

Article Review

## Healthy Indonesia Program and Family Role in Dealing with Covid-19 In Indonesia

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### ABSTRACT

*The Healthy Indonesia Program with a Family Approach (PIS-PK) aims to improve the quality of life of Indonesian citizens from the smallest unit of society, namely the family. This program is the family's main capital in dealing with the COVID-19 pandemic. The purpose of this study was to assess the potential of the Healthy Indonesia program and the role of families in dealing with Covid-19 in Indonesia. Literature review was conducted during 27 July 2021 to 07 August 2021, and literature search used Publish or Perish software for the time period of 2020-2021. Search keywords include: Coronavirus, Vaccines, Covid-19, Healthy Indonesia Program, Family Planning, delivery in health facilities, complete basic immunization, Exclusive Breastfeeding, growth monitoring, pulmonary tuberculosis, hypertension, mental disorders, smoking, National Health Insurance, access to clean water facilities and healthy latrines. Study findings showed that family planning services, delivery in health facilities, complete basic immunization, and growth monitoring could still be implemented by families in Indonesia. Likewise, the treatment of tuberculosis, hypertension, mental disorders is carried out on a limited basis. The behavior of exclusive breastfeeding, no smoking family members, families which have become members of the National Health Insurance and families which have access to clean water facilities are family capital in dealing with the covid-19 pandemic. In conclusion, the more complete the status of a healthy family based on 12 indicators, the more resilient each family will be in dealing the covid-19 pandemic.*

**Keywords :** Healthy Indonesia Program, Family, Covid-19

<https://doi.org/10.33860/jik.v15i3.684>



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### INTRODUCTION

Coronavirus Diseases (Covid-19) first appeared in Wuhan City, China at the end of 2019 which then spread to various countries including Indonesia and became a global pandemic.<sup>1,2</sup> Human-to-human transmission has been identified through droplets, hands or contaminated surfaces with an incubation period of 2-14 days<sup>3</sup>. Covid-19 infection cannot occur in the absence of contact. Ways to reduce Covid-19 infection with standard prevention recommended by public health include washing hands, avoiding touching the face and keeping a distance<sup>2</sup>. Public knowledge about hand washing is very important in preventing the spread of Covid-19 disease<sup>2,4-11</sup>. Over time, the prevention program was then upgraded to the 5M

movement. The 5M movement stands for wearing a mask, washing hands & maintaining distance, reducing mobility and staying away from crowds. The 5M movement is a movement initiated by the government in order to break the chain of virus spread. This movement is a continuation of the 3M & 3T movement, 3M includes wearing masks, washing hands, and maintaining distance, while 3T is a follow-up movement if confirmed positive which includes testing, tracing, and treatment. The 3M & 3T movement was echoed by the government which started at the beginning of the pandemic<sup>12</sup>. This movement is carried out at the government level<sup>12</sup> society<sup>13-15</sup> and family<sup>16-19</sup>.

The socialization of this movement has had a positive impact until the end of the first quarter of 2021<sup>12</sup>.

The positive side of the COVID-19 pandemic is that the role of the family is becoming increasingly important. Families can give each other understanding, remind each other to stay at home and obey government rules<sup>20</sup>. Family functions in the COVID-19 pandemic include affective functions; by providing opportunities for heads of families or family members to learn and teach 5M in an effort to prevent the transmission of covid-19. The function of socialization is how family members interact with each other in the home, family with neighbors, family with relatives, family to community and family to government. The "new normal" life must be adapted by every family member to stay socialized in a new way in a pandemic situation. Reproductive functions can still be carried out in a pandemic, the role of the BKKBN and reproductive health services can still take place with strict procedures. However, the economic function of the family is changing a lot. The economic function to meet the needs of the family is much reduced for the lower middle-class people who depend on work outside the home for a living. The function of health care or maintenance will increase, especially for family members who undergo independent isolation.

