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# A Study on the Implementation of Community Health Care (*Perkesmas*) Program with the Precede-Proceed Model

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**Abstract:** ***Community Health Care (Perawatan Kesehatan Masyarakat/Perkesmas) is an essential public health activity which should be organized by the Community Health Center (Puskesmas) in order to achieve the minimum service standard (SPM). This study aimed to investigate the implementation of Perkesmas through the use of the PRECEDE–PROCEED model at the Puskesmas. This qualitative study employed the phenomenological approach, with the data obtained through face-to-face in-depth interview. The respondents were the organizers and managers of the Perkesmas program at Puskesmas and Health Office, selected by using the purposive sampling technique. The data were then analyzed by using the content analysis. Findings showed that the community's quality of life was still low, the program implementation was not optimal, and the people's attitudes and the environment were not supportive to the program. In addition, the program had some predisposing factors, enabling factors, and inhibiting factors. There were also distortion of knowledge and information on the program and the poor organization of the program. It is suggested that efforts are made to increase the socialization of the program in order to raise awareness for the organizers and the managers of the program. This will also help improve the culture of the Perkesmas organization in achieving the community needs.***

**Keywords:** Perkesmas, Health Program, Precede-Proceed, Community Nursing

## 1. Introduction

Health development is a principal investment for a quality human resource development. To support this, there needs to be a systematic, directed, integrated, and comprehensive health development plan in addition to the involvement of various sectors and components of the nation [1]. The administration of Community Health Efforts (Upaya Kesehatan Masyarakat/UKM) and Individual Health Efforts (Upaya Kesehatan Perseorangan/UKP) as basic health services should not be separated from the implementation of Community Health Nursing Services (Pelayanan Keperawatan Kesehatan Masyarakat--hereafter *Perkesmas*).

Community needs analysis is necessary to be included in a health program. Previous reports mentioned that the analysis of health needs could facilitate community participation in health programs, avoid wasting costs or budgets, and provide a basis for evaluating programs [2]. Li et al. [3] also assert that needs analysis is one of the important considerations in planning a health program, especially in terms of community health empowerment, so that the the program can be applied according to the specific needs of the community.

In relation with the planning and implementation of the community health program, the Aceh Health Office has made efforts to strengthen the *Perkesmas* program by providing training to the *Perkesmas* nurses. A total of 146 *Perkesmas* nurses from each District participated in the training carried out in four periods, and ten of them came from the Community Health Center (hereafter *Puskesmas*) in West Aceh [4]. The data [5] showed that the *Perkemas* had not been well-implemented at *Puskesmas*. Although two *Puskesmas* had sent their staff over to attend the training and guidance of *Perkesmas*, there have been no reports made from the said *Puskesmas* to the District or Provincial Health Office regarding the implementation of the program.

The preliminary observations indicated that there was no standard documentation in terms of monitoring and evaluation of the successful implementation of the *Perkesmas* i.e., the absence of report forms or documented data on the number of *Perkesmas*-assisted villages, the percentage of special groups fostered, the percentage of cases that received follow-up nursing care at home, the number of regional nurses, and the structure of *Perkesmas* at the Health Office and the *Puskesmas*.

Although the program had been planned from 2006, *Perkesmas* is yet to be properly conducted. Therefore, this present study aimed to investigate the experience and understanding of the health workers on the implementation of the *Perkemas* program at the *Puskesmas* through the use of the PRECEDE – PROCEED model.

## 2. Research Methods

This study used the qualitative research methods with the phenemenological approach. The respondents were the organizers and managers of the *Perkesmas* program from a district in Aceh Province, Indonesia, selected by using the convenience sampling technique.


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Data were collected through in-depth interview, with a prepared interview guide. A total of five main questions was asked to the respondents, related to the knowledge about *Perkesmas*, the role of the officers, the obstacles, the supports, and the assessment of the officers on the needs of the community planning program. The questions were developed in accordance with the concept of the PROCEED-PRECEED model [6]. The time and place for the interview were set based on the respondents' convenience [7]. Besides the interview, field observation and documentation study on the report system and the program administration at the Health Office and its networks were also carried out.

The content analysis method was used to analyze the data [8]. The data analysis comprised reviewing the transcription, identifying the meaning of each response, decoding, and developing the sub-categories, categories, and themes. The initial findings were later discussed with the other research members to obtain an approval.

