

# PERAN PENDIDIKAN DOKTOR PROMOSI KESEHATAN DALAM PENINGKATAN KUALITAS PERILAKU KESEHATAN YANG BERKELANJUTAN DAN BERKEADILAN

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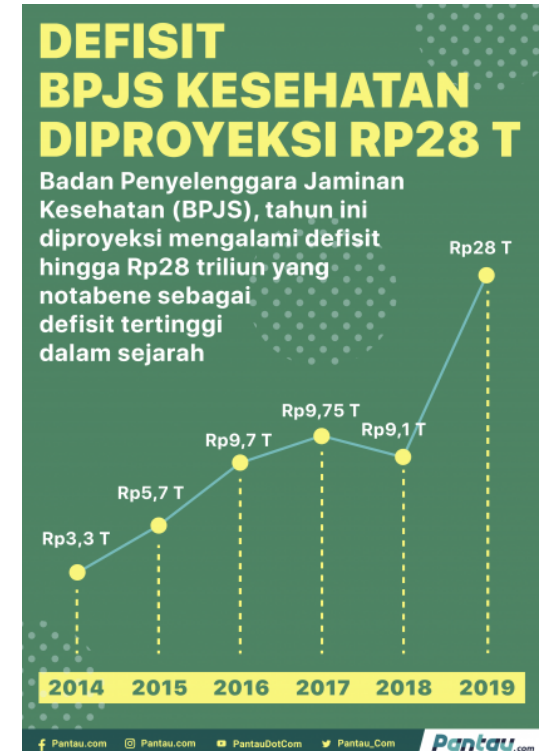
Disampaikan pada Seminar Nasional “Promosi Kesehatan dan Pemdayaan di Era 4.0 untuk Mencapai Pembangunan Berkelanjutan dan Keadilan Kesehatan”;

Prodi. S3 Penyuluhan Pembangunan/Pemberdayaan Masyaraakat Pascasarjana UNS;

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# ARTI PENTING

- Pengobatan suatu penyakit memerlukan biaya yang mahal (BPJS diproyeksikan defisit 28 T di tahun 2019)
  - Perilaku sehat belum menjadi kebiasaan (habit) pada masyarakat
  - Kondisi lingkungan yang cenderung destruktif terhadap perilaku kesehatan
  - Kebijakan dan dukungan pemerintah terhadap upaya promotif-preventif belum memadai (National Health Account (NHA) anggaran pelayanan kuratif (UKP) 73,3%, kesehatan masyarakat (UKM) 9,6%, dan untuk pengelolaan/penguatan sistem kesehatan terasuransi sebesar 17,1%)
- ➡ **Promosi Kesehatan sebagai sebuah Investasi**



