Strengthening social media utilization among primary health center

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Abstract

Purpose: The COVID-19 pandemic changed health services in primary care settings. Puskesmas continued to provide information, education, and health promotions by utilizing social media, but how do they do it, and what do they need? Data still needs to be provided. This study will provide an overview of social media utilization and its organizational factors within Puskesmas in Jakarta. **Method:** This qualitative descriptive study was obtained through focus group discussions (FGD) and secondary data. Puskesmas was selected by sampling and analyzing social media (Instagram, Facebook, Youtube, and Twitter) at 42 centers and selecting four centers with the highest and 2 with the lowest utilization. **Results:** Instagram is a frequently used social media (95.2%). For organizational factors, in terms of planning, the social media officer has a monthly-annual plan for uploading materials. For organizations, there are divisions of tasks. The Head of the Health Center provides guidelines for direction, and the Head of Puskesmas directs the content. For control, the Head of the Health Center and Puskesmas evaluate the report monthly. **Conclusion:** Instagram is the most widely used, and the organizational factors are the availability of infrastructure, budget, team officers, and evaluation from the Head of the Health Center and Puskesmas. Only four Puskesmas were involved in this study, and selecting criteria based on four types of social media are limitations in this study to represent all Puskesmas that may be active in other social media such as WhatsApp and TikTok.

Keywords: health promotion; primary health care; social media; supporting organizational factors

INTRODUCTION

The COVID-19 pandemic has resulted in changes to social media use in health facilities services—efforts to limit transmission by creating distance and reducing contact with digital visits via telephone [1]. Health promotion activities by health facilities using social media have successfully increased the number of online and offline patient visits [2]. Providing digital health information can be more cost-efficient and has more extensive coverage than offline activities. Also, disseminating information related to health services available at health facilities can be known more quickly through social media [3]. WhatsApp groups for pregnant women in community health centers can be a strategy for disseminating information and a support group so that people can have regular appropriate pregnancy check-ups [4]. Using several social media

platforms by a health facility in Tangerang, such as websites, Instagram, email, and Facebook, can help hospitals promote health [5].

The role of Puskesmas is wider than providing individual and community health services. Puskesmas must work effectively and efficiently to carry out their prominent roles, and social media can improve communication between users and healthcare providers [6]. Based on data from Hootsuite Digital Indonesia 2020, the number of active social media users in Indonesia is 160 million. The social media types most used in Indonesia are YouTube, WhatsApp, Facebook, Instagram, and Twitter [7]. Based on data from the Central Statistics Agency for 2019, DKI Jakarta is a province with the highest information and communication technology development index and the highest proportion of individuals using the internet (73.6%) [8,9]. However, limited staff at Puskesmas means that social media maintenance activities are less of a priority and have the potential to decline after the COVID-19 pandemic in status is lifted.

Research regarding strategies to increase the digitalization of Puskesmas through social media is still limited. Previous research about social media tends to describe users. Social media users aim to search for health information and are more likely to expect health facilities using telephones, cell phone applications, email, and Facebook [6]. Other research showed that around 35% of people access health-related social media five times a day, and 30% access it up to 40 times a day, and most of all to search for health information [10]. The use of health services via social media is greater among those with chronic disease who are satisfied with social media services because they get valuable information [11]. Previous studies provided information that social media can increase health services utilities, but barriers and strengths in organizational factors to improve social media usage in Puskesmas still need to be identified. So, it is the aim of this study.

METHODS

This study uses a qualitative descriptive method to see an overview of social media support use and organizational factors at the DKI Jakarta Puskesmas during the COVID-19 pandemic. This research was conducted in September 2021 – March 2022. This qualitative research explored data using focus group discussions (FGD) and secondary data, and then data triangulation was carried out to analyze the use of social media. The selection of puskesmas was carried out by purposive sampling based on the level of use of social media (Instagram, Facebook, Youtube, and Twitter) at 42 sub-district Puskesmas in DKI Jakarta and then selected four sub-district Puskesmas with the highest utilization and two with the lowest. Indicators for assessing the use of social media are based on the number of social media users, the activeness of uploading content, answering questions and comments, and the number of subscribers following social media.