## 3. Results

The study involved eight respondents, four males and four females, aged between 41 and 50 years. The highest education was Bachelor's degree, and the longest work experience was 10 years. The respondents had experienced in average of less than two years of managing the *Perkesmas*, and of more than two years of organizing the *Perkemas*.

### 3.1 Non Optimal Quality of Life

Independence and health are two aspects that emerged from the respondents in regard to the goals and achievements of the *Perkesmas* implementation and the perceptions of the community's quality of life. They claimed that the life quality of the community was still not optimal enough. Below are two excerpts of their responses:

> "Well, it will make the community become more independent if the program can be well-applied..." (Respondent 2)

> "We can see from the impact of the program. This program should help the people to be healthier and even better." (Respondent 7)

### 3.2 Non Optimal Planning of the Program

The respondents considered that the implementation of the *Perkemas* and also the proposed activities, the achievement data, the target data, and the activity records were not optimally done. The following are their comments:

> "There's not yet specific arrangement for the Perkesmas program." (Respondent 7)

> "Well, we don't actually know the [Perkesmas] indicators. We don't know about that, but we only understand that, if there's a visit, mental visit, it means it's a mental patient, and if there's a visit for diabetes, that means... the patient belongs to the non-communicable diseases program." (Respondent 2)

The target data of the program was not well-documented, either for its entirety or for an activity. Here is the respondent's remark:

> "We don't have accurate data on the *Perkesmas* program." (Respondent 6)

### 3.3 Less Conducive Behaviors and Environment

The physical and non-physical behaviors and environment were said to be less conducive for the *Perkesmas* to implement, as stated by the respondents' below:

> "It's only limited to this..., only a report on the results of official travel." (Respondent 2)

> "For a special report on *Perkesmas*, we had never made it." (Respondent 8)

The equipment used in the implementation of the *Perkesmas* activities was also a concern of the respondents, as one of them revealed in the following:

> "The [Health] Office provided some equipment, such as a minor set, blood pressure monitor, and blood glucose meter, and that's all. But we don't know where most of the equiment is, so if they need to be returned, we can only give some equipment back, but not the report..." (Respondent 2)

The respondents also felt that the non-physical environment was not supportive to the program, especially in terms of the interactions between fellow officers. A respondent stated that:

> "I'm a head of the *Puskesmas* Sub-center, but when I enter the *Puskesmas*, I was totally shocked." [expressing the feeling of adapting in a new environment] (Respondent 3)

Further, the monitoring and evaluation were stated to be not properly carried out. Below is the response:

> "The monitoring only involved asking things, but not very clear [on what]..." (Respondent 2)

### 3.4 Predisposing Factors of the Perkesmas Program Implementation

The predisposing factors of the *Perkesmas* implementation included expectations and training, as stated below:

> "If possible, I hope that the program can be applied in every *Puskesmas*." (Respondent 1)

> "So, I hope that after you, hm, come, I hope you can give some enlightment to us about, hm, the true structure [of the program]. So, we can later make some regulations and cooperation with others, which will help improve the implementation of the program." (Respondent 4)


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In addition to the aforementioned factors, in order for the program to run well, the human resources should be trained adequately.

> "There were two participants in the training from our *Puskesmas*, and some others from different *Puskesmas* and the [Health] Office." (Respondent 1)

### 3.5 Enabling Factors of the Program Implementation

Factors that enabled the program implementation included the staff commitment/initiatives, funding, and regulations of the *Perkesmas* program. In terms of the staff initiatives, some respondents remarked that:

> "Our first effort was to form a team." (Respondent 1)

> "So, that's what we thought of...we paired nurses with midwives to foster the villages. That's our initiative, Sir, because we considered that the community needed to have better health services." (Respondent 4)

In relation with the need for appropriate funding sources or procedures, a respondent stated:

> "We have three sources of funds. The funds were used to, hm, to the health services outside the building that we involved in [the program] which was the pairings between nurses and midwives." (Respondent 4)

Another factor considered necessary in enabling the implementation of the program was the supporting regulations. One respondent said:

> "It is easy to make regulations [for the program] if they are readily available." (Respondent 7)

