
HEALTH PROFILE BASED ON HEALTHY FAMILY INDEX, TAMBAKMAS VILLAGE FROM THE RESULTS OF THE PIS-PK SURVEY

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ABSTRACT

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The Healthy Indonesia Program is one of the programs of Nawa Cita's 5th agenda, which is to Improve the Quality of Life of Indonesian People. The purpose of this research is to improve the access of families and their members to comprehensive health services, including promotive and preventive services as well as basic curative and rehabilitative services. The benefits are increasing family access along with their members to comprehensive health services, including promotive and preventive services as well as basic curative and rehabilitative services. Collecting and processing data, including general data and special data, general data is data concerning the working area of Gantrung Health Center, population data and program goals. Special data is data on improving health status, health program coverage, and family and family member data. Identifying health problems and their potential solutions, analyzing and identifying health problems from existing data. At rt levels found some problems on the coverage of low healthy family indicators, this affected the index of healthy families rt levels, the average index of healthy families was on Pre-Healthy. The value is greater if the level of urgency is urgent, or the level of seriousness, or the level of development is increasingly concerning. Then multiply the

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level of urgency (U) by the level of Seriousness (S) and the level of Development (G). Problem priorities are sorted by multiplication results. Follow-up plans are drawn up jointly between program implementers/efforts with low healthy family indicator achievements. This is the cooperation of health workers and the community in realizing community empowerment in health development. In the follow-up plan still uses the family approach, with the survey data it can be known starting from rw targets, RT, families and individuals

KEYWORDS

Health, Family and Tambakmas



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INTRODUCTION

The Healthy Indonesia Program is one of the programs of nawa Cita's 5th agenda, which is to improve the quality of life of Indonesian people (Ichsan, 2020). This program is supported by other sectoral programs, namely the Smart Indonesia Program, the Indonesia Work Program, and the Indonesia Sejahtera program. The Healthy Indonesia Program further became the main program of Health Development which was then planned to be achieved through the StateGis Plan of the Ministry of Health 2015-2019, yang determined by the Decree of the Minister of Health R.I Number HK.02.02 / Menkes / 52/2015 (Agni, 2018).

The goal of the Healthy Indonesia Program is to increase the level of health and nutritional status of the community through community health and empowerment efforts supported by financial protection and equitable distribution of health services (Rahmawaty, Handayani, Sari, & Rahmawati, 2019). This target is in accordance with the main objectives of RPJMN 2015-2019, namely (1) increasing the health and nutrition status of mothers and children, (2) increasing disease control, (3) increasing access and quality of basic health services and referrals especially in remote, disadvantaged and border areas, (4) increasing the coverage of universal health services through the Healthy Indonesia Card and the quality of health SJSN management, (5) the fulfillment of the needs of health workers, medications and vaccines, as well as (6) increased health system responsiveness (Kisdelta & Hardiyansyah, 2019).

The Healthy Indonesia Program is implemented by upholding three main pillars, namely (1) the implementation of the healthy paradigm, (2) strengthening health services, and (3) the implementation of national health insurance (JKN) (Ipa, Pratama, Hasan, & Husniyah, 2020). The implementation of a healthy paradigm is carried out with health mainstreaming strategies in development, strengthening promotive and preventive efforts, and community empowerment. Strengthening health services is carried out with strategies to improve access to health services, optimization of referral systems, and improve quality using continuum of care approaches and health risk-based interventions (Tosepu, 2017). While the implementation of JKN is carried out with a strategy of expanding targets and benefits (benefits), as well as quality and cost control. All of this is aimed at achieving healthy families (Agustina, Trisnantoro, & Handono, 2019).

UPT Puskesmas Gantrung conducted PIS-PK Survey activities in its work area in order to realize the program of the 5th agenda of Nawa Cita, namely Improving the Quality of Life of Indonesian People. In its implementation, the PIS-PK survey involved many stakeholders. with mutual cooperation between several components, ranging from society to policy makers.

The family approach is one way puskesmas to increase the range of targets and bring closer / increase access to health services in the work area by visiting the family (Sugiharti, Mujiati, Masitoh, & Laelasari, 2019). Puskesmas not only organizes health services in the building, but also out of the building by visiting family in its work area (Fauziah, 2018).

Based on the first Gantrung Health Center Mission that is to improve optimal public health degrees to realize healthy families through the movement of healthy living communities, the implementation of PIS-PK which is a fact on the ground can be processed into data so that information about health and health problems in the working area of Gantrung Health Center can be processed into data so that information about health and health problems in the working area of Gantrung Health Center can be obtained.

For this reason, Puskesmas Gantrung conducts PIS-PK activities in its work area so that puskesmas will be able to recognize health problems and PHBS faced by families more thoroughly (holistically) through family visits at home. Family members who need to get health services can then be motivated to take advantage of existing UKBM and/or Health Center services. Families can also be motivated to improve environmental health conditions and various other risk factors that have been detrimental to their health. The purpose of this research is to improve the access of families and their members to comprehensive health services, including promotive and preventive services as well as basic curative and rehabilitative services.