FGDs were conducted at each selected sub-district of Puskesmas. Officers who were used as informants were officers responsible for social media at the Puskesmas, health promotion, public relations, and information technology officers. The FGD questions explored supporting organizational factors (planning, organizing, directing, and controlling) in managing social media at the puskesmas. The FGD is led by a researcher with qualitative research experience accompanied by a clerk. During the FGD, the researcher asked permission to record during the activity.

The secondary data obtained by the researchers was in the form of summary data on the use of social media at the sub-district Puskesmas in DKI, Health service regulations regarding the use of social media by the Puskesmas, uploaded content guidelines, and monthly reports on the use of social media at the Puskesmas.

RESULTS

Types of social media platforms

Based on the results of social media searches at 42 Puskesmas, it was found that YouTube was 41 Puskesmas owned the social media owned by all Puskesmas, Instagram, and Facebook, and Twitter was only owned by 15 Puskesmas (Table 1). In 40 (95.2%) Puskesmas, Instagram is the most frequently updated social media, and Twitter is rarely updated (Table 2).

Table 1. Puskesmas' social media account (n=42)

Social media platform	Account (n,%)	
	Available	Not available
Facebook	41 (97,6)	1 (2,4)
Instagram	41 (97,6)	1 (2,4)
Twitter	15 (35,7)	27 (64,3)
YouTube	42 (100)	0 (0)

Table 2. Frequency of puskesmas' social media uploads (n=42)

Social media platform	Frequency of uploads (n,%)			
	Not Active	Min 1x per year	2-5x per year	Min 1x per week
Facebook	10 (23,8)	4 (9,5)	18 (42,8)	10 (23,8)
Instagram	0 (0)	2 (4,8)	0 (0)	40 (95,2)
Twitter	30 (71,4)	3 (7,1)	5 (12)	4 (9,5)
YouTube	0 (0)	21 (50)	19 (45,2)	2(4,8)

Based on the FGD results, all of Puskesmas said that Instagram was the most frequently updated social media: *"We update Instagram most often"* (Informant from Puskesmas E).

Purpose of using puskesmas social media

Based on the results of the FGDs, the objectives of using social media are public education, health promotion, service information, building the image of the Puskesmas, and competitions. These things are expressed in the following quotation:

"Yes, for health information, providing related information to the public as well as education, informing service schedules, vaccine schedules, etc., Puskesmas branding... Then we will publish the activities of the health service because we are under the health service, right?" (Informant from Puskesmas B)

"Health promotion, education, Puskesmas branding, announcements of various competitions, we have included all of them, but for our service interventions, we have only received service information" (Informant from Puskesmas A)

Social media management factors planning

Puskesmas's social media planning is divided into annual and monthly plans. The annual plan includes important health days and three big topics the Health Service gives yearly. The monthly plan is a schedule for each program made by the public relations officer (Humas). Puskesmas also has a flow of social media posts (Figure 1).

In planning, Puskesmas, with high social media utilization, has more detailed planning content covering topics and concept texts in the form of narratives. Puskesmas also has a special team to discuss social media upload materials: the information technology team, health promotion, the Head of the UKM implementing unit, and the Head of Puskesmas. Puskesmas, with low utilization, plans still need to be improved in detail, and we do not have a special team to discuss uploaded materials. These things are expressed in the following quotations:

"So every month the public relation will make a kind of simple editorial plan in which the contents are the topic and the text of the concept of the words, which will then be from the health promotion and IT which will determine what the illustrator will be like. Usually, on average, from the program, he asks me or health promotion to make it first, what does it mean, like that, the flow is not complicated because we are a small unit, right?" (Informant from Puskesmas D.)

