Contents lists available at IOCScience

Science Midwifery

journal homepage: www.midwifery.iocspublisher.org

Family Health Profile Index in the Village of Ndoru Rea I

Yustina PM Paschalia[1], Irwan Budiana[2]

[12]Polytechnic Ministry of Health Kupang, East Nusa Tenggara Province, Indonesia.

ARTICLE INFO

Keywords:

Health,
Profile,
Family

ABSTRACT

Background: The challenge of health development in achieving the highest public health requires a family approach which is initiated by mapping the problems in depth from the life cycle approach through home visits. Objective: This study aims to determine the index of family health profiles in Ndoru Rea I Village. Methods: This research is a descriptive research with a survey approach to describe the family health index. The population in this study were all families in the Ndoru Rea I Village area, totaling 237 families with a total sample of the population. Data analysis was carried out descriptively and presented in the form of tables and narratives. Results: The coverage of each indicator of a healthy family is that families participate in the family planning program 34.29%, mothers give birth in health facilities 84,62% of infants receive complete basic immunizations 100%, infants are exclusively breastfed for 6 months 100%, growth of toddlers is monitored every year. month 91.80%, patients with pulmonary tuberculosis were treated according to the standard 100%, patients with hypertension had regular treatment 27.27%, patients with severe mental disorders were not neglected 0%, no family members smoked 41.77%, families had access to/used water clean 95.78%, families have access to / use healthy latrines 93.25%, families are already members of National health insurance 34.18%. Conclusion: Ndoru Rea 1 Village is included in the unhealthy village category, where the Healthy Family Index (IKS) of Ndoru Rea 1 Village is 0.177.

E-mail:
budianairwan89@gmail.com

Copyright © 2022 Science Midwifery.

1. Introduction

Health is an investment to support economic development and has an important role in poverty reduction efforts. Health development is essentially an effort carried out by all components of the Indonesian nation which aims to increase awareness, willingness, and ability to live a healthy life for everyone in order to realize the highest degree of public health. This means the creation of the Indonesian people, nation, and state whose population throughout the territory of the Republic of Indonesia, lives with behavior and in a healthy environment, has the ability to reach quality health services fairly and evenly, and has the highest degree of health.

The health development target to be achieved by 2025 is an increase in the degree of public health, with indicators of increasing life expectancy, decreasing infant mortality, decreasing maternal mortality, and decreasing the prevalence of malnutrition in toddlers. To answer the challenges of health development in achieving the highest level of public health, in addition to focusing on the shortness of the program through four priority activities through the life cycle approach that has been carried out so far, it has not been able to find out exactly the source of the cause of the problem at the age level, for this reason, a family approach is needed which is initiated by mapping the problems in depth from the life cycle approach through home visits (Ministry of Health RI, 2016).

The Healthy Indonesia Program is one of the programs from the 5th agenda of Nawa Cita, which is to improve the quality of life of Indonesian people, which is supported by other sectoral programs, namely the Smart Indonesia Program, the Indonesia Kerja Program, and the Prosperous Indonesia Program. Sasaran dari Program Indonesia Sehat is increasingnya derajat healthn dan status nutrition

Science Midwifery is Licensed under a Creative Commons Attribution-NonCommercial 4.0 International License (CC BY-NC 4.0)

masyarakat throughi upaya kesehat an dan pemempoweredn communityt yang supported g with financial protection and equitable distribution of na n health. Collecting family health data using prokesga by family coaches (can be assisted by health cadres) is one of the initial activities in implementing the Healthy Indonesia program with a family approach at the puskesmas level. (Ministry of Health ri, 2016).

Profile data of the Ende District Health Office in 2015. according tokkan that the coverage of exclusive breastfeeding at the Nangapanda Health Center has not reached 100% (93.4%); the coverage of weighing toddlers has also not reached 100% (81.59%), and the number of toddlers below the red line (BGM) of 14.52%, has increased when compared to the last two years of 2014 as much as 0.9%. and in 2013 as much as 7.99% this showsthat the nutritional intake of toddlers in Ende Regency in 2015 was still low; Immunization coverage according to the type of vaccine in Ende Regency explained that the provision of HB Immunization < 7 days is still low, only reaching 34% and the highest is DPT + HB of 83.3%, and babies who get complete immunization of 78.5%. UCI is a description of a village/kelurahan where ≥ 80% of the number of babies (0-11 months) in the village/kelurahan have received complete basic immunization. UCI Village/Village Coverage in 2015 in Ende Regency was 62.59%, decreasing compared to 2014 (79.1%), and also still below the RPJMD target of 91.73%; while UCI coverage at nangapanda health center was 69.54%, still below the RPJMD target; The coverage of villages implementing STBM at the Nangapanda Health Center is still 62.1%; (Profile of the Ende District Health Office, 2015).