RESEARCH METHOD

Implementation of The Healthy Indonesia Program with a Family Approach at the Puskesmas level carried out activities to conduct health data collection of all family members using Prokesga by The Family Builder (can be assisted by health officials, create and manage puskesmas database by puskesmas data management personnel, implement Information System and Puskesmas Reporting by Puskesmas data management personnel. Collecting and processing data, including general data and special data, general data is data concerning the working area of Gantrung Health Center, population data and program goals. Special data is data on improving health status, health program coverage, and family and family member data. Identifying health problems and their potential solutions, analyzing and identifying health problems from existing data.

RESULT AND DISCUSSION

The results of a healthy family survey conducted in Tambak Mas Village based on general data, are as follows:

1. Number of KK targets : 1.612 KK
2. Number of KK that has been visited : 1.513 KK
3. Number of KK mentioned on the application : 1.513 KK
4. Amount of data loss : 99 KK

Data Loss is KK data that is not surveyed, this is because:

1. Family members live outside the city.
2. Family members were not home when the survey was conducted despite the sweeping.
3. Family members work as TKI.

**A. Achievement of RT-level Healthy Family Index
CAPAIAN IKS RT 01 DESA TAMBAK MAS**

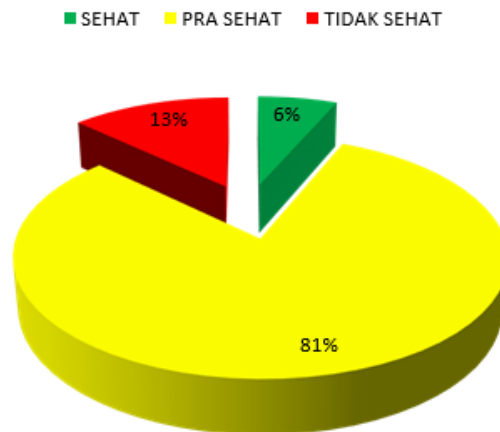


Figure 1. Achievement of IKS RT 01 Tambak Mas Village.

Healthy Family Index RT 02

- a. Number of KK surveyed : 47 KK
- b. Healthy : 3 KK (6,52%)
- c. Pre-Healthy : 30 KK (63,04%)
- d. Unhealthy : 14 KK (30,43%)

**B. Achievement of RW-Level Healthy Family Index
CAPAIAN IKS RW 01 DESA TAMBAK MAS**

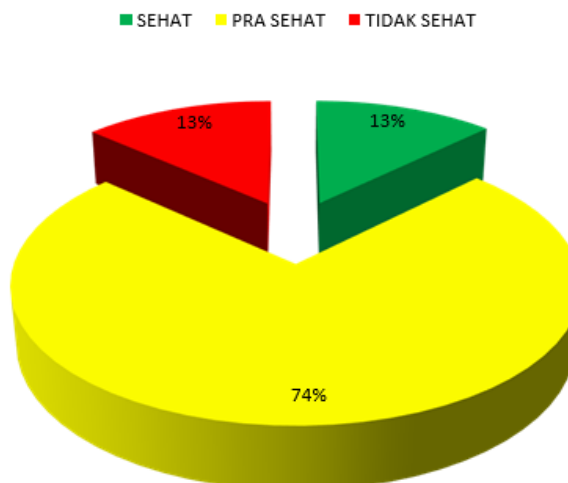


Figure 2. Achievement of IKS RW .01 Tambak Mas Village

The achievement of IKS RW.01 is dominated by healthy Families with 509 KK (73.98%) out of a total of 688 KK, while healthy families of 87 KK (12.65%) and Unhealthy IKS as many as 92 KK (13.37%).

C. Achievement of Village-Level Healthy Family Index

CAPAIAN IKS DESA TAMBAK MAS

■ SEHAT (222 KK) ■ PRA SEHAT (1177KK) ■ TIDAK SEHAT (114 KK)

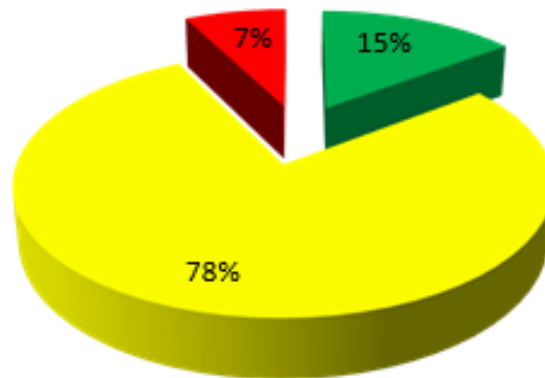


Figure 3. Achievement of IKS Tambak Mas Village.

