

Strengthening the Policy of the Healthy Living Community Movement (GERMAS) "Building a Healthy Living Culture for a Golden Indonesia"

Bambang Setiaji^{1*}, Etik Retno Wiyati², Ira Octaviana M³, Susi Annisa Uswatun Hasanah⁴,
Leny Wulandari⁵

¹Pusat Kebijakan Sistem Ketahanan Kesehatan, Badan Kebijakan Pembangunan Kesehatan (BKPK), Kemkes RI

² Sekretariat Badan Kebijakan Pembangunan Kesehatan (BKPK), Kemkes RI

³ Direktorat Promosi Kesehatan dan Kesehatan Komunitas, Kemkes RI

⁴ Sekretariat Badan Kebijakan Pembangunan Kesehatan (BKPK), Kemkes RI

⁵ Sekretariat Badan Kebijakan Pembangunan Kesehatan (BKPK), Kemkes RI

*Corresponding Author: mentarisetiaji67@gmail.com

ABSTRACT

The Healthy Living Community Movement (GERMAS) is a strategic initiative launched by the government to improve the quality of public health through the adoption of healthier lifestyles. However, the implementation of GERMAS still faces various challenges, such as low public awareness, lack of sustainable policy support, and limited coordination among stakeholders. This study aims to analyze the effectiveness of the GERMAS policy in encouraging healthy living behavior within the community. This study employs a qualitative research method. Data collection was conducted through literature studies. The data collected were then analyzed in three stages: data reduction, data presentation, and drawing conclusions. The results show that during the seven years of GERMAS implementation, the burden of non-communicable diseases in Indonesia remains high, influenced by various risk factors and unhealthy lifestyles that are insufficiently addressed. The financing burden for catastrophic diseases in Indonesia in 2022 reached IDR 24.1 trillion, an increase of 34.3% from the previous year. This indicates that the GERMAS policy has not been effective in reducing health care costs. This situation risks increasing the financial burden on the health sector, threatening economic stability, and hampering efforts to achieve Golden Indonesia. The recommended alternatives are (1) strengthening the GERMAS policy to increase stakeholder compliance, (2) establishing binding success indicators across sectors, and (3) promoting and educating the public about GERMAS.

KEYWORDS

Policy, Healthy Living Community Movement (Germas), Healthy Living Culture



This work is licensed under a Creative Commons Attribution-ShareAlike 4.0 International

INTRODUCTION

The *Healthy Living Community Movement (GERMAS)* is a strategic initiative launched by the government to improve public health quality through healthier lifestyle changes. This program emphasizes the importance of healthy behaviors, such as increasing physical activity, consuming nutritious food, undergoing regular health checkups, and reducing habits that negatively impact health (Hidayat et al., 2024).

GERMAS, initiated through Presidential Instruction No. 1 of 2017, aims to increase public awareness of the importance of implementing a healthy lifestyle daily. Although it has been running for seven years, the implementation of *GERMAS* still faces various challenges and has not achieved optimal results. This is evident from the Global Burden of Disease (2021) data, which shows that Non-Communicable Diseases (NCDs) remain the primary cause of disease burden in Indonesia. As many as 18.98% of total Disability-Adjusted Life Years (DALYs) were caused by heart disease and stroke, highlighting the need for more effective efforts to optimize *GERMAS* implementation to reduce NCD incidence in Indonesia.

The Indonesian Health Survey (SKI, 2023) shows the prevalence of NCDs remains high, influenced by various risk factors and unsupportive healthy lifestyles. Specifically, the prevalence of NCDs is notably high, with hypertension affecting 30.8% of those aged over 18 years, and diabetes mellitus affecting 11.7% of those aged over 15 years. Many individuals are unaware of their health status—8% are unaware they have diabetes, and 20% are unaware they have hypertension. Risk factors remain significant, including 7.4% of smokers in the 10-18 age group, 23.4% obesity (BMI) in people aged 18 and older, and 14.4% overweight prevalence.