### 3.6 Obstacles of the Program Implementation

The obstacles in the implementation of the *Perkesmas* included the program priorities and needs, and the behaviors and understanding of the organizers or managers. The following are the respondents' comments:

> "Hm, I don't think that as the cause, but rather because of the existence of other supported programs, such as mother-child health care, immunization, and nutrition." (Respondent 1)

> "It is indeed an old program, but it is treated as if it were not significant at all." (Respondent 2)

The obstacles were also related to the view whether or not the program was important. Here is the response:

> "So, there's no point about it [Perkesmas] in the proposal because the proposed programs came from *Puskesmas*. We only accepted and documented it. Well, whether it is needed or not, it depends on the *Puskesmas* since the *Puskesmas* is the one that understand what programs they [people] need and which programs should be implemented." (Respondent 7)

### 3.7 Distortion of Program Knowledge and Information

The distortion of the knowledge and information of the program involved several aspects. Some respondents were identified as having lack of knowledge about the program definition. Here are some statements:

> "I don't know for sure, but the *Perkesmas* activities also included, hm, the Hajj [pilgrimage]." (Respondent 3)

> "Hm, what if I don't know about it, Sir, because what I know is really limited?" (Respondent 7)

The respondents also did not understand well about the objectives of the *Perkesmas* program, as stated below:

> "Hm, the program aimed to coordinate all activities at *Puskesmas* and to carry out the programs at *Puskesmas*, including six main community health programs. I think it [Perkesmas] was part of them, wasn't it?" (Respondent 6)

Aside of the definition and goals, the *Perkesmas* program also had its scope of activities; however, the respondents were found to have low understanding on the scope of Perkesmas activities. One respondent said:

> "It is true that *Perkesmas* involves Hajj [pilgrimage], and within the Hajj there are three activities, one of which is the *Perkesmas*, examining the Hajj pilgrims, and now fitness exercise is added." (Respondent 3)

Further, specific information on the *Perkesmas* implementation was also not well-understood, and the respondent had not received any information about the program.

> "For the detail implementation of the program or how it should be carried out, I still have no idea." (Respondent 8)

### 3.8 Program Not Well-Organized

There was a failure in organizing the coordinating links, between divisions, coordination, job descriptions, and regulation draft. Here is the respondent's statement:

> "There is no specific organizational structure that guides the *Perkesmas* activities." (Respondent 1)

The existence of divisions and/or coordination lines between officers, both as the organizers and managers in the implementation of the *Perkesmas*, was still poorly understood.

> "After all, I don't know with which Office we should coordinate." (Respondent 1)

## 4. Discussions

Previous reports [2] have mentioned that it is important to have a social assessment by analyzing the quality of life of the individuals and the community. The community can assess its needs through diagnostic or social analysis activities, including by identifying the results that have been


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achieved from an intervention (i.e. "What has been achieved in the quality of one's life and community's?"). The health officers' understanding or views in carrying out the social diagnosis can be observed through their understanding on the community's quality of life. Direct interviews can be conducted to figure out whether or not the community needs a program, and thus, the officers can implement the program that improves the community's quality of life.

Quality of life is an individual's perception of the position of the individual in life according to the cultural context and the value system he/she adheres to, the place he/she lives, and the relationship with the individual's expectations, goals, standards set, and attention. The issues that cover the quality of life are very broad and complex, such as physical health, psychological status, level of freedom, social relations, and living environment [9].

The level of individual independence in solving health problems that arise will have an impact on the good or bad quality of life of the individual, the family, and the community. Previous studies [2] have indicated that the health aspect is very influential on a person's quality of life. In general, the *Perkesmas* program aims to enhance the community independence in addressing its health problems, escpecially on health nursing care, which will lead to achieving the optimal status of public health [10].

In the epidemiological diagnosis phase, it is important to identify the factors that affect the quality of health in the implementation of the *Perkesmas*. The data can then be used as a basis or information for the *Perkesmas* officers or managers in determining the needs and priorities of the activities, and also for consideration in preparing the proposed activities and the budget needed.

The results of this study showed a relationship between the behaviors and the environment, both physical and social environment in the process of the *Perkesmas* implementation. The application of organizational behavior is required for every officer, which refers to the actualization of knowledge and insight on how to act in an organization [11]. Careca [12] reported that there was a correlation between work environment and motivation.