"Discussed we have our group for social media uploads, so it was discussed, in which there was an IT team, health promotion, Head of UKM Satpol, and the head of our Puskesmas too, so for the acc from the upload leader we uploaded it" There are already guidelines, so the IT team assists us to edit the content before we publish it" (Informant from Puskesmas B)

The budget for buying facilities that support managing social media, such as computers and applications, is included in the Puskesmas data and information unit budget. Based on the results of the FGD, all Puskesmas have basic facilities such as computers. However, Puskesmas, with low social media utilization, says cameras are still needed for content creation, so officers use private cell phone cameras when creating content. Meanwhile, Puskesmas, which has high social media utilization, already has basic facilities such as cameras and computers. However, they need a soundproof room to record videos or educational podcasts.

"There is no specific budget yet, but for example equipment has been included in IT funds, yes, for example cameras and computers." (Informant from Puskesmas B)

"Maybe the obstacle is that if we make a video podcast, it's best to use a camera, right? But we use headphones as media. We're trying to propose it." (Informants from Puskesmas E)

"Yeah, so we're still looking for a room. If you want to take a sound recording, look for a quiet one" (Informant from Puskesmas D)
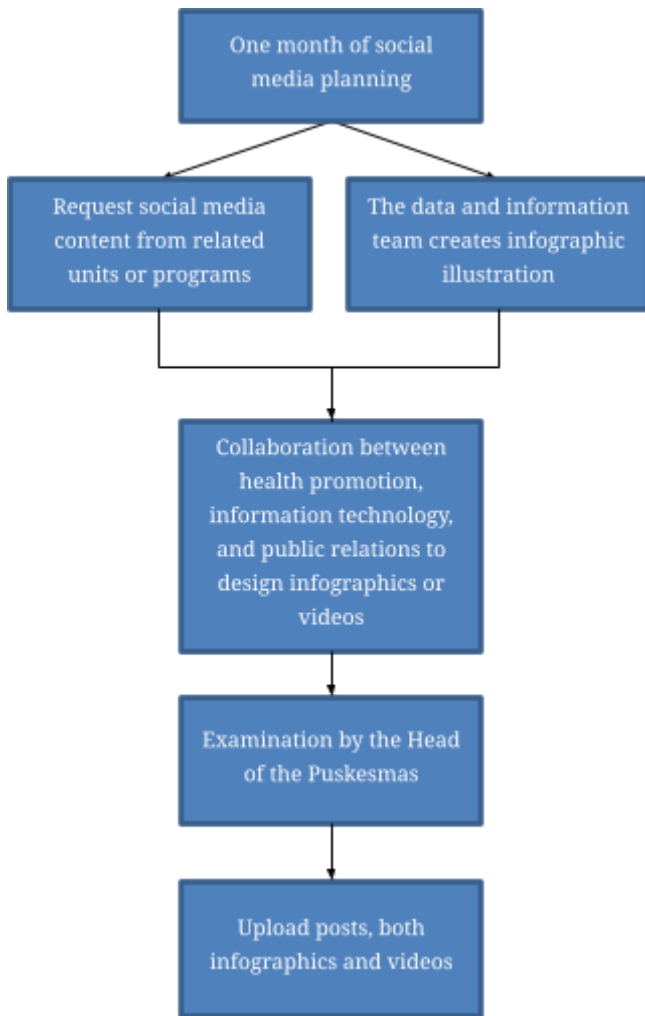
Figure 1. Puskesmas' social media upload flow

Organization

In terms of organization, some puskesmas officers are responsible for managing social media and are generally in the form of a joint team consisting of 3 to 5 people, the health promotion department, public relations, technology, and information division, and can also be UKM. They are in charge of uploading and answering comments and questions. The obstacle they face is the double workload; apart from being responsible as a social media team, they also have duties in the service sector, such as nurses, midwives, and doctors. These things are expressed in the following quotation:

"1 person for public relations, 1 person for health promotion, later we will have 2 informatics technicians who can use social media to edit as well." (Informants from Puskesmas C)

"We have a health promotion team for social media, there are five health promotion teams and 2 information technicians."
(Informants from Puskesmas C)

"So social media is an additional task, for the main function there are more doctors, doctors, information technicians, taking care of the network, other information systems, so you have to divide yourself, I think all Puskesmas are like that" (informant from Puskesmas C)

There is also a division of tasks in managing social media to make it more effective, such as health promotions in charge of planning, public relations in charge of answering comments and questions, and IT in charge of designing and editing, although sometimes editing is done together. These things are expressed in the following quotation:

"Yes, so if we are, we will divide it into several functions. So there's someone specifically for responding to DMs on Instagram, someone specifically for posting photos of activities and videos, and another one who makes infographics like that, for example, the vaccine schedule for tomorrow." (Informants from Puskesmas E)

Direction

Regarding direction, social media at the Puskesmas is directed by Dinas Keseahtan, the Head of the Puskesmas. Dinas Kesehatan provides standardization guidelines for using social media and directions for three major topics every three months, and the Puskesmas must publish uploads provided by the Dinas Kesehatan. Apart from that, Dinas Kesehatan also provides standardization training for managing social media, such as social media management training, behavior change communication training, and training on how to make uploaded materials so that they can influence the community. The Head of the Puskesmas also directs regarding the upload target contained in the performance targets of the leadership. These things are expressed in the following quotation:

(In this puskesmas, is there a party in charge of directing the form or content of social media?) "Leadership, right?" but does it have to be productive ten times a day or what depends on needs." (Informants from Puskesmas F)

"For the health department itself, it directs it, so it is targeted and according to the guidelines, according to the topic, so he is targeting 3 big topics and an evaluation will be carried out every 3 months. If uploads can be evaluated every day, suddenly you will be in the group 'this is wrong, this is wrong' like that" (Informant from Puskesmas D)

Controls

Regarding control, the Head of the Puskesmas plays a role in evaluating, providing input, and setting targets. So, every month, the Head of the Puskesmas will give directions. Then, the social media team will make a report regarding social media uploads and re-evaluate it by the Head of the Puskesmas. During the COVID-19 pandemic, the Head of the Puskesmas, the Dinas Kesehatan, also evaluates the communication strategy report made by the social media officer every month. These things are expressed in the following quotation:

"The form, date and content are also reported to the service and for Instagram, we also tag it so the service can immediately see this, if it doesn't comply with the guidelines, it will be shared directly with the group, 'This doesn't comply with the guidelines, change it, okay'" (Informant from Puskesmas C)

"Yes, because the use of social media is also included in one of the work unit communication strategy assessments, we also report every month, there is also monitoring for DKI, there is routine reporting every month" (Informant from Puskesmas A)

DISCUSSION

All Puskesmas in DKI Jakarta have used social media, and the media that is most used and updated every week is Instagram. Puskesmas are active on Instagram media because there are many users in Jakarta; as stated by an informant from Puskesmas D, "the interest of residents is currently the highest on Instagram." Instagram also ranks as the third most-used social media in Indonesia as of December 2021, with 86.6%. Puskesmas, with high social media utilization, has more than three types of social media accounts because it has a system capable of linking one upload to one social media site with another social media site so that work is easier and more effective in contrast to the low utilization Puskesmas which only has more or less three types of social media accounts. This is due to limited human resources and multiple workloads.

Supporting factors are seen from the planning aspect, such as Puskesmas already having facilities and infrastructure such as cameras, computers with high capabilities and large memory, development budgets, and planning for uploads made by the social media team. This is important because facilities and infrastructure are supporting tools in achieving organizational goals, and budgeting is essential in orga-

nizational management, assisting in implementing organizational activities and finances and providing a basis for decision-making [12].