Based on preliminary studies conducted at the Nangapanda Health Center, in Ndoru Rea I Village, family health data collection has not been carried out using the Family Health Profile (Prokesga) form in accordance with the Regulation of the Minister of Health (PMK) number 39 of 2016. Therefore, researchers are interested in conducting a study entitled Family Health Profile Index Survey in Ndoru Rea I Village to determine the condition of family health status as supporting data for promotive and preventive actions for family health problems. The purpose of this study wasto determine the family health profile index in Ndoru Rea I Village, Nangapanda District.

2. Research Methods

This research is a survey research with a descriptive research design that will describe the family health index in Ndoru Rea I Village, Nangapanda District. The data used in this study is primary data collected by conducting home visits, and further clarified with secondary data at the Puskesmas. The design used in this study is "cross sectional" ie each subject is observed at the same time at the same time, meaning that the subject is only observed once and is measured according to his condition at the time of observation (Notoatmodjo, 2010). The population in this study were all families in the Ndoru Rea I Village area, totaling 237 families. The sample in this study was a saturated sample or the total population so that all the families in the Ndoru Rea I Village area amounted to 237 families. The variable in this study is a single variable, namely the family health index

The data used in this study is primary data collected by conducting home visits, and further clarified with secondary data at the Puskesmas. The instrument used for data collection in this study was a questionnaire adopted from the family health profile according to the regulation of the minister of health number 39 of 2016 concerning guidelines for implementing a healthy Indonesia program with a family approach, which refers to indicators of healthy families, which are currently set at twelve The indicators are as follows: 1) the family participates in the family planning program (KB), 2) the mother gives birth at a health facility, 3) the baby gets complete basic immunization, 4) the baby gets exclusive breastfeeding, 5) the toddler gets growth monitoring , 6) pulmonary tuberculosis patients receive treatment according to standards, 7) hypertension sufferers take regular treatment, 8) mental disorders sufferers receive treatment and are not neglected, 9) no family members smoke, 10) the family is already a member of the National Health Insurance (JKN), 11) families have access to clean water facilities hell, and 12) the family has access to or uses a healthy latrine. The data that has been collected using a checklist is still in the form of raw data. So that the data can provide useful information, the data is processed first with the following steps: coding, editing, classification and tabulation. Data analysis was done descriptively. The family health index value is calculated using the results of the Healthy Family Index (IKS) calculation, then the health category of each family is determined by referring to the provisions using a healthy family range divided into 3 gradations (Kemenkes RI, 2016): Index value > 0.800 (healthy family), index value 0.500 –0,800 (pre-healthy family) and index value <0,500 (unhealthy

Science Midwifery is Licensed under a Creative Commons Attribution-NonCommercial 4.0 International License (CC BY-NC 4.0)

Contents lists available at IOCScience

Science Midwifery

journal homepage: www.midwifery.iocspublisher.org

family). The results of the calculation of the Healthy Family Index, the village category can then be determined by referring to the following provisions (Ministry of Health RI, 2016) IKS value at the village level > 0.800 (Healthy Village), the IKS value at the Village level of 0.500-0.800 (Pre-Healthy Village) and the IKS value at the village level. Village < 0.500 (Unhealthy Village)

3. Results and Discussion

3.1 Healthy Family Index (IKS) of each family

Table 1

Family Health Index In Ndoru Rea Village 1

Category	Sum	Percentage
1. Index value > 0.800: healthy family	42	17,72
2. Index value 0.500–0.800 : pre-healthy family	158	66,67
3. Index value < 0.500: the family is not healthy.	37	15,61
Sum	237	100,00

Based on table 1. it is known that most of the families in Ndoru Rea Village 1 (158 households = 66.67%) belong to the category of Pre-Healthy families, and a small part (37 families = 15.61%) belongs to the category of unhealthy families.