RANGKUMAN CAPAIAN IKS TINGKAT RW DESA TAMBAK MAS

■ SEHAT ■ PRA SEHAT ■ TIDAK SEHAT

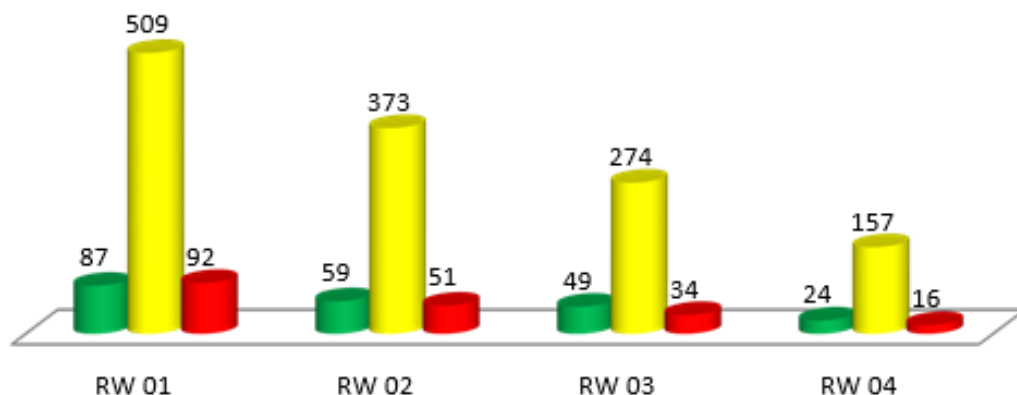


Figure 4. Summary of the achievements of the Healthy Family Index at rw level of Tambak Mas Village.

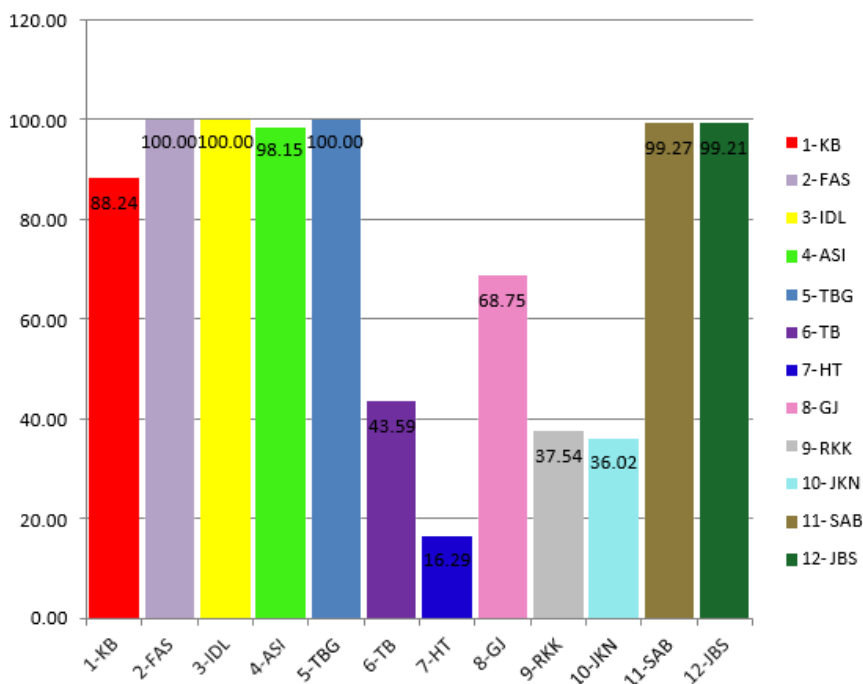


Figure 5. Achievement of 12 INDICATORS PIS PK Tambak Mas Village.

Based on the above graph, the village of Tambak Mas can be analyzed, resulting in the poor health families index is the achievement of healthy family indicators that have low values, while the achievements from highest to lowest can be sorted as follows.

1. Mother in a health facility (100%)
2. Infants get complete basic immunizations (100%)
3. Toddlers get growth (100%)
4. Families have access to clean water (99.27%)
5. Families have access to or use healthy latrines (99.21%)
6. Babies get exclusive breast milk (98.15%)
7. Families follow the Family Planning (KB) program (88.24%)
8. People with mental disorders get treatment and are not abandoned (68,75%)
9. People with pulmonary tuberculosis get treatment according to standards (43.59%)
10. No family member smoked (37.54%)
11. Families are already members of The National Health Insurance (JKN) (36.02%)
12. People with hypertension do treatment regularly (16.29%)

CONCLUSION

The result of the Tambak Mas Village Healthy Family Index is 0.1467. The mother performs labor in a health facility (100%) the baby gets a complete basic immunization (100%). Toddlers get growth (100%). Families have access to clean water (99.27%). Families have access to or use healthy latrines (99.21%). Babies get exclusive breast milk (98.15%). Families following family planning (KB) programs (88.24%) people with mental disorders get treatment and are not abandoned (68.75%) people with pulmonary tuberculosis get treatment according to standards (43.59%) family members do not smoke (37.54%) families are already members of national health insurance (JKN)

(36.02%).

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