Policy Analysis of Healthy Community Movement (Germas) during Pandemi COVID-19 in Yogyakarta

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ABSTRACT
The social environment, including policies, promotes health and COVID-19 prevention. The Healthy Community Movement (Germas) and COVID-19 prevention in Yogyakarta were analyzed for content, method, and policy actors. We apply a qualitative research of policy. We apply rapid assessment procedures (RAP) using focus group discussion (FGD) and desk review to observe various of policy from the government website. Research conducted in Yogyakarta from March to May 2021. Data was analysis by qualitative content analysis based on content, process, context, and actor categories. Germas policies were found at all levels—national, provincial, and districticity. According to policy content, Germas was a movement to promote healthy living based on community empowerment, with 7 points: physical activity, eating fruits and vegetables, not smoking, not drinking alcohol, early detection and medical examination routine, clean lifestyle, and using the toilet. Process-based policies were national, provincial, and municipal. Local government, universities, Corporate Social Responsibility (CSR), and community were policy actors. The Special Region of Yogyakarta has several policies encompassing many sectors of life to assist the implementation of Germas in the pandemic era, carried out by stakeholders, CSR, universities, and all of people.

Keywords: Healthy Community Movement; COVID-19, prevention; control; transmission

INTRODUCTION
The pandemic status of COVID-19 has been announced by the World Health Organization (WHO) as of March 2020. And now, this pandemic is regularly monitored and responded to by the World Health Organization(1). It was followed by Indonesia through the President of the Republic of Indonesia’s declaration, that COVID-19 is a National Disaster that needs comprehensive intervention(2). Expertise predicts that COVID-19 will continue for up to 4 or 5 years(1). When it comes to dealing with COVID-19, the most important thing to do is break the chain of transmission(3). GERMAS (Healthy Living Community Movement), including washing hand(4) regularly is a feasible and effective effort to prevent and break the chain of transmission of COVID-19. Government regulations and policies are social factors that greatly determine the individual practice of GERMAS(5). Continuous implementation of policies and changes in
community behavior of GERMAS guidelines can provide better results in controlling COVID-19 in order to facilitate a decrease in the total number of cases (6)(7).

The optimization of GERMAS nationally has been started in 2017 through Presidential Instruction No. 1 of 2017(8). We need multi-sectoral collaboration to prevent and control of COVID-19 transmission, as has been proven in China and The America(9) dan Ethiopia(10). In this new normal era, it is imperative to broaden the scope of GERMAS optimization to include not only the prevention and control of infectious diseases, but also the promotion of public awareness in response to the COVID-19 outbreak. Previous research show that perception are the determining factor in a person’s compliance to health protocol, proven at Indonesia (11), South Korea(12), and among health worker in India(13).

Regulation and policy is a reinforcing factor to encourage people’s behavior in making efforts to tackle and break the chain of transmission(14) (15). The purpose of this study is to describe the content, process, context, and actor dimensions of the Germas policies and programs implemented in the Special Region of Yogyakarta during the COVID-19 pandemic.

METHOD

This was a policy analysis using primary and secondary data. We apply a-qualitative data using rapid assessment procedures design and Focus Group Discussion to collect primary data. The informants were all the providers and local administration in DI Yogyakarta, Indonesia. While the secondary data was conducted by document review sourced from government website in Yogyakarta. The data collected includes content, context, process, content, and actors aspects of policies related to Germas during the COVID-19 pandemic in March-May 2021, in Yogyakarta.

The conceptual framework of this research was below, see Fig 1.

Document studies were carried out on the documents of Germas activities in Yogyakarta. The document study was conducted to determine program achievements, and other data related to Germas activities. Data analysis was carried out descriptively, a combination of desk review results, document studies, and also the results of primary data analysis. The ethics committee of the Faculty of Medicine, Public Health, and Nursing at Universitas Gadjah Mada No. KE/FK/0310/2016 has given their approval for this study. All participants provided their informed consent.

RESULT AND DISCUSSION

Germas promoted healthy living through community empowerment and seven points: physical activity, eating fruits and vegetables, not smoking, not drinking alcohol, early detection and medical examination routine, clean lifestyle, and using the toilet.. This aspect of Germas content is very appropriate for dealing with COVID-19. Germas is a fairly optimal prevention method when people are obedient. In its development, several local regulations were issued to encourage efforts to break the COVID-19 chain, such as restrictions on gatherings, weddings, restaurants, breaking the fast, religious holidays, and others.