Support for a healthy lifestyle is also lacking. Physical inactivity affects 37.4% of the population, low vegetable and fruit consumption affects 96.7%, and excess consumption of sugar, salt, and fat remains high—33.7% for sugar, 30.4% for salt, and 37.4% for fat. Additionally, according to the Sports Development Index (IPO, 2023), public participation in sports decreased from 28.6 in 2021 to 25.4 in 2023.

However, *GERMAS* implementation still faces obstacles, including low public awareness of healthy lifestyle importance, lack of sustainable policy support, and weak coordination among stakeholders. Failure to optimize *GERMAS* in the future risks increasing health financing burdens, potentially disrupting economic stability and reducing community quality of life. This poses a challenge to realizing the vision of Golden Indonesia, which aspires to a healthier society as a pillar of sustainable development.

A critical analysis of previous research shows that Winangsih & Nisa (2020) identified a lack of effective communication strategies in *GERMAS* socialization, while Nursalamah et al. (2021) found the absence of incentive and disincentive mechanisms as the main barriers to community participation. This study aims to fill these gaps by exploring ways to strengthen *GERMAS* policies through cross-sectoral approaches and incentive mechanisms, as well as evaluating program effectiveness using measurable indicators.

Based on problem identification grounded in facts and data related to *GERMAS* implementation—considering the problem tree and ultrasound (Urgency, Seriousness, and Growth)—and recognizing *GERMAS* as a national investment toward Golden Indonesia, it should be prioritized on the government's agenda. Appropriate, measurable policies are needed to strengthen *GERMAS* in the future, focusing on the problem of the "Not Optimal Implementation of the Healthy Living Community Movement (*GERMAS*)." This study aims to analyze the effectiveness of *GERMAS* policies in encouraging healthy living behaviors in communities. The results are expected to provide comprehensive policy recommendations to improve *GERMAS* implementation while contributing to public health literature with a multidisciplinary approach.

METHOD

This study used a qualitative research method with a literature study approach to analyze the effectiveness of *GERMAS* policies in depth. Qualitative methods aim to understand social or human phenomena by exploring the meaning, experiences, and perspectives of research subjects, emphasizing holistic and interpretive understanding rather than numerical data (Nasution, 2023). Data were collected through literature studies by examining various written sources, including scientific journals, books, official reports, government policies, and publications from related institutions. This approach provided an in-depth understanding of *GERMAS* policies, the challenges encountered, and strategies to strengthen the program's implementation for fostering a healthy living culture in Indonesia. The data analysis proceeded through three main stages: data reduction, data presentation, and drawing conclusions.

RESULTS AND DISCUSSION

The Healthy Living Community Movement (*GERMAS*) is a national initiative launched through Presidential Instruction (Inpres) Number 1 of 2017 to encourage community participation in implementing a healthy lifestyle to improve the quality of health and productivity of the Indonesian population (Winangsih & Nisa, 2020). *GERMAS* emphasizes seven main steps, namely doing physical activity, eating fruits and vegetables, not smoking, not consuming alcohol, checking health regularly, maintaining environmental cleanliness, and using healthy latrines. This program involves various sectors, including the government, the business world, and the community, with the aim of reducing the burden of infectious and non-communicable diseases and increasing awareness of the importance of health as a long-term investment (Anggraeni et al., 2024).

The implementation of *GERMAS* shows that although this program has been running since 2017, challenges still exist, such as low public awareness of healthy lifestyles, limited access to health facilities, and increasing non-communicable diseases (NCDs) such as diabetes and hypertension which contribute to the high mortality rate in Indonesia (Nursalamah et al., 2021). Therefore, more appropriate and measurable policies are needed, including incentives for people who implement healthy lifestyles, strengthening regulations related to the healthy food and beverage industry, and increasing cross-sector synergy to support the more effective implementation of *GERMAS* (Akbar et al., 2025).