3.2 Village Health Index

Table 2

Village-Level Healthy Family Index In Ndoru Rea Village 1

S Family with IKS >80%	Number of Whole Families	IKS Village	Categories Villages
42	237	0,177	Unhealthy village

Based on table 2. it is known that the IKS of Ndoru Rea Village 1 = 42/237 = 0.177 so that Ndoru Rea Village 1 is called Unhealthy Village.

3.3 Coverage of each indicator

Table 3

Coverage of Each Family Health Indicator in Ndoru Rea Village 1

No.	Indicators	Number of values 1	The number of the whole family	Percentage of Coverage
1	Family participates in the birth control program	24	70	34,29
2	Maternity mothers in health facilities	11	13	84,62
3	Babies get complete basic immunizations	12	12	100
4	Babies are exclusively breastfed for 6 months	21	21	100
5	Toddler growth is monitored monthly	56	61	91,80
6	Patients with pulmonary tuberculosis seek treatment according to standards	3	3	100
7	People with hypertension have regular treatment	15	55	27,27
8	People with severe mental disorders are not abandoned	0	3	0
9	No family members smoke	99	237	41,77
10	Families have access to/use clean water	227	237	95,78
11	Families have access to/use healthy latrines	221	237	93,25
12	The family is already a member of JKN/askes	81	237	34,18

Based on table 3. it is known that the indicators with the highest percentage are babies getting complete basic immunizations, babies are given exclusive breastfeeding, and people with Pulmonary TB seek treatment according to standards (100% each),while the indicator with the lowest percentage is that people with severe mental disorders are not abandoned, namely 0.00%.

3.4 Discussion

This research was conducted in Ndoru Rea 1 Village, Nangapanda District with a total of 237 families as respondents. The purpose of this study was to determine the Family Health Profile Index in Ndoru Rea 1 Village, Nangapanda District. The results of the study based on indicators of families participating in the family planning program showed that out of 70 families belonging to couples of childbearing age (PUS), only 34.29% took part in family planning. There are still 65.71% of PUS who do not participate in family planning, apart from the reason that they still have babies (18.57%), it is also

Science Midwifery is Licensed under a Creative Commons Attribution-NonCommercial 4.0 International License (CC BY-NC 4.0)

found that women who do not have children are also due to a lack of public awareness of the benefits of participating in family planning. Family Planning is an Indonesian government program since 1970 which aims to limit the number of births in order to create a healthy and prosperous family. The general purpose of family planning is to create a prosperous society, especially for mothers and children and to control population growth in accordance with the Small Happy and Prosperous Family Norm (NKKBS), namely by controlling the number of births. Meanwhile, the specific purpose of the family planning program is to improve the welfare of a family by reducing the birth rate or the number of births by promoting the use of contraceptives. It is recommended to health workers to always provide counseling about family planning, where the communication factor has a significant influence on the process of delivering information and information about the importance of family planning programs for the community, especially women who are housewives. Because with the information provided about the family planning program, the community will be able to follow the program correctly according to their understanding.

Based on indicators of mothers giving birth in health facilities, the results showed that of the 13 families with postpartum mothers with babies aged 0-12 months, 11 families (84.62%) gave birth in health care facilities. Standardized delivery services are deliveries carried out by Midwives and/or Doctors and/or Midwifery Specialists who work in government or private health care facilities who have a Registered Certificate (STR) for both normal deliveries and/or deliveries with complications. Health service facilities include Polindes, Poskesdes, Puskesmas, private practice midwives, pratama clinics, main clinics, maternity clinics, maternal and child health centers, government and private hospitals (Ministry of Health, 2016). One of the efforts made to reduce maternal and infant mortality is to encourage every birth to be assisted by trained health workers, namely obstetrics and gynecology specialists (SpOG), general practitioners, and midwives, and strive to do it in health service facilities. The Ministry of Health's policy in the last decade emphasizes that every delivery is assisted by health workers in order to reduce maternal and infant mortality. Even though births are assisted by health workers but are not carried out in health care facilities, it is considered to be one of the causes of the still high maternal mortality rate. Therefore, the Strategic Plan of the Ministry of Health for 2015-2019 stipulates delivery in health care facilities as an indicator of maternal health efforts, replacing delivery assistance by health workers. According to the Regulation of the Minister of Health Number 43 of 2016 concerning Minimum Service Standards (SPM) for health, every mother in labor gets delivery services according to standards. The Regency/City Regional Government is obliged to provide Maternal Health services to all maternity mothers in their working areas. By giving birth in a health facility, if there are abnormalities, it can be identified and immediately assisted/action is given. Although only 15.38% of families did not give birth in health facilities, with the number of EFAs in Ndoru Rea 1 Village, it is hoped that the promotion by the health workers and PKK cadres on childbirth in health facilities will continue to be improved.