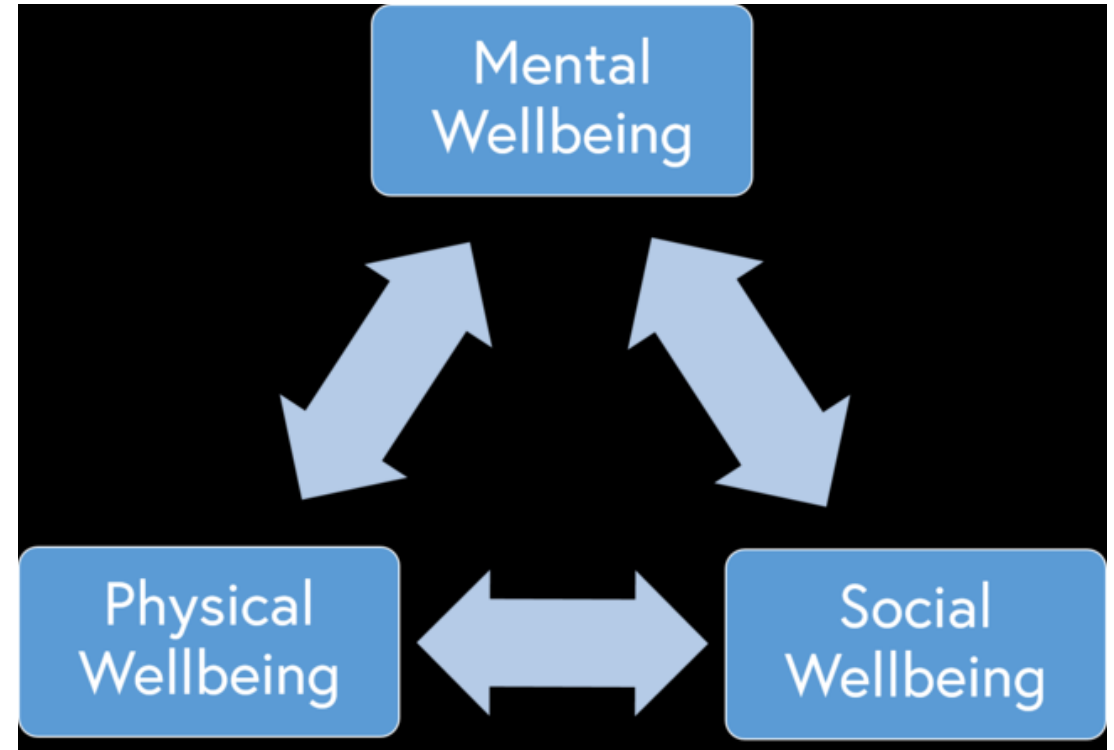
# DEFINITION OF HEALTH

World Health Organization (WHO) in 1948:

“The state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity.”

The definition recognizes that multiple factors influence health. Health is more than a physical condition and more than just the absence of disease.

The WHO definition defines health more as a holistic state:



In the 1986 Ottawa Charter for Health Promotion, WHO expanded the definition of health: “a resource for everyday life, not the objective of living. Health is a positive concept emphasizing social and personal resources, as well as physical capacities.”

This expanded definition means that health is not just a state of physical, mental, and social well-being but also the ability to develop personal and social resources that are necessary to adapt to changes in one's environment.

Health helps us function daily, reach our goals, and be active in family, community, school, and work activities (Corbin, Pangrazi, & Franks, 2005).

# HEALTH PROMOTION

The Ottawa Charter and WHO define health promotion as

‘The process of enabling people to increase control over the determinants of health and thereby improve their health’.

By this definition, health promotion does not focus only on the individual but also on the influences that affect a person’s health.



Human rights are fundamental to health promotion and a concern for equity, empowerment and engagement.

It has the following characteristics:

- Health promotion is a process – a means to an end
- Health promotion is enabling – done by, with and for people, not imposed upon them
- Health promotion is directed towards improving control over the determinants of health



This salutogenic view implies strengthening people's health potential and that good health is a means to a productive and enjoyable life.

Health promotion is the process of empowering those in need to improve their physical, mental, and social well-being.

Health promotion specialists are communicators and problem solvers who identify solutions to advance the health and wellness of those in need.



- There are two parts to health promotion: (a) health education and (b) environmental strategies that support healthy lifestyles (WHO, 1998). Health education is the basis for health promotion; that is, you cannot engage in health promotion without health education (Gold & Miner, 2002).
- Health education is a specialized field that uses planned strategies based on educational theories. It provides opportunities for individuals, groups, and communities to learn information and develop skills that are necessary for healthy decisions and lifestyle.





# HEALTH EDUCATION OBJECTIVES

- To encourage people to adopt & sustain health promoting lifestyles and practices
- To promote the proper use of health services provided to them
- To arouse interest, provide new knowledge, improve skills & change attitudes in making rational decisions to solve their own problem
- To stimulate individual & community self reliance & participation to achieve health development

To increase knowledge of the factors that affect health.

To encourage behavior which promotes and maintains health.

To enlist support for public health measures, and when necessary, to press for appropriate governmental action.

To encourage appropriate use of health services especially preventive services.

To inform the public about medical advances, their uses and their limitations.