The results of the analysis found that there are 5 (five) interrelated problems that cause the Not Optimal Implementation of the Healthy Living Community Movement in Indonesia, namely:

1. The basis of the *GERMAS* Policy does not encourage compliance in the implementation of *GERMAS*
2. *Germas* has not been a joint commitment of all parties
3. The success indicators and targets of *Germas* that have been set have not been binding across sectors
4. The incentive and disincentive mechanism in the implementation of *Germas* does not yet exist
5. *Germas* promotion and education have not been implemented massively

As for the current conditions related to the implementation of the GERMAS policy at the central and regional levels, according to BPKP, (2024) explained that the implementation of the GERMAS policy at the central level still faces various challenges. Although Bappenas has stipulated the Regulation of the Minister of National Development Planning/Bappenas Number 11 of 2017 as a general guideline, cross-sector integration has not been optimal, and outcome indicators have not been clearly defined. In the seven years since the issuance of Presidential Instruction Number 1 of 2017, only one national report has been submitted to the President, even though it should be done on an annual basis. In addition, only 22 out of 29 Ministries/Institutions reported the implementation of GERMAS in 2023, and only 35% of KLGs were fully aligned with the Presidential Instruction. The role of the Ministry of Health in encouraging the implementation of GERMAS has also not been fully realized, with the achievement of implementing the GERMAS policy in districts/cities only reaching 73.93% of the target of 90% in 2024. This shows the need to strengthen coordination and monitoring in the implementation of GERMAS at the central level so that it is more effective and integrated between sectors.

At the regional level, the implementation of GERMAS also still faces significant obstacles. Only 18 out of 38 provinces or around 47.3% reported the implementation of GERMAS in 2023, indicating a lack of regional involvement in program reporting and evaluation. Budgeting for GERMAS activities in several clusters has not increased, while forums and activities in the regions have not run optimally. In addition, the role of Bappeda as a regional coordinator is not in accordance with the regulatory mandate, because there is still an assumption that GERMAS is only a health sector program. Regulations related to GERMAS are also not completely evenly distributed, with several provinces not yet issuing supporting regulations. Meanwhile, at the district/city level, 424 regulations have been issued in various forms, including regent/mayor regulations, instructions, and circulars. However, without strengthening coordination and adequate budget support, the effectiveness of these regulations is still limited. Therefore, a more strategic and measurable policy is needed to ensure the sustainability and effectiveness of the implementation of GERMAS in the regions.

In addition, the implementation of GERMAS to date has not fully achieved the six special objectives as stated in the Minister of National Development Planning/Bappenas Number 11 of 2017. In improving physical and improving healthy living behaviors, most people in Tuban Regency routinely cycle according to the FITT principle during the Covid-19 pandemic. As many as 71% of respondents cycled to improve immunity and performance, while 29% only followed trends. The frequency of community cycling reaches 3-5 times per week (62%), with light (37%) and moderate (42%) intensity. The majority (56%) combine aerobic and anaerobic exercise. More exercise time was done in the morning (36%) and afternoon (41%), with a duration of more than 45 minutes as much as 47% (Alfirdaus & Susanto, 2021). In the aspect of providing healthy food and improving nutrition, Widani (2019) revealed that although the majority of adolescents have good knowledge about fruit and vegetable consumption (51.4%), their attitude towards these habits is still not good with the same percentage (51.4%). This indicates that good understanding is not always followed by positive behavior in consuming fruits and vegetables. In conclusion, more effective

education and intervention efforts are still needed to improve attitudes and habits of fruit and vegetable consumption among adolescents.

Meanwhile, in improving the prevention and early detection of diseases, Afriyani and Bellatika (2024) obtained research results that in 2023, the coverage of early detection of cervical cancer through Acetic Acid Visual Inspection (IVA) examination only reached around 4.8%, far below the set target of 50%. This low coverage can be caused by various factors, such as lack of public awareness, limited health facilities, and stigma or fear of screening procedures. Efforts to increase socialization, access to health services, and education about the importance of early detection need to be strengthened to achieve the expected targets. Improving environmental quality is also not optimal, as can be seen from data from Alfakihuddin et al., (2024) stating that the use of coal and fossil fuels as the main energy source for motor vehicles, industrial operations, and population density in Jakarta, along with various other problems, contributes to the decline in air quality in the city. In addition, research by Alif et al., (2023) states that healthy living education has not reached all levels of society, with only 60% of households having a basic understanding of healthy lifestyles.