Based on indicators of infants receiving complete basic immunizations, the results showed that of 12 families with children (aged 12-23 months), all (100%) had received immunizations for HB0, BCG, DPT-HB3, Polio 1, Polio2, Polio 3, Polio 4, and measles. This illustrates the success of the immunization program in Ndoru Rea Village 1. Immunization is an effort to actively generate/increase a person's immunity to a disease, so that if one day they are exposed to the disease, they will not get sick or only experience mild illness. Things that affect the provision of complete immunization, namely mothers have good knowledge about immunization, mothers have a high level of awareness of disease prevention for their children and mothers feel that immunization is very important for their children. According to Law Number 36 of 2009 concerning Health, immunization is one of the efforts to prevent the occurrence of infectious diseases which is one of the priority activities of the Ministry of Health as a concrete form of the government's commitment to achieve the Millennium Development Goals (MDGs) in particular to reduce mortality in child. Immunization coverage must be maintained high and evenly distributed throughout the region. This aims to avoid the occurrence of enclaves that will facilitate the occurrence of extraordinary events (KLB). (Ministry of Health RI, 2013).

Based on the indicators of babies being given exclusive breastfeeding for 6 months, the results showed that 21 families who had babies aged >6-23 months, 100% of the babies during the first 6 months (aged 0-6 months) were only given breast milk (breast milk) only (Exclusive Breastfeeding). The coverage of exclusive breastfeeding which reaches 100% is due to peran tenaga kesehatan (bidan, experts gizi, nurses and health officers) at the Nangapanda Health Center in memberikan penyuluhan kesehatan te rutama tentang ASI Exclusive dan menyusui more intensif yang dilayokean di posyandu.

Science Midwifery is Licensed under a Creative Commons Attribution-NonCommercial 4.0 International License (CC BY-NC 4.0)

Contents lists available at IOCScience

Science Midwifery

journal homepage: www.midwifery.iocspublisher.org

Although the coverage of Exclusive Breastfeeding has reached 100%, but with the number of PUS still in Ndoru Rea 1 Village, it is hoped that the promotion by the ExclusiveHealth Workers needs to continue to be improved.

The results of the study based on toddler growth indicators monitored every month showed that out of 61 families who had toddlers (2-59 months), it was found that 91.80% of toddlers who last month were weighed their weight to be recorded at posyandu. There are still 8.20% of families who do not weigh their toddlers in posyandu, this is due to the busy family that cannot be left behind, which coincides with posyandu activities. According to the Regulation of the Minister of Health No. 43 of 2016 concerning Minimum Service Standards (SPM) health said that Toddler health services according to standar are health services that aregiven to children aged 0-59 months and are carried out by Bidan and or Perawat and or Doctor / DLP and or Doctor S Pediatrician who have your TLetter Register (STR) and are given in the government health facilitiesintahor private, and UKBM. Service health, including: 1) Weighing at least 8 times a year, measuring body length/height at least 2 times a year; 2) Administration of vitamin A capsules 2 times a year; 3) Provision of complete Basic Immunization (Ministry of Health ri, 2016))

Based on the indicators of pulmonary TB patients receiving treatment according to the standard, the results showed that of the 3 families with pulmonary TB patients, all of them (100%) received treatment according to the standard. Standardized Tuberculosis Services are health services provided to all people with TB carried out by health workers according to their authority in First Level Health Facilities (FKTP) such as puskesmas and their networks) and in Advanced Health Facilities (FKTL) both government and private. The services provided are in accordance with the applicable TB Control Guidelines, including: 1) Diagnosis of TB is carried out bacteriologically and clinically and can be supported by other supporting examinations; 2) Monitoring of treatment progress was carried out at the end of intensive treatment, month 5 and the end of treatment; 3) Treatment using Anti Tuberculosis Drugs (OAT) with standard OAT guidelines. The performance achievement of Regency/City Governments in Tuberculosis Service efforts for people with TB is 100%, with Performance Achievement criteria 80% categorized as 100% achieved. (Ministry of Health, 2016). Even though the indicators for pulmonary TB sufferers are in accordance with the standard, motivation and outreach to the community from health workers are still needed, so that there will be no dropouts..