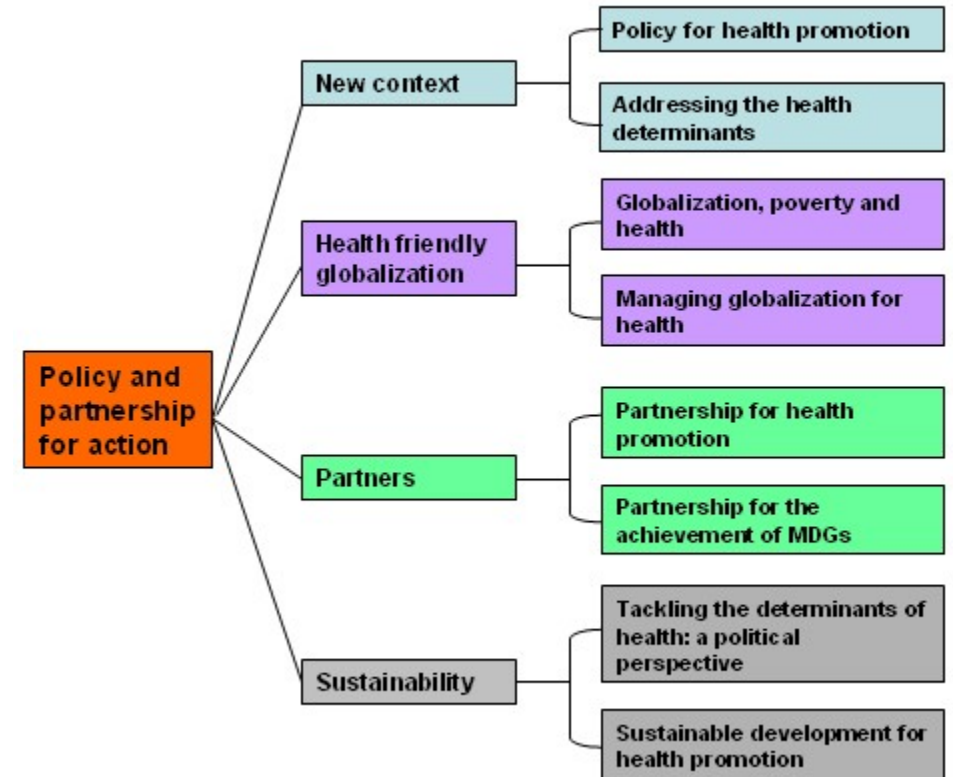
The Ottawa Charter identified a set of five mechanisms:

- Building healthy public policy
- Creating a supportive environment
- Strengthening community action
- Developing personal skills
- Reorientating health services

# The priorities of Health Promotion

These were updated in the Jakarta Declaration (WHO, 1997), which focused on creating partnerships between sectors, including private-public partnerships. The priorities for the twenty-first century were to:

- Promote social responsibility for health
- Increase investment in health development
- Consolidate and expand partnerships for health
- Increase community capacity and empower the individual
- Secure an infrastructure for health promotion



# HEALTH PROMOTION STRATEGIES

Health promotion strategies are put to use at three levels: primary, secondary, and tertiary

- **Primary prevention strategies** prevent or stop a person from getting a specific disease. These strategies target healthy people. It includes efforts to reduce causes or risk factors associated with a disease. Examples include vaccinations, smoke-free workplaces, and prenatal care.
- **Secondary prevention strategies** try to prevent a disease from getting worse. These strategies try to stop a disease from progressing once a person is exposed to it or at risk of becoming ill. Examples include screenings that detect disease at an early stage. Screenings find people who are likely to have a disease, or they look for factors that put a person at risk for disease.
- **Tertiary prevention strategies** often the negative effects of having a disease. Strategies include services that minimize illness and improve outcomes once someone has a disease. Examples are rehabilitation services like physical therapy, occupational therapy, or Alcoholics Anonymous (AA) support groups.

