

A Starting Mark of Health Promotion in Jakarta

Citation for published version (APA):

Sokang, Y. A. (2020). A Starting Mark of Health Promotion in Jakarta: Voicing the Community's Perspective. [Doctoral Thesis, Maastricht University]. Maastricht University. <https://doi.org/10.26481/dis.20200528as>

Document status and date:

Published: 01/01/2020

DOI:

[10.26481/dis.20200528as](https://doi.org/10.26481/dis.20200528as)

Document Version:

Publisher's PDF, also known as Version of record

Please check the document version of this publication:

- A submitted manuscript is the version of the article upon submission and before peer-review. There can be important differences between the submitted version and the official published version of record. People interested in the research are advised to contact the author for the final version of the publication, or visit the DOI to the publisher's website.
- The final author version and the galley proof are versions of the publication after peer review.
- The final published version features the final layout of the paper including the volume, issue and page numbers.

[Link to publication](#)

General rights

Copyright and moral rights for the publications made accessible in the public portal are retained by the authors and/or other copyright owners and it is a condition of accessing publications that users recognise and abide by the legal requirements associated with these rights.

- Users may download and print one copy of any publication from the public portal for the purpose of private study or research.
- You may not further distribute the material or use it for any profit-making activity or commercial gain
- You may freely distribute the URL identifying the publication in the public portal.

If the publication is distributed under the terms of Article 25fa of the Dutch Copyright Act, indicated by the "Taverne" license above, please follow below link for the End User Agreement:

www.umlib.nl/taverne-license

Take down policy

If you believe that this document breaches copyright please contact us at:

repository@maastrichtuniversity.nl

providing details and we will investigate your claim.

Valorization

The focus of this dissertation is on understanding the important values regarding health and health promotion by community members from Jakarta, including health-care users and workers, while paying attention to the cultural context of these issues. Here, we provide a brief description of the practical implications and recommendations for future studies. We will explain the target group and a step-by-step implementation program that could potentially be developed from this dissertation.

The studies featured in this dissertation were conducted at Grogol Petamburan sub-district, West Jakarta Municipality, Indonesia. Thus, the members of the Grogol Petamburan community are the main target of the health promotion intervention using the Community Coalition approach, which includes religious leaders and health cadres/volunteers. Further, the intervention program would also provide benefit for the Jakarta government and policy-makers. Additionally, the intervention targets health providers, health practitioners, health researchers, and health promoters who are interested in applying a culturally-sensitive approach in health promotion programs.

This dissertation provides a number of future practical recommendations aimed at different stages of implementation of the intervention. The first step is to disseminate the information regarding the results of this dissertation to Jakarta stakeholders, such as the government of Jakarta, especially the Grogol Petamburan sub-district officials, Community Health Centers (CHCs; Indonesian: *Pusat Kesehatan Masyarakat, Puskesmas*), health practitioners, health researchers, health promoters, and the member of Jakartan communities, including, but not limited to, religious leaders and health cadres/volunteers (i.e., community members who are chosen by community members and work voluntarily to maintain the health level of a their community).

The next step is to establish and work with a planning group, including sub-district (Indonesian: *kecamatan*) and village (Indonesian: *kelurahan*) officials as the representatives of Jakarta government and policy makers, and CHC staff e.g. general practitioners, nurses, and midwives, clinical psychologists, health researchers from universities, head of community associations (Indonesian: *rukun warga RW*), head of neighborhood associations (Indonesian: *rukun tetangga, RT*), health cadres/volunteers, religious leaders, and community members. These stakeholders will act as members of the community coalition.

After this coalition is established, the coalition members would discuss the goals of the coalition. At the same time, the members need to clarify the interest and motivation of each member, leadership and staffing, as well as the structure of the coalition to clarify the member's roles. The coalition goals can be further specified into sections, such as short-term, medium-term and long-term goals.

The short-term goals extend the first step of Intervention Mapping framework to reach a wider range of participants by using questionnaires or surveys that are designed based on our initial studies. The next step is to frame a logic model of change by incorporating evidence-based insights to develop appropriate health promotion interventions for Jakartans. The aim is to develop a blueprint of interventions in accordance with the shared decisions among coalition members. The intervention blueprint can be used as

a proposal to obtain funds, for example, from the Ministry of Health of the Republic of Indonesia, the Health Office of Jakarta Municipality, the Ministry of Research and Technology/National Research and Innovation Agency of the Republic of Indonesia, and other resources, such as from corporate social responsibility funding, non-governmental organizations, or crowd funding.

After the coalition acquires funding, the focus can be turned to medium-term goals, which is creating a program design based on the above-mentioned blueprint. The coalition can focus on several subjects, such as:

- 1) Building a special 'field' team to focus on health promotion in the targeted community, as mentioned in the Chapter 4 and has been studied on Chapter 5 of this dissertation. The special team members include e.g. a clinical psychologist, health cadres/volunteers, religious leader, and a medical staff such as a general practitioner, nurse, or a midwife. The coalition provides training for the special team members so that they would fulfill their specific roles that are in line with their own interest and motivation.
- 2) Reinforcing the implementation of the Indonesian Health Minister' regulation number 44 of 2018 regarding the involvement of hospitals in health promotion efforts (Ministry of Health Republic of Indonesia, 2018) to support CHCs roles in giving health promotion and education programs in community.
- 3) Disseminating the regulation regarding Indonesia's traditional medicines in the Indonesian Health Minister's regulation number HK.01.07/MENKES/187/2017 (Ministry of Health Republic of Indonesia, 2017) in order to change health care workers negative perception toward traditional medicine. The coalition will support the Indonesian government in disseminating health regulations and policies to Jakarta communities through its partnerships. Thus, the spread of information will be faster and the Jakarta government will overcome the lack of human resources at CHCs.

The long-term goals of the coalition would focus on step 4, 5, and 6 of the Intervention Mapping framework, which aims to develop program materials production, program implementation plan, and program evaluation plan. The progress and achievement of short- and medium- term goals will determine the implementation of steps 4, 5, and 6. However, despite having six steps, the Intervention Mapping frameworks is an iterative process. In the years ahead, we expect to develop health policies and regulations based on the implementation of health promotion interventions mentioned to bridge the gap between the challenges faced by health care providers and the needs of the Jakarta communities.