The Healthy Indonesia Program with a Family Approach (PIS-PK) aims to improve the quality of life of Indonesian citizens starting from the family. This program has 12 indicators to increase awareness, willingness and ability to live a healthy life for every family with healthy living behavior and a healthy environment, have the ability to reach quality health services, and have the highest degree of health.<sup>21</sup> The higher the status of a healthy family based on 12 indicators, the more resilient each family will be in dealing with the COVID-19 pandemic. Exclusive breastfeeding behavior, no smoking family member, families which are already members of JKN, families which have access to clean water facilities<sup>22</sup> and other health behaviors are capital in dealing with the covid-19 pandemic.

This study aims to assess the potential of the healthy Indonesia program and the role of families in dealing with Covid-19 in Indonesia.

## METHOD

Literature review was conducted during 27 July 2021 to 07 August 2021, and literature search used Publish or Perish software for the time period of 2020-2021. Search keywords include: Coronavirus, Vaccines, Covid-19, Healthy Indonesia Program, Family Planning, delivery in health facilities, complete basic immunization, Exclusive Breastfeeding, growth monitoring, pulmonary tuberculosis, hypertension, mental disorders, smoking, National Health Insurance, access to clean water facilities and healthy latrines.

## RESULTS & DISCUSSION

Family is a core family unit (father, mother and children) as stated in the Family Card. To state that a family is healthy or not, a number of markers or indicators are used. In the context of implementing the Healthy Indonesia Program, it has been agreed that there are 12 main indicators to mark the health status of a family. The twelve main indicators are; (1) Families participate in the Family Planning program, (2) Mothers give birth in health facilities (3) Infants receive complete basic immunizations, (4) Infants receive exclusive breastfeeding, (5) Toddlers receive growth monitoring, (6) Tuberculosis sufferers lungs get treatment according to standards, (7) hypertension sufferers take regular treatment, (8) mental disorders get treatment and are not neglected, (9) no family members smoke, (10) the family is already a member of the National Health Insurance (JKN). ), (11) Families have access to clean water facilities, (12) Families have access to or use healthy latrines<sup>22</sup>.

In the implementation of PIS-PK during the pandemic, Yolandari's findings (2020) showed that family visits and data collection in one Public Health Center working area could not be continued due to the Covid-19 pandemic. Even though the officers were committed, they found obstacles in the form of limited quantity and quality of human resources, delays in budgeted funds, limited facilities and infrastructure, availability of healthy family information packages (Pinkesga) and healthy family applications that were difficult to access.<sup>21</sup> One of the solutions offered by Aliyanto (2021) in reaching families during the pandemic is the use of SIPISPeKa. This telehealth media is declared feasible in terms of telehealth media

rules, governance, web-based communication media and relevance to the PIS-PK program <sup>23</sup>.

The COVID-19 pandemic has greatly impacted the sustainability of public health services, including family planning services. In the family planning service guidelines, it is written an appeal to delay pregnancy during the pandemic and recommends family planning acceptors not to come to health workers unless they have complaints. This study captures the response to adjustments to family planning services during the COVID-19 pandemic. The policy for adjusting family planning services during the COVID-19 pandemic was issued two months after the Government established an emergency condition, causing service uncertainty in the initial phase. According to predictions, there has been a decrease in visits by family planning acceptors at the Public Health Center with a range of 30% - 50%. Family Planning program and IUD injection services themselves are still carried out at the Puskesmas through a patient visit scheduling mechanism. Adjustment of family planning services has been running in health facilities, as an effort to maintain the sustainability of the program during the pandemic, PMB, cadres, and family planning instructors have made a strong contribution to supporting Public Health Center in service implementation. <sup>24</sup>. In Yogyakarta, it was reported that the number of active and new contraceptive use at the beginning of the Covid-19 pandemic had decreased. The number of new family planning participants appears to have decreased in March-April 2020 along with the addition of the number of positive cases of Covid-19 in the Special Region of Yogyakarta. This is due to the decreased intensity of family planning counseling and services <sup>25</sup>. As a solution, Mandira (2020) provides education to family planning participants using zoom media, targeting female participants of childbearing age <sup>26</sup>.