The context of the Germas policy is regulated in stages from the center to the regions. The Healthy Living Community Movement (Germas) is regulated at the national level by Presidential Instruction No. 1 of 2017. The next derivative of the rule is the Regulation of the Minister of National Development Planning/PPN of the head of Bappenas No. 11 of 2017 concerning General Guidelines for the Implementation of Germas. At Yogyakarta, the regulation on Germas is poured into Pergub DIY number 44 year 2017 concerning the Regional Action Plan for the Healthy Living Healthy Yogyakarta Community Movement. Other regulations that are in synergy with the contents of Germas where Regulation of the Governor of the Special Region of Yogyakarta Number 80 year 2016 concerning the Regional Action Plan for Food and Nutrition for 2015 – 2019, Regulation of the Governor of the Special Region of Yogyakarta Number 88 year 2012 concerning Instructions for the Implementation of the Movement for the Acceleration of Diversification of Food Consumption Based on Local Resources, Regulation of the

Figure 1. Policy analysis triangle (adapted from Walt and Gilson 1994)


Regulation of the Governor of the Special Region of Yogyakarta Number 48 year 2020 concerning Guidelines for Compiling Guidelines for the Implementation of Public Service Activities and Community Economics in the Special Region of Yogyakarta in the Prevention and Control of COVID-19, Instructions of the Governor of DIY Number 4/INSTR/2021 concerning the Policy for Restriction of Community Activities, then Officer of Education, Youth and Sports in Yogyakarta number 421/02280 Learning at Home for School Children in
the context of preventing COVID-19, Circular Letter of the Governor of the Special Region of Yogyakarta Number 421/5598 year 2020 concerning Extending Learning at home/or Online for Students During the COVID-19.

Base on the process, there were national, provincial, and local policy levels. At the national level, there were presidential instructions, regulations of the minister of national development planning, while the governor’s, regent’s policy at the province and region level respectively. Some policies at the local government and the districts/cities in DIY have the same scope of content, namely the Regional Action and Plan (RAD/Rencana Aksi Daerah) which includes: 1) Increasing physical activity; 2) Improvement of clean and healthy living behavior, 3) Provision of healthy food and acceleration of nutrition improvement, 4) Increased prevention and early detection of disease; 5) Improving the quality of the environment; 6) Improved education on healthy living.

The policy actors were all agencies both government, universities, private sectors, corporate social responsibility (CSR). The officer of Mental Health Bureau as a coordinator on implementation and evaluation Germas plan. The universities have role play as health educators to help improve public health literacy related to COVID-19 so that people can make these decisions in new life adaptation. The COVID-19 pandemic drives universities to be the more active transfer of information, education, and communication-related to COVID-19 and take a role as agents of change healthy lifestyle. Moreover, the COVID-19 pandemic is accompanied by an infodemic. The sense of social responsibility of higher education has encouraged the campus community to play its role in helping the surrounding community to be able to adapt better(16). Stigma is one of the side effects of COVID-19 which is accompanied by an infodemic. Stigma is one of the problems that need special attention in addition to physical activity and diet as well as mental health problems that are heavily affected by the pandemic.

Based on Lawrence Green’s Theory-Precede Proceed Health Behavior Change Model, the behavior of a person or society is influenced by predisposing, enabling, and reinforcing factors. Predisposing factors are factors that enable a person/society to behave, such as age, gender, knowledge, attitudes, beliefs, espoused values, perceptions, motivation of a person/society to act. Enabling factors include the skills and resources to perform health behaviors, such as funding, transportation, communication stuff, and others. Reinforcing factors such as attitudes and behavior of health workers, community leaders, religious leaders, parents, policies, and regulations(16). It is also implemented in the COVID-19 context.

Several policies related to Germa have been issued in Yogyakarta before Presidential Instruction Number 1 of 2017. These issues include control smoking behavior, increase physical activity, healthy eating patterns, measure body weight, and medical check-up regularly, and stress management. Many regulations support Germa, both at the provincial and district/city levels. However, previously Indonesia had a Clean and Healthy Life Behavior (PHBS) program which then the points from PHBS were used as a movement for healthy living communities. COVID-19 was a monumental time to sharpen the practice of clean and healthy life behavior.