In the evaluation process, an alternative policy analysis matrix was used which included aspects of *acceptance*, *effectiveness*, *accessibility*, and *legal suitability*. The following is a matrix of alternative policy analysis.

Table 1. Policy Alternative Analysis Matrix

Alternative	Acceptance (15%)	Effectiveness (25%)	Accessibility (50%)	Legal Suitability (10%)	Total
	1	2	3	4	5
Strengthening GERMAS policies that can increase <i>stakeholder compliance</i> in the implementation of GERMAS	9 (1,35)	9 (2,25)	9 (4,5)	9 (0,9)	9
Establish indicators of GERMAS success that are binding across sectors	9 (1,35)	8 (2)	8 (4)	8 (0,8)	8,15
To promote the promotion and education of GERMAS	8 (1,2)	8 (2)	7 (3,5)	8 (0,8)	7,5

Score 1-10

Source: Stakeholder support data refers to the BPKP report (2024)

Based on this analysis, three policy options are prepared as solutions offered as follows.

1. Strengthening Germas policies that can increase stakeholder compliance in the implementation of Germas

Re-strengthening the commitment of all stakeholders at the central and regional levels in the implementation of Presidential Instruction 1 of 2017 on Germas is a strategic step in increasing the effectiveness of the program. Improving the general guidelines of Germas by adding more binding targets and indicators across sectors will ensure the involvement of all parties in a more concrete manner. According to research by Ramadhani et al. (2024), the integration of health indicators into national policies such as the RPJMN can increase cross-sectoral synergy in the implementation of public health programs. In addition, increasing the number and quality of regulations related to Germas at the provincial and district/city levels will accelerate the implementation of more systematic and sustainable policies. Research by Mangalo et al., (2025) shows that the existence of clear and systematic regulation plays a role in accelerating the achievement of health policy goals. The development and activation of the Germas coordination forum involving all stakeholders, both government and private, can strengthen collaboration in the implementation of this program. Finally, a strengthened monitoring and evaluation system will help identify challenges and ensure that the policies implemented can have an optimal impact on the community (Ilhadi et al., 2024).

2. Establish Germas success indicators that bind across sectors

Implementing incentive and disincentive mechanisms in the implementation of Germas is an effective approach in encouraging changes in people's behavior towards a healthy lifestyle. Rewarding individuals and communities who excel in a healthy living culture can increase motivation to actively participate in the Germas program. A study by Saleh et al., (2023) shows that social rewards and recognition have a positive impact on increasing community participation in health programs. In addition, awards to companies or agencies that implement health promotion policies, such as the provision of sports facilities and healthy food, have been proven to improve worker health and work productivity (Sukinah, 2022). Providing tax breaks for individuals or companies that support a healthy lifestyle can also encourage more parties to invest in health promotion. Meanwhile, the application of fines or penalties for those who smoke in places where it is not allowed can be an effective strategy to reduce exposure to cigarette smoke in public places (Susanto, 2024).

3. Carry out massive promotion and education of Germas

Promoting the promotion and education of Germas massively through various media channels is a crucial strategy in increasing public awareness of the importance of a healthy lifestyle. Promotion and education carried out in the household setting can form healthy habits from an early age, as shown in a study by Simampouw et al. (2024) which confirms that family involvement in health education contributes to the success of health promotion programs. In the educational institution environment, the Germas campaign can help build a healthy lifestyle for the younger generation, which according to research by Dahlan (2022), has a long-term impact on reducing the risk of non-communicable diseases. In addition, promotion in health institutions can strengthen the role of medical personnel in providing education to patients and the wider community. In the workplace, Germas campaigns can

increase employee productivity by creating a healthier work environment (Juhanto et al., 2021).