The Indonesian government through the website covid-19.go.id has disseminated guidelines for pregnant women during the outbreak. Health workers in collaboration with other experts need to develop online psychological treatment services using WhatsApp, Google Meet, Zoom Cloud Meetings, and other applications <sup>27</sup>. One way to respond to childbirth in health facilities during a pandemic is by community service activities "birth preparation education with health

protocols in the new normal period as an effort to prevent Covid-19 and to increase knowledge of pregnant women about preparation for childbirth during the Covid-19 pandemic" <sup>28</sup>. Health education about preparation for pregnancy and childbirth in the midst of the Covid-19 pandemic and consultation via WhatsApp group. Midwives as health workers also provide virtual health education <sup>29</sup>.

This pandemic has an impact on the complete basic immunization program at the Puskesmas level. One of them is the Tempel I Health Center in Sleman Regency, the coverage decreased by 26% <sup>30</sup>. Parents are also worried about going to the health care center for fear of COVID-19 infection <sup>31</sup>. Nevertheless, health education regarding complete basic immunization during the Covid pandemic is still carried out, such as in Kelebuh Village, Batunyala Health Center Working Area <sup>32</sup>. Health education about basic immunization complete with educative video media can also be an alternative during the COVID-19 pandemic <sup>33</sup>.

Evayani's study (2021) shows 76.6% of exclusive breastfeeding during the Covid-19 pandemic in Loaddem Village <sup>34</sup>. One way to increase the capacity of breastfeeding mothers is through health education regarding exclusive breastfeeding during the Covid-19 pandemic <sup>35</sup>. Community service activities are carried out in the form of mentoring cadres and health workers for breastfeeding mothers carried out in the Sipatana Health Center area. Information for breastfeeding mothers about breast milk and its problems through the Breastfeeding manual <sup>36</sup>.

Sari's study (2020) shows that most of the sources of mother's knowledge about complementary feeding are obtained from electronic social media (38.7%) and advanced health services (37.3%). A total of 46.7% of mothers use the MCH handbook to monitor the growth of under-fives and 14.7% of mothers have used the Primaku application <sup>37</sup>. The implementation of health education monitoring the growth and development of Toddlers during the Covid-19 pandemic in the work area of the Balekambang Bogor Health Center has also been carried out as a form of community service <sup>38</sup>.

Survey data describes multidrug-resistant tuberculosis, characteristics of tuberculosis patients and stress resistance during the Covid-19 pandemic in West Sumatra Province <sup>39</sup>.

Wulandari's study (2021) shows that the level of knowledge of TB sufferers about COVID-19 prevention is mostly in the good category 58% and the attitude of patients about COVID-19 prevention is mostly in the sufficient category 53.4%, as well as the behavior of patients about COVID-19 prevention. 19 are mostly in the sufficient category 48.9%<sup>40</sup>.

Patients with hypertension who take the Renin-Angiotensin-Aldosterone System inhibitor have a higher risk of being infected with the SARS-Cov-2 virus because of the expression of ACE2. Overexpression of ACE2 can make it easier for SARS-CoV-2 to enter the body<sup>41</sup>. Hypertension is a disease that is closely related to behavior and lifestyle, so that its treatment is by changing healthy living behavior. The results of Susanti's study (2021) show "Ingenious Behavior of Hypertension Patients During the Covid 19 Pandemic". SMART behaviors include: Routine health checks, Get rid of cigarette smoke, Physical activity, Healthy diet, Rest, manage stress<sup>42</sup>. Efforts to prevent hypertension are: positive thinking, diligent in worship or other spiritual activities, then exercising regularly and avoiding foods that contain lots of salt and cholesterol<sup>43</sup>.