Based on indicators of hypertension sufferers seeking regular treatment, the results showed that of the 55 families who had hypertension, only 27.27% of families had regular treatment. According to the Regulation of the Minister of Health No. 43 of 2016 concerning Minimum Service Standards (SPM) for Health, it is said that the Regency/City Government has an obligation to provide health services according to standards to all people with hypertension as an effort to prevent secondary andtheir work areas. Patients with essential hypertension or uncomplicated hypertension obtain health services as standard; and upaya health promotion through lifestyle modification in Fasilitas Kesehatan Tingkat Pertama (FKTP). Patients with hypertension withcomlik asi (heart, stroke and kidney disease kronis, diabetes melitus) need to be referred to the Advanced Level HealthFacility (FKTL) which has competence for the management of complications (Ministry of Health of the Republic of Indonesia, 2016). It is recommended to people with hypertension and their families to seek treatment regularly, in addition to getting regular treatment, monitoring blood pressure, also having the opportunity to get education about diet regulation, and prevent complications.

Based on the indicators that patients with severe mental disorders were not neglected, the results showed that of the 3 families with mental disorders, none (0.00%) were treated/not neglected. According to Minister of Health Regulation No. 43 of 2016 concerning Minimum Service Standards (SPM) for Health, mental health services for people with severe mental disorders (ODGJ) are: 1) Preventive promotive services aimed at improving the mental health of severe ODGJ (psychotics) and preventing recurrence. and restraint. 2) Mental health services for severe ODGJ are provided by nurses and doctors at the Puskesmas in their working areas. 3) Mental health services for severe ODGJ include: a) Education and evaluation about: signs and symptoms of mental disorders, medication adherence and other information related to drugs, preventing shackles, personal hygiene, socialization, household activities and simple work activities, and / or b) Personal hygiene measures for severe ODGJ 4) In carrying out preventive promotive services, it is necessary to provide IEC materials and a simple Workbook (Ministry of Health, 2016). In Ende district services for patients with mental disorders have not been managed properly, the service program for patients with mental disorders has only started in 2016 in accordance

Science Midwifery is Licensed under a Creative Commons Attribution-NonCommercial 4.0 International License (CC BY-NC 4.0)

with the Minister of Health No. 43 concerning Minimum Health Service Standards, so that the local government of Ende Regency is responsible for mental patients. Therefore, all puskesmas are expected to play an active role in handling patients with severe mental disorders.

Based on the indicators of no family members smoking, the results showed that out of 237 families, only 99 (41.77%) families had no family members smoking. This shows that the awareness of the people of Ndoru Rea Village 1 about the dangers of smoking is still very low. Any family member should not smoke in the house. Cigarettes are like a chemical factory. In one cigarette smoked cigarette, about 4,000 harmful chemicals will be released, among which the most dangerous are Nicotine, Tar, Carbon Monoxide (CO). Nicotine causes addiction and damages the heart and bloodstream. Tar causes damage to lung cells and cancer. CO causes a decrease in the ability of the blood to carry oxygen so that the body's cells will die. The impact of smoking is not only felt by active smokers (who smoke rorok) but also felt by passive smokers (who inhale cigarette smoke), including: reducing appetite, causing diseases: lung, heart, cancer and others; damaging body organs for example: liver; limp and thin body, people reluctant to be close together; death (Armstrong, Sue. 1991). It is recommended to puskesmas officers to organize counseling activities about the adverse effects of smoking motivating people to increase efforts to quit smoking.

Based on the indicators that families have access to / use clean water, the results showed that out of 237 families, there were 227 (95.78) families who had access / use clean water. The absence of access to clean water in 10 (4.22%) families in Ndoru Rea Village 1 is due to the geographical location of the 10 families' residences in high-altitude areas, and there is no access to PDAM tap water or pump wells, or dug wells, and far from protected springs. So for daily use, the family uses rainwater. Water that is used daily for drinking, cooking, bathing, rinsing your mouth, cleaning floors, washing kitchen utensils, washing clothes, and so on must be clean, so as not to get sick or avoid disease. The benefits of using clean water include avoiding disease disorders such as diarrhea, cholera, dysentery, thypus, helminthiasis, eye diseases, skin diseases or poisoning. And by using clean water, every member of the family is maintained clean by himself (Phbs Household Booklet). Therefore, it is recommended to the local government to facilitate the procurement of clean water sources for the daily life of the people in the region.