There is a difference: Puskesmas with high utilization need facilities such as soundproof rooms to help make educational videos. Puskesmas, with low utilization, and basic social media support facilities such as cameras and computers still need to be fulfilled. This makes content creation less productive because suggestions with sophisticated technology can make social media work faster and of higher quality. Other planning support factors are monthly and annual planning made by the Puskesmas social media team, but puskesmas with low utilization still needs more detail in planning. So, the effect that arises from immature planning is that it takes longer to make uploaded materials, which can cause the number of uploaded materials to be made to be few and less varied.

In terms of organization, all Puskesmas have a team that manages social media. The Puskesmas social media team comprises 3 to 5 people, including public relations, health promotion, and IT. The team has divided tasks in managing social media to make it more effective. The social media team is not a particular officer, and taking care of social media is an additional task, while the main task of the social media team members is in the field of services such as doctors, nurses, and midwives. The absence of a special social media officer is something that many Puskesmas complain about because of the double workload. Hence, they feel complex and need more optimal in managing social media. What needs to be done to overcome the unavailability of special social media officers is the need for a clear division of tasks so that the team works efficiently and skills training. Improved skills in creating content can make work more effective and efficient. HR skills improvement can be technical guidance, training, and apprenticeships for leaders and staff [13].

Based on the study's results, the researchers also saw differences between Puskesmas with low and high utilization. At Puskesmas, with high utilization, the social media team often discusses making social media uploads. Discussion in the team is critical in teamwork. With discussions, team members will be more open to providing opinions and solutions when the team faces specific problems and learn to listen to one another [14]. Meanwhile, the Puskesmas with low utilization do not have team discussions. This is one of the causes of the lack of use of social media at the Puskesmas.

Regarding direction and control, the Head of the Puskesmas provides direction and support and evaluates monthly performance reports. According to the primary health management theory, the Head of the Puskesmas must be able to carry out managerial functions, coordinate the implementation of public health programs, and provide direction and assessment [15]. In addition to the Head of the Puskesmas, the Dinas Kesehatan also provides directions in the form of guidelines for creating content, providing training, and evaluating the monthly Puskesmas communication strategy report. However, there are still Puskesmas with low social media utilization, which can be facilitated by creating educational or informational content materials that can be posted directly by Puskesmas. This can be considered because of the limited human resources at Puskesmas and low utilization. One way to overcome the shortage of human resources is to make changes to the system so that Dinas Kesehatan can provide uploaded materials for Puskesmas with low utilization [16,17].

The limitation of this study is that only four Puskesmas were involved from 42 Puskesmas in DKI Jakarta. This may lead to representativeness. However, we tried to recruit Puskesmas with high and low levels of social media usage. We analyzed data from Puskesmas' usage of Instagram, YouTube, Facebook, and Twitter. It may be the lack of this study that we should have included active Puskesmas social media usage in a more superficial type such as Whatapps.

CONCLUSION

This study concludes that all Puskesmas already have social media accounts, and Instagram is the most widely used social media by Puskesmas in DKI Jakarta. Organizational factors supporting social media are the availability of facilities and infrastructure, budget, social media officers in the form of a team, and the Head of the Puskesmas and the Health Service, who provide direction and evaluation.

The ability of Puskesmas to use social media still varies, so it is necessary to train social media officers in making materials and providing uploaded materials so they can be uploaded immediately. In addition, because officers have multiple roles, support from the Head of Puskesmas is input on time management and the difficulties faced by the team.

This study shows that all Puskesmas will maximize their role in promoting health through social media. Focusing on identifying organizational factors and supporting them to design a specific planning agenda in teamwork and providing facilities, training, and directions may be promising strategies that the government and the Head of Puskesmas can contribute. This collaboration may improve Puskesmas's social media usage coverage to persuade the community to implement a healthy lifestyle.

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