

The Role Of Health Promotion Management In The Rob Impact Disaster Mitigation Program In Pekalongan District

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Abstract

Background Pekalongan Regency is one of the districts which is always affected by the north sea tidal flood. A total of 3 districts in Pekalongan district are prone to flooding, namely Wiradesa, Wonokerto, and Tirta. The phenomenon of tidal floods that hit the district of Pekalongan the role of health workers is needed, especially a health promoter where health promotion is included in the achievement of one of the objectives of disaster mitigation programs. Research Objectives The aim of this study was to investigate the role of health promotion personnel in the disaster impact mitigation program in Pekalongan District. Research Methods This research uses descriptive qualitative research methods with a case study research design. The process of collecting data uses indeph interview and observation. The technique of determining informants using Purposive Techniques. Research Results The role of health promotion personnel in tidal impact mitigation programs plays a role in counseling activities about PHBS, ODF, DHF, Nutrition, Diarrhea, and Kesling, GERMAS advocacy, approaches to religious and community leaders, cross-sectoral, and health service delivery, broadcast around. The optimal role, and the one that is not yet optimal in taking a role, is in the Rappid Health Assessment section. Conclusion It was concluded that health promotion personnel serving in the work area of the Wiradesa Puskesmas, Wonokerto I Puskesmas and Tirta II Puskesmas in the disaster impact mitigation program in Pekalongan District could play a role and carry out a number of tasks contained in the main tasks and functions in disaster conditions that have been determined by the disaster Pekalongan District Health Office. Recommendations Training for health promotion personnel in the disaster impact mitigation program is needed.

Keywords: Role of Health Promotion Workers, Disaster Mitigation, Rob Flooding

Introduction

Pekalongan Regency is one of the districts that is always affected by the north sea tidal flood. A total of 3 districts in Pekalongan district are prone to flooding, namely Wiradesa, Wonokerto and Tirta (BPBD Pekalongan Regency). The phenomenon of tidal floods that hit the district of Pekalongan the role of health workers is needed, especially a health promoter where health promotion is included in the achievement of one of the objectives of disaster mitigation programs. Disaster situations make vulnerable groups such as pregnant women, infants, children and the elderly vulnerable to disease and malnutrition. In connection with these conditions it is necessary to promote health so that: a). Health can be maintained, b). strive to keep the environment healthy, c). utilize existing health services, d). Children can be protected from violence, e). Reducing stress. Disaster mitigation that has been carried out to

overcome the impact of rob in Pekalongan Regency consists of 2 types namely structural and non-structural. Based on the researchers intend to conduct research on "The role of health promotion workers in disaster mitigation mitigation programs in the District. Pekalongan ". Research purposes :

1. General Purpose
Knowing the role of health promotion workers in the impact of tidal disaster mitigation programs in Kab. Pekalongan.
2. Special Purpose
 - a. Further identifying the implementation of the tidal impact disaster mitigation program in Pekalongan District
 - b. Identify more about potential disasters and analyze the situation of the research location
 - c. Identify more about the description of the informant

- d. Identify more about the description of the informant's answer transcript
- e. Identify more about the description of the role of health promotion workers based on the health promotion strategy
- f. Identify more about the description of the Rappid Health Assessment
- g. Identify more about the description of the Early Warning System
- h. Identify further the critical analysis of the role of health promotion personnel in disaster mitigation programs with their basic duties and functions.

Methods

This research uses descriptive qualitative research methods with a case study research design. The process of collecting data uses indeph interview and observation. The technique of determining informants using Purposive Techniques. The number of informants in this study was 15 informants, consisting of 7 main informants and 8 supporting informants.

Results and Discussion

a. Description of Disaster Potential and Situation Analysis of Research Locations

Based on the research results, the results can be selected from the table below.