Thus, based on this analysis, three policy options offered to optimize the implementation of Germas include strengthening policies, implementing incentives and disincentives, as well as massive promotion and education. Strengthening Germas policies by increasing stakeholder commitment and improving guidelines and regulations will ensure more effective cross-sector engagement. The implementation of incentive and disincentive mechanisms can encourage compliance of individuals, communities, and companies in supporting a healthy living culture. In addition, promotion and education that are carried out widely through various media channels will increase public awareness and participation in Germas. If necessary, upgrading the status of the Presidential Instruction Germas to a Presidential Regulation can provide a stronger legal basis, so that this policy can run more effectively, systematically, and sustainably in improving the degree of public health.

CONCLUSION

The future implementation of *GERMAS* can be optimized by strengthening existing policies through comprehensive follow-up plans that focus on enhancing stakeholder commitment at both central and regional levels, applying incentive and disincentive mechanisms, and expanding promotion and education efforts to raise public awareness. Stronger stakeholder engagement will improve coordination, while incentives will motivate community and private sector participation in fostering healthy lifestyles. Additionally, elevating the legal status of *GERMAS* from a Presidential Instruction to a Presidential Regulation could provide a firmer and binding foundation for all involved parties. Strategic actions should include developing a robust policy framework with measurable indicators, enhancing cross-sector collaboration through structured synergy, and launching large-scale education campaigns via diverse communication channels. Proper resource allocation, such as funding and training for health workers at the regional level, is also essential. Future research could explore the impact of these strengthened policy measures and incentive systems on community participation and health outcomes, as well as evaluate the effectiveness of upgrading *GERMAS*'s regulatory status in ensuring sustained multi-sectoral cooperation and program success.

REFERENCES

- Afriyani, L. D., & Bellatika, S. S. (2024). Implementasi Program Deteksi Dini Kanker Servik Melalui Pemeriksaan IVA : Implementation of the Early Detection Program for Cervical Cancer Through IVA Examination . *Indonesian Journal of Midwifery (IJM)*, 7(2), 189–199. <https://doi.org/10.35473/ijm.v7i2.3449>
- Akbar, D. N., Arfananda, M. G., Saladin, S., & Rudiana. (2025). Study on the implementation of autonomy and decentralization of the Bandung City Government in the convergence of stunting prevention. *Collaborative Journal of Science*, 8(1), 443–453. <https://doi.org/10.56338/jks.v8i1.6764>
- Alfakihuddin, M. L. B., Hasyim, A., Kuraesin, A. . D., Sena, B., & Radjawane, L. E. (2024). The Role of Urban Green Infrastructure in Improving Air Quality in Jakarta. *UNITEK JOURNAL*, 17(1), 12–22. <https://doi.org/10.52072/unitek.v17i1.776>