Literature related to people with mental disorders and their treatment during the Covid-19 period in Indonesia has not been found. Mental health problems, such as anxiety, depression, and trauma due to Covid-19 are felt by most Indonesians. Some of the main risk factors are social distance and isolation, economic recession, stress and trauma to health workers, and stigma and discrimination<sup>44</sup>. When it comes to mental health, there are various mental health responses in a pandemic outbreak. People's thought processes, behavior and emotional responses to outbreaks vary greatly according to their own background and the community in which they live. For some people, misinformation, uncertainty, and fear of contagion can increase stress and panic<sup>45</sup>. Study on students of the general practitioner education study program and medical professional education during the Covid-19 pandemic, it turns out that respondents who experience symptoms of emotional mental disorders are 68.7%, mild to very severe depression symptoms are 57.1% and mild to very severe anxiety symptoms. severe amounted to 73.6%<sup>46</sup>.

By quitting smoking, people can increase

their body's immunity to fight Covid-19<sup>47</sup>. Covid-19 patients who had a smoking habit before the pandemic were potentially 2 times more likely to experience worsening of symptoms, an increased chance of being admitted to the ICU and even death than patients who did not smoke.<sup>48</sup>. Ruhyat's study (2021) on smoking behavior during the COVID-19 pandemic showed 39.3% smoked at home, 13.4% smoked at work and 47.3% said smoking elsewhere<sup>49</sup>. Covid-19 can influence sufferers to reduce and even stop smoking<sup>50</sup>.

Globally families have postponed or canceled healthcare visits in response to the Covid-19 pandemic resulting in temporary reductions in healthcare spending. Primary care visits by JKN members in Indonesia decreased by 28% in 2020 compared to the projected volume of counterfactual visits. Inpatient claims decreased by 37% and outpatient claims decreased by 36%. Health service visits in Indonesia have decreased due to Covid-19<sup>51</sup>. Sparrow (2020) predicts this pandemic undermines the long-term financial sustainability of Indonesia's social health insurance system<sup>52</sup>. However, in the midst of this decline, there are still JKN participants who use health services such as at the Padang Health Center<sup>53</sup>.

During the Covid-19 pandemic, clean water consumption increased and there was a change in people's behavior to live a cleaner life<sup>54</sup>. One of the educational activities for providing clean water facilities to support the application of holistic hygiene patterns in maternal and child health in the Covid-19 emergency era has been carried out in Musi Banyuasin Regency<sup>55</sup>. The existence of the Covid-19 pandemic has actually become an opportunity to prioritize clean water as a sector that needs to be a priority because of its role as the front line in preventing the spread of Covid-19<sup>56</sup>.

Covid-19 transmission does not only occur through nasal or oral droplets, but also through human feces infected with the virus. This condition requires the public to maintain the cleanliness of both private and public toilets to avoid the risk of transmission of Covid-19. The factors that cause many people to open defecation in Surakarta are not having latrines or not having the funds to build them; limited access to clean water; live in densely populated urban settlements. The community-based total sanitation approach emerged as the

government's response to optimize latrine hygiene by the community<sup>57</sup>.

The role of the family is an important factor in compliance with Healthy Indonesia health programs. Families build and maintain a very basic healthy lifestyle. Family freedom in preserving the lifestyle and health of family members is strongly influenced by structures outside the family itself. Building a healthy family takes time, effort, knowledge, and skills. The idea of health in the family is very dependent on time, the people involved, the function considered, gender, and social category, which means that social and political issues will also be related to the health that is built in the family. Sharing Covid-19 information with family members is a partial mediator between individual health literacy and personal preventive behavior against Covid-19. Strategies to improve health literacy and preventive measures against Covid-19 are needed to promote family well-being during the pandemic<sup>58</sup>.