# The social-ecological model

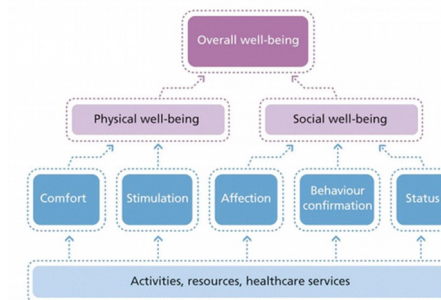
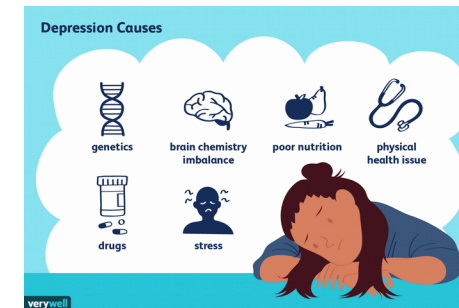
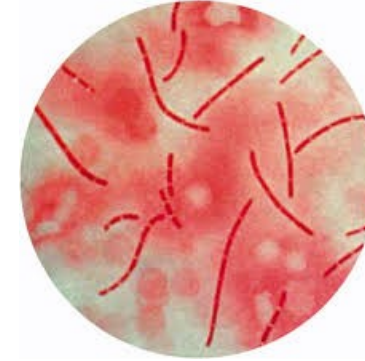
These levels of health promotion are based on an understanding that **there are multiple factors** that influence the likelihood of an individual getting a disease. Health promotion targets these factors at multiple levels and at the same time.

- **Individual**; The first level aims at the biological and personal history factors that increase risk. Some of these factors are age, education, income, race, and family history. Strategies at this level target attitudes, beliefs, and behaviors that promote healthy decisions and lifestyles.
- **Relationship**; The second level aims at the personal relationships that increase the risk of getting a disease. Strategies at this level target those who influence the health of others, such as peers, loved ones, and family members.
- **Community**; The third level aims at the settings—schools, workplaces, and neighborhoods—where people engage in social relationships. Strategies at this level impact the social and physical environment.
- **Societal**; The fourth level aims at the societal factors that affect healthy decisions and lifestyles. These factors include the health, economic, educational, and public policies that maintain inequalities between groups in society.

# Theories on the Causes of Disease

Along with the evolution of Western medical practices have come changes in the theories explaining what causes disease. This chapter limits the discussion of what causes disease to five major theories (Turshen, 1989):

1. **Germ theory**. Germs such as bacteria or viruses cause diseases.
2. **Genetic abnormality theory**. Personal genetic makeup or genes cause diseases.
3. **Lifestyle theory**. Personal lifestyle choices and behaviors cause diseases.
4. **Multi-causes theory**. Diseases have multiple causes, many of which are rooted in physical, psychological, and social environments.
5. **Social production theory**. Diseases are socially produced.





# HEALTH DITERMINANT



Determinants of health are defined as: The range of behavioural, biological, socio-economic and environmental factors that influence the health status of individuals or populations.

# THEORIES SUPPORT

Using theory in research and practice; many of the theories commonly used in health promotion

Reference to different theories can guide and inform practitioners at each of these stages.

- **Problem definition:** Different theories what should be the focus for an intervention, individual characteristics, beliefs and values, behaviour change
- **Solution generation:** Different theories can understand the methods you could use as the focus of interventions; improving understanding of the processes by which changes occur in the target variables
- **Capacity building:** Models theories which indicate how to influence organizational policy and procedures are particularly useful here, as too is theory which guides the development of media activities.
- **Health promotion actions:** theory helps to understand success or failure in different programmes, particularly by highlighting the possible impact
- **Outcome measurement:** Theory can provide guidance on the appropriate measures that can be used to assess such activities, can predict that health promotion outcomes will lead to such intermediate health outcomes

The use of theory in each of these stages is considered in turn.



Table 1. Areas of change and the theories or models underpinning them

Areas of change	Theories or models
Theories that explain health behaviour and health behaviour change by focusing on the individual	<ul style="list-style-type: none"> <li>• Health belief model</li> <li>• Theory of reasoned action</li> <li>• Transtheoretical (stages of change) model</li> <li>• Social learning theory</li> </ul>
Theories that explain change in communities and community action for health	<ul style="list-style-type: none"> <li>• Community mobilization               <ul style="list-style-type: none"> <li>– Social planning</li> <li>– Social action</li> <li>– Community development</li> </ul> </li> <li>• Diffusion of innovation</li> </ul>
Theories that guide the use of communication strategies for change to promote health	<ul style="list-style-type: none"> <li>• Communication for behaviour change</li> <li>• Social marketing</li> </ul>
Models that explain changes in organizations and the creation of health-supportive organizational practices	<ul style="list-style-type: none"> <li>• Theories of organizational change</li> <li>• Models of intersectoral action</li> </ul>
Models that explain the development and implementation of healthy public policy	<ul style="list-style-type: none"> <li>• Ecological framework for policy development</li> </ul>

Source: Nutbeam and Harris (2004)

# THE RANGE AND FOCUS THEORIES

The range and focus of theories has also expanded over the past two decades from a focus on the modification of individual behaviour, to recognition of the need to influence and change a broad range of social, economic and environmental factors that influence health along side individual behavioural choices.