- Alfirdaus, Y. A., & Susanto, I. H. (2021). Cycling sports activities during the COVID-19 pandemic in Tuban Regency. *Journal of Sports Health*, 9(3), 81–90.
- Alif, I. S., Karnay, S., & Amir, A. S. (2023). Health Communication Strategy for Stunting Handling (Study on Watang Bacukiki Village, Parepare City). *Interactions: Journal of Communication Sciences*, 12(1), 66-89. <https://doi.org/10.14710/interaksi.12.1.66-89>
- Anggraeni, E. ., Putriyanti, C. E., & Jaelan. (2024). Literature Review: Evaluation of the Implementation of the National GERMAS Program. *Journal of Health*, 13(2), 168–177. <https://doi.org/10.46815/jk.v13i2.259>
- Dahlan, A. F. (2022). Healthy Living Community Movement (GERMAS) campaign in Jenepono Regency. *ISTIQRA: Journal of Research Results*, 10(2), 229-248. <https://doi.org/10.24239/ist.v10i2.1743>
- Hidayat, I., Runtu, A. R., Jannah, F., Junaida, E., & Kowaas, I. N. (2024). Application of Behavioral Economic Theory in Public Health Policy to Increase Public Nutrition Awareness. *Collaborative Journal of Science*, 7(12), 4604-4615.
- Ilhadi, V., Syukriah, Rosdiana, Asran, & Yusuf, E. (2024). Continuous information technology assistance in increasing the development of digitalization in the field of public services and archives. *Journal of Malikussaleh Mengabdi*, 3(1), 121-129. <https://doi.org/10.29103/jmm.v3n1.16696>
- Juhanto, A., Genisa, J., & Al Idris, A. (2021). The Healthy Living Community Movement (GERMAS) program is aimed at increasing work motivation in employees of PT. Maruki International Indonesia Makassar. *Jurnal Public Health and Environment*, 6(2), 75–82. <https://doi.org/10.51544/jkmlh.v6i2.2151>
- Mangallo, E., Baharuddin, & Lambe, K. H. P. (2025). The effectiveness of the duties and functions of supervisors for the implementation of local government affairs at the Central Papua Provincial Inspectorate. *Multidisciplinary Scientific Journal*, 3(2). <https://doi.org/10.57185/mutiara.v3i2.347>
- Nasution, A. F. (2023). Qualitative research methods.
- Nursalamah, M., Giyanto, B., & Sutrisno, E. (2021). Analysis of the implementation of the Healthy Living Community Movement (GERMAS) in Lebak Regency. *Journal of Development and Public Administration*, 3(2), 1–22. <https://doi.org/10.32834/jpap.v3i2.407>
- Pramonodjati, F. (2025). Diabetes mellitus screening through blood sugar checks for the people of Surakarta City at the car free day event. *JIPMASLAB*, 1(1), 28–37
- Ramadhani, D. T., Tanziha, I., Fitri, F., & Mayrindika, E. (2024). Evaluation of human resources in accelerating stunting reduction based on quality family villages in Sumber Jaya Village, Bengkalis Regency. *Prepotif: Journal of Public Health*, 8(3), 7493–7502. <https://doi.org/10.31004/prepotif.v8i3.36475>
- Saleh, A. A. ., Ammar, M. ., & Andriyani, R. . (2023). Social and Environmental Transformation through Renewable Energy: An Impact Study of the Sidrap PLTB in South Sulawesi. *TheJournalish: Social and Government*, 4(5), 263-274. <https://doi.org/10.55314/tsg.v4i5.615>
- Sukinah. (2022). *Analysis of the Implementation of Regulation of the Minister of Health Number 15 of 2013 concerning the Provision of Lactation Room Facilities and Child Care Facilities at the Maros Regency Government Office*. Thesis thesis, Hasanuddin University.
- Sumampouw, O. J., Prince, O. R., & Nelwan, J. E. (2023). Education and Health Promotion in Efforts to Prevent and Control Non-Communicable Diseases. *Journal of Community Service of the Nation*, 1(9), 2081–2087. <https://doi.org/10.59837/jpmba.v1i9.471>

- Susanto, P. E. (2024). The effectiveness of the implementation of regional regulations in non-smoking areas and the role of awareness and legal compliance in the Surabaya area. *Journal of Legal Reform: Cogito Ergo Sum*, 7(1). <https://doi.org/10.51804/jrhces.v7i1.16620>
- Indonesian Health Survey (SKI). (2023).
- Widani, N. L. (2019). Counseling on the importance of fruit and vegetable consumption in adolescents at Sos Desataruna Jakarta. *PATRIA Journal*, 1(1), 57–68. <https://doi.org/10.24167/patria.v1i1.1779>
- Winangsih, R., & Nisa, H. (2020). The communication strategy of the Serang City Health Office regarding the Healthy Living Community Movement (GERMAS) program. *Journal of Scientific Communication*, 1(1), 14–26. <https://dx.doi.org/10.31506/jsc.v1i1.7765>