The process of policy seems to be a hierarchical national-provincial-local regulation. At least there are 168 regulations both issued by the provincial and district/city governments in DIY the COVID-19 context until May 2021. This shows the attention of the DIY government to controlling COVID-19. Based on the policy triangle, the content of policy such as 6 main aspects: 1) Increasing healthy living behavior; (2) Provision of healthy food and acceleration of nutrition improvement; (3) Environmental quality improvement; (4) Increasing education on healthy living; (5) Increased physical activity; and (6) Increased prevention of early detection of disease. However, there was much regulation to support healthy leaving behavior to support and control COVID-19 transmission; increased awareness of the risk of transmission of COVID-19 infection, tighten and enforce health protocols, postpone mass mobilization and visits, spray disinfectants, increase body immunity, health protocol for opening school, monitoring and evaluating the implementation of health protocol by physical or social punishment, warning for using masks every time, COVID-19 task force at the level of local circumstances level, Restricting Micro-Based Community Activities, 3M, 4M, and 5M movements, guidance on mass activities such as worship, the celebration of religious holidays, weddings, offices, schools, shopping, traveling, etc. For further, We also use telehealth, tele counseling, and other applications to decrease people contact and crowd. There are regulations for employees by shifting or Work From Home (WFH) and Work
Form Office (WFO), prevention of transmission by restriction of traveling especially for the civil servant on long weekends, Eid and other national holidays, prohibition on fasting break, regulation for market opening hours, malls, supermarkets, recreation areas, restaurants, and so on.

The actors’ aspect shows that many officials involved and support Germas implementation to prevent and control COVID-19 spreading. The government, CSR, and universities commit to combat COVID-19. Universities play the role to control COVID-19 by implementing healthy campus, learn from home, restricting the mobilization, volunteer of the COVID-19 task force, shelter for COVID-patient, and also tracking and tracing, agent of change healthy lifestyle and educator or health promoter(16).

Thus, the provincial and district government in Yogyakarta have shown their commitment to prevent and control COVID-19. This is evidenced by the fact that there are many different rules and initiatives that are being carried out for the purpose of preventing and controlling COVID-19. Prevention and control efforts are carried out through the implementation of policies such as 3M, 5M, and 3T and also refocusing some budget allocation. All region organizations also pay attention to the COVID-19 prevention and control program in DIY. Thus, both the health and non-health sectors are moving to overcome this pandemic.

Besides the government, universities, local organizations, Corporate Social Responsibility (CSR) also care to the implementation of Germas. For example, they provide handwashing facilities, physical activity facilities, pedestrians, and others. They also give health service support: such as COVID-19 referral hospital, provide ambulances; control support such as socialization and education throughout media (television, newspapers, posters, flyers, standing banners, billboards, online campaigns through social media accounts, and holding online talk shows with topics around COVID-19, c) socio-economic assistance: managing donations and distributing various aids to affected communities who have not received assistance from the government, d) development support: working with academics creates innovations(17).

There is an important thing in Germas regulation implementation and tackle COVID-19, it is a social capital(18). Yogyakarta has a good social capital, a quite reliable effort to alleviate the problem of the COVID-19 epidemic. For example, several social actions carried out in community social units, cooperation holding consumption for patients who are self-isolating at home/shelters, spraying, or independent shelters(18)(19). Another activity initiated by the community is the Jogja Food Solidarity (SPJ). Activities carried out are by distributing masks, food, and vitamins. This group consists of students, NGOs, community organizations, and individuals. Until now, there are 11 Jogja Food Solidarity posts throughout DIY. In addition to the social capital, Sonjo (Sambatan Jogja) is a form of social action that is by following the local wisdom of DIY.

CONCLUSION

A comprehensive policy to encourage and strengthen the implementation of a synergistic, harmonious, Germas implementation. It needs socialization, policy enforcement, IEC using many media and methods to literate people, have a positive attitude and behavior in carrying out Germas practices to to address the pandemic of COVID-19. For example, with online physical activity competitions, literacy with tiktok, campaigns through twibbone and others.

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