Based on the indicators that families have access to/use healthy latrines, the results showed that out of 237 families, there were 221 (93.25%) families who had access/use healthy latrines. The function of latrines from the aspect of environmental health, among others, can prevent the development of various diseases caused by human feces. While the serious impact of removing dirt in any place causes pollution of soil, water and air because it causes odors. Poorly managed fecal discharge has a worrying impact, especially on the health and quality of water for households and commercial purposes. Based on the results of the study, there are still 6.75% of families in Ndoru Rea 1 Village who do not have a healthy latrine, but in their daily lives they use neighboring latrines, so that the development of various diseases caused by human feces can be minimized. However, the participation of families to strive to have healthy latrines and counseling from health workers about the benefits of healthy latrines for families needs to be increased.

Based on the indicators of families being members of JKN/askes, the results showed that out of 237 families, there were only 81 (34.18%) families whose all family members were members of JKN/askes. This illustrates that the effort of families to become members of JKN/askes is still very low. Ownership of insurance is a form of protection for everyone. According to Litik, (2017) stated that various research results have proven that ownership of health insurance has a positive impact on the use of health facilities. Increased access to health services is not caused by demographic factors or factors that have received health services. so it can be concluded that insurance improves access, continuity and quality of health services (Littik, 2017) To realize a global commitment that wants every country to develop Universal Health Coverage (UHC) for all residents, the government is responsible for implementing public health insurance through the Health Insurance National (JKN). Law Number 40 of 2004 mandates that the social security program is mandatory for all residents, including the Health Insurance program through a social security administering agency. The social security administration body has been regulated by Law Number 24 of 2011 concerning the Social Security Administering Body (BPJS), which consists of BPJS Health and BPJS Employment. For the Health Insurance program organized by BPJS Health, its implementation has started since January 1, 2014. The program is hereinafter referred to as the JKN program. JKN is organized to provide health protection in the form of health care benefits in order to meet basic health needs which are given to everyone who has paid dues or whose contributions

Science Midwifery is Licensed under a Creative Commons Attribution-NonCommercial 4.0 International License (CC BY-NC 4.0)

Contents lists available at IOCScience

Science Midwifery

journal homepage: www.midwifery.iocspublisher.org

are paid by the government. There are two types of JKN benefits, namely medical benefits and non-medical benefits. Medical benefits in the form of comprehensive health services and ambulances. Accommodation benefits for inpatient services are in accordance with the participant's treatment class rights. Ambulance benefits are only provided for referral patients between health facilities, with certain conditions determined by BPJS Health. The benefits of JKN include prevention and treatment services including drug services and medical consumables according to medical needs. For example, for preventive services (promotive and preventive), JKN participants will receive services: individual health counseling, which includes at least counseling on the management of disease risk factors and clean and healthy living behavior; basic immunizations, including Bacille Calmett Guerin (BCG), diphtheria pertussis, tetanus and Hepatitis B (DPT-HB), Polio and Measles; family planning, including counseling, basic contraception, vasectomy and tubectomy; health screening is given selectively aimed at detecting the risk of disease and preventing the continued impact of the risk of certain diseases, types of cancer, heart surgery, to dialysis (kidney failure). (2015 Health Profile).

Health development policies for 2015-2019 are focused on strengthening quality primary health care, especially through increasing health insurance, increasing access and quality of basic and referral health services, supported by strengthening the health system and increasing health financing. The Healthy Indonesia Card is one of the main means of encouraging health sector reform in achieving optimal health services, including strengthening promotive and preventive efforts (Kemenkes RI, 2016). JKN membership coverage is achieved in stages and it is targeted that by 2019 the entire population of Indonesia has been covered by JKN. The benefits of participating in JKN are health services that are obtained in stages - health services at first level health facilities (FKTP) and advanced level referral health services (FKRTL). (Ministry of Health RI, 2016). Seeing the enormous benefits of having health insurance, it is hoped that by 2019 all residents of Ndoru Rea 1 Village will have become members of JKN, therefore socialization about JKN ownership needs to be carried out continuously.