Table 4.1 Description potential disaster

NO	Disaster	Areas Disaster Potential Areas Pekalongan			Sub-District
		Coastal Plateau / Mountains	lowland	the coast	
1.	Landslides	√			Lebak, Barang, Petungkriyono, Kandangserang, Karanganyar, Kaien
2.	Earthquake	√	√	√	19 sub-distrik
3.	Strong Wind	√	√		15 sub-district except Suralan, Wiradessa, Wonokerto, Tirta
4.	Flash floods		√	√	Wonopringgo, Kedungwuni
5.	Floods		√	√	14 sub-district except Lebak, Barang, Petungkriyono, Kandangserang, Karanganyar, Kaien
6.	Flood Rob			√	Wonokerto, Wiradessa, Tirta
7.	Abrasion			√	Wonokerto, Wiradessa, Tirta
8.	Tsunami			√	Wonokerto, Wiradessa, Tirta

Based on the table above, it can be concluded that the potential for disaster in Pekalongan Regency has the potential to hit the entire Pekalongan Regency, both in the highlands or mountains, lowlands and coastal areas.

b. Description of informant

1) Main Informant

Based on the results of the research the characteristics of the main informants in this study can be concluded that informants in this research there are 7

main Informant in terms of gender are mostly female, as many as 4 informants. Meanwhile, in terms of age, most informants were > 35 years old, with 6 informants. In terms of work, most of them work as 6 Civil Servants. And in terms of Education level, all the last educated informants were tertiary institutions.

2) Supporting Informants

Based on the results of the research the characteristics of the main informants in this study can be concluded that informants in this research there are 8 supporting Informant in terms of age as many as 4 informants aged > 35 years and 4 informants aged <35 years. In terms of the level of education, most of them were educated graduates from tertiary institutions, namely 4 informants, 2 informants with the most recent education were high school, 1 informant with a junior high school education and 1 informant with the last elementary school education. In terms of profession, there are 3 informants who work as Sipil Public Servants, 2 informants who work as housewives, 2 informants work as private employees and 1 informant is still a student. And in terms of sex most of the women are 6 female informants and 2 male informants.

c. Description of the informant's answer transcript

Based on the transcript of the interview between the researcher and the Main Informant (IU1) it can be concluded that the disaster mitigation program differs between disasters, there is a separate mitigation for disaster. Disaster mitigation that has been carried out in tackling disaster management in Pekalongan Regency with 2 types, namely structural and nonstructural. Structural mitigation by road elevation, parapet making, drainage improvement, embankment construction. Whereas nonstructural mitigation is a program for socializing disaster response communities in order to

increase community knowledge about disaster. Dengan goals and benefits reduce the impact of risks caused both in terms of the environment, government and health. And the Rappid Health Assessment activities are carried out by the Task Force and Reaction Reaction Team

Based on the results of in-depth interviews it can be concluded that the promotive and preventive activities in the disaster mitigation program in each working area of the puskesmas affected by rob are different. And health promotion workers who work in rob affected areas have their own role and adjust the needs in the field and environment. And puskesmas services when rob is also different in each puskesmas.

Based on the results of in-depth interviews, it can be concluded that the health promotion personnel in the working area of the Wonokerto I Community Health Center conduct activities in the rob disaster mitigation program, which is a mobile broadcast and introspective survey. Whereas the Tirto II health center carries out activities in the rob disaster mitigation program, namely counseling involving health cadres in the working area of the Tirto II health center. And the Wiradesa puskesmas does not carry out any activities related to rob. Of the three health centers, health promotion workers did not conduct Rappid Health Assessment activities.

Based on the interview transcript above, it can be concluded that there is a main duty for health promotion personnel in disaster situations, but in the field these health promotion personnel usually work to adjust the conditions and environment of the affected area. There are a number of tasks that health promotion workers have not done so far including in the Rappid Health Assessment activity because there is no further coordination with BPBD on this matter.

Based on the interview transcript above, it can be concluded that the TGC team in RHA activities played a role in mapping rob affected areas.

Based on the results of the interview above, it can be concluded that rob has occurred in the Pekalongan Regency area since 2014, when it will rob affected communities rob has a local wisdom-based self-warning system that is through the wind. After feeling this, the community prepares to save themselves. The majority of people affected by rob do not evacuate when tidal waves hit. When rob struck there was a puskesmas activity that was carried out from the Wonokerto I puskesmas, which was an addition to the puskesmas schedule and an activity carried out from the Tirto II puskesmas, namely by giving free medicines and counseling.

d. Description of the role of health promotion workers based on the health promotion strategy

A description of the role of a health promotion worker based on health promotion strategies carried out in the rob impact disaster mitigation program can be seen in the table below:

Table 4.2 Description of the role of health promotion workers based on the health promotion strategy