Health promotion operates at several different levels:

- individual
- community
- organization
- nation



**Department/Study program**  
**DOCTORAL PROGRAM (S3) Development Extension/Community Empowerment**  
**PASCASARJANA, UNIVERSITAS SEBELAS MARET**  
[www.pasca.uns.ac.id/s3pppm](http://www.pasca.uns.ac.id/s3pppm)

- ❖ **Training/Non formal education/out of school education**
- ❖ **Small micro/Small business empowerment**
- ❖ **Health promotion**
- ❖ **Community Empowerment by Company (CORPORATE SOCIAL RESPONSIBILITY)**





# Academic Activity



# BIDANG KAJIAN

N o.	BIDANG KAJIAN	MHS (OR G)	%
1.	Kesehatan umum	5	8,3
2.	Kesehatan lingkungan	2	3,3
3.	Kesehatan jiwa	2	3,3
4.	Kesehatan jasmani	7	11,7
5.	Kualitas hidup	5	8,3
6.	Kesehatan reproduksi (Ibu Hamil, PSK)	13	21,7
7.	Tumbuh kembang	6	10,0

N o.	BIDANG KAJIAN	MHS (OR G)	%
8.	Keluarga berencana	3	5,0
9.	Kesehatan Remaja	4	6,7
10.	Kesehatan Lansia	6	10,0
11.	HIV, Narkoba	3	5,0
12.	Manajemen/kepemimpinan	2	3,3
13.	Penanganan	2	3,3

# KONSEP UTAMA

N o.	KONSEP	MHS (OR G)	%
1.	Keberdayaan	12	20,0
2.	Tumbuh kembang	5	8,3
3.	Kinerja	6	10,0
4.	Partisipasi	5	8,3
5.	Kualitas hidup	4	6,7
6.	Kepatuhan	2	3,3
7.	Motivasi (Efikasi diri)	2	3,3
8.	Kedewasaan	2	3,3

N o.	KONSEP	MHS (OR G)	%
9.	Kemampuan	3	5,0
10.	Kesiapan	3	5,0
11.	Kesadaran	6	10,0
12.	Kecemasan	3	5,0
13.	Peran sosial	1	1,7
14.	Kualitas kesehatan	2	3,3
15.	Kepemimpinan	2	3,3

## Tingkat kemampuan kerja dalam deskripsi KKNl

LEVEL	KATA KUNCI TINGKAT KEMAMPUAN	PROGRA
9	Melakukan pendalaman dan perluasan IPTEKS	Doket
multi-		or
8	transdisiplin Mengembangkan IPTEKS melalui riset inter/multi disiplin, inovasi,	Magist er
7	Menjaga, mengelola sumber daya, menerapkan, minimal standar profesi, mengevaluasi, pengembangan strategis	
6	Mengaplikasikan, mengkaji, membuat desain,	
5	Sarjana memanfaatkan masalah, menyelesaikan pekerjaan berlingkup luas, memilih metode	Diploma 3
4	Memilih metode Menyelesaikan tugas berlingkup luas dan kasus spesifik,	Diploma 2
3	Melaksanakan serangkaian tugas spesifik,	Diploma

# PERTANYAAN INTROSPEKTIF

- Masih adakah bidang yang belum terjangkau?
- Apakah kajian yang dilakukan secara proporsional sesuai dengan permasalahan di lapangan?
- Apakah konsep-konsep yang dikaji sudah menjawab tantangan yang ada?
- Sudahkah menggunakan landasan teori secara memadai?
- Sudahkah kajian yang dilakukan dapat memberikan sumbangan terhadap pemecahan atas masalah yang ada?
- Sudahkah lulusan yang dihasilkan memenuhi kualifikasi KKNI?



# TERIMA KASIH

