8	11

Based on the table above, it shows that students are still b and very poor in their ability to implement partnership strategies with the community in implementing Integrated-FWL, namely 49 people (67.1%), and only 32.9% of students are able to implement partnership strategies well.

Table 4. Implementation of Community Empowerment Strategy (n=73)

No.	Category	Frequency	Percentage
1.	Very good	23	31,5
2.	Good	36	49,3
3.	Poor	12	16,4
4.	Very poor	2	2,8

The table above shows that 59 students (80.8%) were able to implement community empowerment strategies in implementing Integrated-FWL well and very well.

The ability to implement student health advocacy is still low, one of which is due to the fact that the majority of students are members of their groups so that the opportunity to carry out advocacy is generally provided by group leaders. Advocacy targets policy makers so better managerial skills are needed. In the context of social and economic development, the goal of advocacy is to create or change policies, laws, regulations, resource distribution or other decisions that affect people's lives and to ensure that these decisions lead to implementation. Such advocacy is generally directed at the policies of policy makers including politicians, government officials and civil servants, but also private sector leaders whose decisions have an impact on people's lives, as well

as those whose opinions and actions influence policy makers, such as journalists and the media, development institutions and institutions. community self-help (Buckley, 2009).

Health promotion strategies will be successful more quickly if they are supported by efforts to create a conducive atmosphere or environment. Creating a healthy environment inside and outside the village is one of the goals to be achieved. A healthy environment will encourage people to live healthy lives. Information conveyed through information media can be used as an indication that they are in an environment that supports efforts to improve health quality (Rodiah, at.al, 2016).

Building an atmosphere means creating an opinion or social environment that makes individual members of society want to carry out the behavior being introduced. Building a climate means building partnerships with various opinion groups in society, including community leaders, religious leaders, non-governmental organizations (NGOs), the business/private world, mass media and government professional bodies. When people everywhere have a positive opinion of their behavior, then their social environment (family at home, role models and idols, social gatherings, social gatherings, even the general public) has a positive opinion of their behavior. Creating an atmosphere is carried out with secondary targets and cadres at various administrative levels (Rany, 2023).

There are three key principles that need to be understood in building a partnership by each member of the partnership, namely (1) Equality, meaning that individuals, organizations or institutions that are willing to establish a partnership must feel equal or equal to others in achieving the agreed goals. (2) Openness, meaning openness to the shortcomings or weaknesses of each member as well as the various resources they have. (3) The principle of mutual benefit, meaning that individuals, organizations or institutions that have established partnerships obtain benefits from the existing partnerships in accordance with their respective contributions. Activities or work will be efficient and effective if done together (Darwis & Marsofeli, 2023).

Individual empowerment is psychological empowerment, related to a number of attributes needed to realize people's personal capacities. Individual empowerment basically means that someone feels and truly has a sense of control over their life. Community empowerment is similar but different from other terms such as community capacity and social capital. In short, community empowerment is related to power relationships and intervention strategies which ultimately focus on challenging social injustice through political and social processes (Nelma, at.al, 2012).

CONCLUSION

Students have not been able to implement health advocacy and partnership strategies properly in implementing Integrated-FWL. The community empowerment and atmosphere building strategies have been able to be implemented well by students.

ACKNOWLEDGEMENT

Thank you to the Director of the Aceh Ministry of Health Polytechnic, Chair of the Integrated-FWL and the Regent of Pidie Jaya.

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