No	Component Promotes Strategy	The Work Area Of The Community Health Center		
		Wiradesa	Wonokerto I	Tirto II
1	Advocacy	-	<ul style="list-style-type: none"> a. Activity Broadcasts (Wonokerto I Health Center) b. Determination of additional schedule for mobile health centers and mobile broadcasts c. Wonokerto I puskesmas meeting d. Improvement of puskesmas services e. Work program f. Cross-sectoral meeting on prevention of rob • road elevation • Village planning • Village innovation program • Regulations prohibiting the disposal of riverbank waste g. Discussion of health promotion workforce program at the Wonokerto I Health Center to the Pekalongan District Health Office 	<ul style="list-style-type: none"> a. Regular sector-wide meetings (TN, village and sub-district local government, puskesmas) discussing tackling in the rob region • Making dikes in Mubung village • Road Elevation b. Tirto II health center meeting • Improvement of puskesmas Services c. Emergency health center placement when a large rob hit d. Discussion of health promotion workforce program at the Tirto II Health Center to the Pekalongan District Health Office
2	Social Support	-	<ul style="list-style-type: none"> a. Health cadres workshops b. Cadre participation in conducting introspective surveys 	<ul style="list-style-type: none"> a. Training of cadres in the healthy family data collection program b. Health cadres workshop (Recycling plastic waste into benches) c. Counseling to health cadres
3	Empowerment	-	<ul style="list-style-type: none"> a. Mutual cooperation in elevating the road b. Making a healthy terrace c. Broadcast to the public about ODF, PHBS, DHF, Nutrition, and Environmental health 	<ul style="list-style-type: none"> a. Counseling about skin diseases, diarrhea, RABS, Environmental Health, DHF, PHBS b. Training to recycle plastic waste to the community

Based on the table on the role of health promotion personnel in mitigating tidal disasters according to health promotion strategies, from the three puskesmas with rob affected work areas in Pekalongan District namely Wiradesa Puskesmas, Wonokerto I

Puskesmas and Tirta II Puskesmas there were activities carried out in the health promotion strategy in disaster management efforts rob in the three districts. However, the Wiradesa puskesmas is no longer carrying out health service activities because the Wiradesa sub-district area is no longer the area affected by rob. And rob is no longer a health problem in Wiradesa Health Center

e. Description of the Rappid Health Assessment

When the RHA disaster (Rappid Health Assessment) is carried out from D to D + 3. Rappid Health Assessment (RHA), looking at the effects of the disaster, such as how many victims, what items are needed, what equipment should be provided, how many refugees the elderly, children, how severe the level of damage and environmental sanitation conditions.

The implementation of the Rappid Health Assessment when the tidal disaster struck was the result of coordination between the TGC (Tm Gerak Cepat) team from the Pekalongan District Health Office and the Pekalongan Regency BPBD.

In the RHA (Rappid Health Assessment) activity, health promotion personnel still lack the role because they have been conditioned by the BPBD district. Pekalongan. Health promotion personnel should be able to take part in the RHA (Rappid Health Assessment) activities related to health information that is available when a disaster strikes.

Related to the role in the RHA (Rappid Health Assessment) from the BPBD district. Pekalongan has not conducted cross-sectoral activities with the health department where health promotion personnel are under the auspices of the health department because they can still be coordinated in RHA (Rappid Health Assessment) activities.

The TGC served in the mapping of the tidal disaster area and the place of refuge when the tidal wave hit, while the Task Force and the rapid reaction team were in charge of publicizing the total number of refugees. From the task force and the rapid reaction team there was no member of a public health expert or health promotion staff. Health

promotion personnel should be able to take part in the Rappid Health Assessment activities.

f. Description of the Early Warning System

Pekalongan Regency currently does not have an Early Warning System to detect early when floods will strike. But when the tidal wave will hit, the affected communities will have a local wisdom system based on local wisdom that has been passed down through trust, namely through gusts of wind that are stronger than usual.

This coexistence with rob forms people's perceptions about the sign when a tidal flood will strike. Signs when the tidal flood will hit this according to informants by feeling stronger gusts of wind, people rushed to evacuate themselves or save themselves.

Sea water will usually tide and cause severe tidal flooding to hit during the month of Ramadan. Usually the community itself has prepared for self-rescue and property by moving property to a higher place such as in the attic and evacuating to a shelter that is usually placed in the Kopindo wiradesa building and the Alkaromah Tirta mosque or to relatives not affected by rob.

g. The critical analysis of the role of health promotion personnel in disaster mitigation programs with their basic duties and functions.