Based on the results of the research on these 12 indicators, it can be concluded that Ndoru Rea Village 1 is included in the category of unhealthy villages, where the IKS of Ndoru Rea 1 Village is 0.177. This is because most of the families in Ndoru Rea Village 1 (158 families) have an IKS of 50%-80%, and only 42 families have IKS >80%. The low IKS of Ndoru Rea Village 1 is still low because 100% of ODGJ is not treated, the percentage of families who have become members of JKN / askes, the percentage of families participating in the family planning program and the low percentage of no family members who smoke. For this reason, it is recommended to health workers to empower families, namely to arouse the participation of all families to behave in a healthy lifestyle.

4. Conclusion

This research was conducted in Ndoru Rea 1 Village, Nangapanda District with 237 families as respondents, from the results of this study it was concluded that the indicator coverage of families participating in the family planning program was 34.29%, the coverage of indicators for mothers giving birth in health facilities was 84.62%, the coverage indicators of infants receiving immunizations. Complete baseline 100%, coverage indicators for infants given exclusive breastfeeding for 6 months 100%, coverage indicators for under-five growth being monitored every month 91.80%, indicator coverage for pulmonary TB patients receiving treatment according to standards 100%, indicator coverage for hypertension patients receiving regular treatment 27.27% , indicator coverage of people with severe mental disorders is not neglected 0%, indicator coverage of no family member who smokes 41.77%, indicator coverage of families having access/using clean water 95,78%, indicator coverage of families having access/using healthy latrines 93, 25%, the indicator coverage of families being members of JKN/askes 34.18% and in general it can be concluded that Ndoru Rea 1 Village is included in the unhealthy village category, where the Healthy Family Index of Ndoru Rea 1 Village is 0.177.

Reference

Achjar, K. (2010). Aplikasi Praktek Perkesmas Asuhan Keperawatan Keluarga. Jakarta. CV. Sagung Seto.
APD Salvari, G, (2013). Buku Ajar Asuhan Keperawatan Keluarga. Jakarta. TIM.
Armstrong, Sue. 1991. Pengaruh Rokok Terhadap Kesehatan. Jakarta: Arcan

Science Midwifery is Licensed under a Creative Commons Attribution-NonCommercial 4.0 International License (CC BY-NC 4.0)

Dinas Kesehatan Kabupaten Ende, (2015), Profil Dinas Kesehatan Kabupaten Ende Tahun 2015.
Friedman, M. M. (1998). Keperawatan Keluarga Teori dan Praktek, Edisi 3. Jakarta: EGC
Kemenkes RI, (2016), Pedoman Umum Program Indonesia Sehat Dengan Pendekatan Keluarga, Jakarta, Sekretariat Jenderal Kemenkes RI
Kemenkes RI, (2016), Petunjuk Teknis Penguatan Manajemen Puskesmas Dengan Pendekatan Keluarga, Jakarta, Sekretariat Jenderal Kemenkes RI
Kemenkes RI, (2016), PMK No 39 Tahun 2016 Tentang Pedoman Penyelenggaraan Program Indonesia Sehat Dengan Pendekatan Keluarga
Kemenkes RI, (2013), Permenkes No 42 tahun 2013 tentang penyelenggaraan Imunisasi
Kemenkes RI, (2016), PMK No. 44 Tahun 2016 Tentang Pedoman Manajemen Puskesmas
Notoatmodjo, (2010), Metode Penelitian Kesehatan. Jakarta : Rineka Cipta
Serlie Littik, (2017). Faktor-Faktor Yang Berhubungan Dengan Kepemilikan Asuransi Di Provinsi Nusa Tenggara Timur, Jurnal MKM Vol 3 No 02 Des 2017
Suprajitno. (2004). Asuhan Keperawatan Keluarga. Jakata: EGC.
Undang-Undang Nomor 24 Tahun 2011 tentang Badan Penyelenggara Jaminan Sosial (BPJS)
Peraturan Menteri Kesehatan No 43 Tahun 2016 tentang Standar Pelayanan Minimal (SPM) Kesehatan

Science Midwifery is Licensed under a Creative Commons Attribution-NonCommercial 4.0 International License (CC BY-NC 4.0)