The role of the family in preventing the transmission of Covid-19 in Indonesia can be done by; Families are the right source of information about Covid-19 and its prevention, Families who practice a healthy lifestyle better the number of Covid-19 cases is low<sup>59</sup>. The family is an independent treatment room in self-isolation conditions and is an optimistic encouragement to be able to avoid Covid-19 by making various changes to a healthier lifestyle<sup>60</sup>. Families learn to use the yard to grow vegetables and family medicinal plants<sup>61</sup>. Increased family awareness of alternative medicine such as the use of ginger and how to grow ginger<sup>62</sup>.

Riyanto et al (2021) reported on a healthy lifestyle in the new normal era of Covid-19 in Indonesia, involving 3349 respondents and analyzing eight components of a healthy lifestyle including physical activity, a balanced diet, consumption of fruits and vegetables, washing hands, wearing masks, social distancing, physical activity, avoiding crowds, and staying at home. The results showed that the respondents in the older age group and women had better healthy lifestyles. Respondents with secondary and higher education levels are better at eating a balanced diet, washing hands, wearing masks, doing physical distancing, and avoiding crowds. Entrepreneurs are better off doing physical activity, consuming a balanced diet, enough fruits and vegetables. civil

servants, soldiers or police have more responsibility to wear masks and wash their hands. Farmers, fishermen, or drivers have done better physical activity, but they find it difficult to stay at home. In addition, health workers have performed all components of a healthy lifestyle better. Judging from the area, provinces with low-moderate number of Covid-19 cases have practiced a healthy lifestyle better<sup>59</sup>.

Gunadi's findings (2021) reported that members of the same family may show different disease outcomes<sup>63</sup>. Soedarsono (2020) reported that people without symptoms still have the potential to transmit the virus. different laboratory findings and clinical manifestations of family clusters of Covid-19 cases in Indonesia<sup>64</sup>. Appropriate and effective risk communication is needed to respond to the Covid-19 pandemic<sup>65</sup>. A consequence of poor risk communication and increased risk perception is hoarding behavior, which can lead to a lack of medicines and personal protective equipment<sup>66</sup>. Higher education as an agent of change is expected to be an actor in the prevention of Covid-19 risk communication interventions in universities such as the dissemination of educational information communication media about Covid-19<sup>67</sup>. One example of the use of virtual communication in an effort to prevent covid 19 is the use of information and communication technology in the Halodoc application as a telemedicine check for Covid-19 in an effort to prevent the spread of the corona virus.<sup>68</sup> The next challenge is about the Covid-19 vaccination. Acceptance of the Covid-19 vaccine is strongly influenced by the basic effectiveness of the vaccine<sup>69</sup>. Respondents in Central Sulawesi who are willing to receive the Covid-19 vaccination are 35.3% with the determinants of age and religion<sup>70</sup>. The wrong public perception about Covid-19 vaccination is caused by a lack of understanding from the public. This wrong perception arises because of the lack of good communication from the authorities such as health workers to convince the public about the effectiveness of the Covid-19 vaccine.<sup>71</sup> Willingness to pay for Covid-19 vaccines is relatively high in Indonesia, to achieve higher vaccine coverage, it may be necessary to partially subsidize vaccines for the underprivileged and design health promotion materials to improve perceptions of Covid-19 risk in Indonesia<sup>72</sup>.

## CONCLUSION

The more complete the status of a healthy family based on 12 indicators, the more resilient each family will be in facing the COVID-19 pandemic. Exclusive breastfeeding behavior, No family members smoke, Families are already members of the National Health Insurance (JKN), Families have access to clean water facilities and latrines and other health behaviors are capital in dealing with the COVID-19 pandemic. Health workers communicate well to the public about the safety and effectiveness of the Covid-19 vaccine.

## ACKNOWLEDGEMENT

Authors thank the Director of Health Polytechnic, Ministry of Health, Palu, Head of the Center for Research and Community Service of Health Polytechnic of Ministry of Health Palu

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