The roles / main tasks and functions of health promotion personnel in disasters (Pekalongan District Health Office) are as follows:

a. Pre-disaster

- 1) Counseling / disseminating information about diseases arising from disasters, how to prevent them and how to treat them.

b. When Disasters

1) Study and data analysis

- a) Health facilities and infrastructure which includes sources of clean water, latrines, health posts, health centers, hospitals, public kitchens, public facilities such as prayer rooms, volunteer posts, types of messages and media and IEC aids,

health promotion workers/
community health workers, cadres,
volunteers, etc.

- b) Target data: the number of pregnant women, nursing mothers, infants, toddlers, teenagers, the elderly, people with special needs, and sick people.
- c) Number of evacuation points and temporary shelters
- d) Number of refugees and targets at each refugee point
- e) Cross programs, cross sectors, NGOs, universities and other partners who have health promotion activities and community empowerment
- f) Local government regulations in terms of promoting and preventive efforts

Followed by data analysis based on the potential and resources available in the affected area.

2) Planning

Based on the study and analysis of data, various programs and activities will be produced, taking into account existing resources.

3) Implementation of Activities

- a) Coordination meeting with the local government, NGOs, and other potential partners to map programs and activities that can be integrated / collaborated.
- b) Installation of health promotion media in the form of banners, posters, stickers
- c) Film screening of health, religion, education, entertainment and interspersed with health messages.
- d) Joint gymnastics (general public) including elderly gymnastics
- e) Counseling, counseling groups, families and the environment with a variety of health messages (PHBS in Evacuation)
- f) Organization of integrated Posyandu (emergency) for elderly elderly, in refugee camps or temporary shelters
- g) GERMAS advocacy to the local government
- h) Approach to religious leaders / community leaders to disseminate health information
- i) Strengthening the capacity of post-disaster health promotion workers

- j) Partnerships with social organizations, businesses through CSR programs, health NGOs, health care groups, donor agencies

k) Program monitoring and evaluation

The goals of health promotion are:

- a) Health workers
- b) Realist
- c) Community leaders and religious leaders
- d) Teacher
- e) Cross sector
- f) Cadres
- g) Vulnerable groups: pregnant women, children, the elderly
- h) Society
- i) Community organizations
- j) Business world

Health promotion in emergencies to improve family and community understanding to conduct PHBS in refugee camps, namely:

- a) Breast milk continues to be given to babies
- b) Make it a habit to wash your hands with soap
- c) Using clean water
- d) Defecate large and small in the toilet
- e) Dispose of trash in its place
- f) Eat nutritious food
- g) No smoking 'utilizing health services
- h) Manage stress
- i) Protect children
- j) Playing learning chilli
- k) Post-Disaster
 - 1) Counseling about the importance of keeping the environment healthy, and PHBS
 - 2) Post-disaster recovery
 - 3) Assistance of victims who have experienced trauma

Based on the analysis of the answer matching pattern answer (Pattern matching) it was concluded that the 3 main informants stated that As mentioned the main duties and functions of a health promotion worker during the above disaster situation, which have been carried out by health promotion personnel are as follows:

- a. Counseling about the importance of maintaining a healthy environment and PHBS
- b. Regular meetings with Cross sector

- c. Refer delivery service to the nearest health facility
- d. Counseling / dissemination of information about diseases arising from disasters, how to prevent them and how to treat them such as diarrhea and skin diseases.
- e. Counseling, group counseling, family and environment with a variety of health messages (PHBS in Evacuation).
- f. Organization of integrated integrated health post (posyandu) including the elderly, at refugee camps or temporary shelters.
- g. GERMAS advocacy to local government.
- h. Approach to religious leaders / community leaders to disseminate health information
- i. Additional schedule of mobile health centers
- j. The addition of promotional media with a broadcast around the theme of environmental health, ODF, Nutrition, DHF and PHBS

Conclusions and suggestions

1. Conclusion

Based on the analysis of the results of research conducted on the role of health promotion personnel in the rob disaster mitigation program in Pekalongan district, it can be concluded as follows:

- a. Description of Disaster Potential and analysis of the location of the research location it was concluded that Pekalongan Regency has the potential to cause Landslides, Earthquakes, Strong Winds, Tsunami, Floods, Flash floods, Tidal floods, Abrasion, Coastal Accretion and sea water Intrusion. And the research location in this research is Wiradesa, Wonokerto, and Tirto Subdistricts which are affected by tidal floods
- b. Informants in this study were 15 informants consisting of 7 main informants and 8 supporting informants. It is known that informants aged > 35 years are 10 informants. 10 female informants were female informants. There are 9 informants who work as Civil Servants. The last educated

informants graduated from tertiary institutions were 11 informants.