The predisposing factors of the program implementation are related to the aspects that facilitate or influence a behavior of the health officers in conducting the *Perkesmas*. These factors refer to the antecendents of the rationale or motivation of an action. In this study, the factors included the expectations and training for a better program. According to Wibowo [13], personal factors such as the levels of skill, ability, competence, motivation, and commitment are one of the factors that can affect the performance of an officer.

Meanwhile, the enabling factors found in this study included the initiatives, funds, and regulations. Sulaiman, Wurti & Waryana [2] argue that, if properly modified, the initiatives, funds, and regulations may have a huge impact on the changes of behavior and maintain the process of behavior's changes.

The finding of this study revealed that there was some source of funding that could be allocated for the *Perkesmas*; however, the available funds were not specifically used for the *Perkesmas*, rather for the other programs. The existing regulations, including the Minister of Health Regulation number 279 of 2006 concerning guidelines for organizing *Perkesmas* and the Minister of Health Regulation number 75 of 2014 concerning *Puskesmas*, can be used as references, so that the program management can perform well according to the established guidelines and instructions. The initiatives of the program organizers or managers could provide positive benefits for the implementation of the program. The initiatives, for instance, were related to the attempts to help carry out the administrative activities when another fellow officer was ill, so that the program could still continue [14].

In terms of the inhibiting factors, the study found that there were some issues that hampered the program. Green & Kreuter [15] indicate that conflict of purpose or program can emerge due to changes in the goals and objectives of the new plan. Therefore, the priority of the program needs should be based on the achievement data in order to figure out what activities should be carried out. Conflict should be resolved through clarification of priorities, and goals must also be adjusted to the existing system or policy.

The study also indicated that there was distortion of the knowledge and information of the program. The distortion included the definition, goals, objectives, activities and scope of the *Perkesmas* program. Most of the respondents showed that they had 'no idea' on the program definition. In fact, the *Perkesmas* is an essential public health activity which should be organized by the *Puskesmas* in order to achieve the minimum service standard (SPM) in every municipality or district [16]. Mudiyah, Pratomo & Besral [17] reported that there was a significant relationship between exposure to information and individuals' attitudes and knowledge. The efforts to disseminate and promote the information on the program definition, goals, targets, scope, activities, schedule, resources, and other relevant issues are important for the organizers and managers, either through direct means or through the media, to every *Puskesmas* and district [10].

Green and Kreuter [6] state that one of the activities in phase five is applying an educative approach. This approach is one way to bring about changes in policies and organizations, which help to clarify the undergoing situations. The program socialization aims to increase the knowledge of the organizers and the managers who will change the attitudes and behavior of the officers in carrying out the *Perkesmas* program. Further, Septiyani [18] points out that a *Perkesmas* program coordinator should be able to set priority issues, conduct guidance, and reflect cases since the coordinator performance is highly correlated with his/her knowledge. Therefore, capacity enhancement for the *Perkesmas* organizers and managers should be conducted in order for their performance to improve.

The program organizing activities, in this study, were still considered lacking. The coordination, job descriptions, and functions were not properly understood by the respondents. The head of *Puskesmas* who is in charge of the *Perkesmas*,


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in fact, should determine the nurses organizing the *Perkesmas* at the *Puskesmas*, the regional-assisted nurses, as well as the *Perkesmas* coordinator at the *Puskesmas* to execute the *Perkesmas* program. The head of the *Puskesmas* should be responsible for every activity in his/her work area, which includes *Perkesmas* [19]. The regulations on the strategy for implementing the *Perkesmas* at the regional level were also not yet available.

The policy made at the District level as a derivative of the regulations set by the central government is pivotal to the socialization and political advocation of the program. This regulatory need will have an impact on the implementation or improvement of the *Perkesmas* program. Such an impact can be understood from what Wahyudin, Natsir & Susanti [20] have remarked; that there was a strong influence on service quality as a result of the implementation of the national health insurance program policy.

## 5. Conclusion

The *Perkesmas* program can be well-executed if the organizers and managers have adequate knowledge and understanding on the program, which can be gained properly from the socialization or dissemination of the program information. This will eventually help the *Perkesmas* to be able to suit the needs of the community and to have an impact on the people's quality of life.

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