- c. The description of the informant's answers in this study concluded that the informant's answers obtained were answers based on the research objectives.
 - d. Description of the role of health promotion personnel in the tidal impact disaster mitigation program it can be concluded that health promotion personnel implemented a health promotion strategy in tackling disaster management efforts in Pekalongan Regency.
 - e. The description of the Rappid Health Assessment in this study can be concluded that health promotion personnel who work in the Wiradesa Puskesmas, Wonokerto I Puskesmas and Tirto II Puskesmas play a role in the Rappid Health Assessment activities which include identification of IDP camps, identification of damage or loss caused by disaster, identification of the number of victims of disaster either survived, sick, or died, identification of post-disaster needs.
 - f. The description of the Early Warning System can be concluded that in Pekalongan Regency does not yet have a more sophisticated rob disaster early warning system but still uses a conventional early warning system that is with local wisdom.
 - g. Critical analysis between the role of health promotion personnel in the rob impact disaster mitigation program carried out in the field with the main tasks and functions that should be concluded that the health promotion personnel performing the tasks have adjusted to the basic tasks and functions, although not all tasks can be carried out.
- #### **2. Suggestions**
- 1. For the Community
 - a. Utilize land use according to their respective functions.

- b. Comply with government rules and appeals so as not to throw garbage into the river
- c. Maintain and improve personal hygiene and the environment in which you live
- 2. For the Government
 - a. Making maps of the level and distribution of flood disasters in the Districts of Wiradesa, Wonokerto and Tirta Districts and informing the wider community.
 - b. Establishment of disaster management organizations at the village level as well as forums that actively discuss the tidal flood disaster, especially in villages that are often affected by tides.
 - c. Speed up the construction of dykes in Wonokerto sub-district
 - d. Conduct training for health promotion personnel related to rob disaster mitigation programs.
 - e. Repair of drainage canals affected by rob
- 3. For other researchers

For further research, research can be done on the use of rob water for the community.

References

- Mudjiharto, dkk. 2010. *Manajemen Bencana di Indonesia : Perspektif Promosi Kesehatan dan Psikologi. Manajemen Bencana di Indonesia dan Peran Promosi Kesehatan dalam Manajemen Bencana*. Peminatan Perilaku dan Promosi Kesehatan, Program Studi Ilmu Kesehatan Masyarakat, Fakultas Kedokteran Universitas Gadjah Mada, Senin, 19 Juli 2010
- Notoadmodjo, S. 2011. *Kesehatan Masyarakat Ilmu dan Seni*. Jakarta: Rineka Cipta
- Priyanto, Agus. 2006. *Promosi Kesehatan dalam Situasi Emergensi*. Edisi 2, Jakarta : EGC.
- Salim, M.A., Siswanto, A.B. 2018. *Penanganan Banjir dan Rob di Wilayah Pekalongan*, Mei 2018 : 1-8 (Online). Diunduh tanggal 28 September 2018
- Sudibyakto, 2011. *Manajemen Bencana di Indonesia kemana ?*. Yogyakarta : Gadjah Mada University Press
- Susanto, 2006. *Disaster Manajemen di Negeri Rawan Bencana*. Cetakan Pertama, Jakarta : PT. Aksara Grafika Pratama
- Trisnowati, H. 2010. *Promosi Kesehatan dalam Keadaan (Studi Kasus Bencana Gunung Merapi di Yogyakarta)*, November 2010 : 8 (online). Diunduh tanggal 30 Agustus 2018
- Waskitaningsih, Novita. 2012. *Kearifan Lokal Masyarakat Sub-Sistem Drainase Bringin Dalam Menghadapi Banjir*, Desember 2012 : 8 (online). Diunduh tanggal 7 April 2019