

## Perceptions and Behaviors of Health Communication on the Poor with High and Low HDI

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### Abstract

Human development index (HDI) is one of development achievements within an area. One of the indicators for Human Development Index (HDI) is public health. Low rate of public health will lead to low human resources since a good resource requires good physical health. One of the aspects we need to consider of is public behavior in seeking information about health, especially by the poor whom become the object of development. This research is intended to map the difference between poor people with high HDI and low HDI within context of their health communication behavior. The result indicated that there is difference between poor people within high and low HDI on their perception of the role of government, the utilization of mass media for socialization, and evaluation on implementation of health program policy. From the result, therefore, it is necessary to have a different approach model of health. In this term, the research has recommended the Models of Health Communication Reinforcement for the Poor (HCRP) with high and low HDI.

**Keywords:** Human Development Index (HDI), the poor, seeking information, health communication, and communication reinforcement.

### A. Research Background

The Globalization Era has had high impact to various fields, especially within the context of democratic government implementation based on the realization of *good governance and clean government*. The phenomenon of public demand for government that is free of corruption, collusion, and nepotism. The demand for professional, participative, transparent, and accountable government implementation under the certainty of law enforcement, responsibility, responsiveness, efficiency and also providence, is an indispensable form of commitment.

One of the parameters of success is high Human Development Index (HDI). HDI could be define :

“The human development index – is a summary composite index that measures a country’s average achievements in three basic aspects of human developments: longevity, knowledge, and a decent standard of living. Longevity is measured by life expectance at birth; knowledge is measured by a combination of the adult literacy rate and the combined primary, secondary, and tertiary gross enrolment ratio; and standard of living by GDP per capita (PPP US\$)”.<sup>1</sup>

This composite indicator can be traced down to smallest area development level such as villages and sub districts. One of the provinces in Indonesia with low Human Development Index (HDI) is West Java. West Java HDI for the 2007-2011 is ranked 15<sup>th</sup> out of 33 provinces in Indonesia<sup>2</sup>. It indicated that the quality of human resource in West Java is rated poorly or at least in average.

One of the indicators for Human Development Index is public health. Low rate of public health would lead to low human resources since a good resource requires good physical health. Government has established programs to improve the quality of Indonesian public health, including in West Java, from Health Care Insurance for Poor program (*Asuransi untuk Keluarga Miskin / Askeskin*) to Public Health Care Insurance. Based on the research results in some provinces, those public health programs significantly increase HDI; however, HDI for West Java is still low.

Communication holds key role in explaining to public about various ways to improve a healthy life; the understanding of well-nutrition, healthy life, types and symptoms of disease, medical centers. People with high information seeking mobility or high use of mass media, have strong awareness on health issue.

The use of various information channels both mass media and interpersonal, if it is to categorized, is to seek out information about actual events, entertainment, sports, politics, education and religions, and specific information

<sup>1</sup> [www.uk.sagepub.com](http://www.uk.sagepub.com)

<sup>2</sup> [www.srie.org/2013/03/ini-daftar-peringkat-indeks-pembangunan.html](http://www.srie.org/2013/03/ini-daftar-peringkat-indeks-pembangunan.html)

such as agriculture and health (Alfian, 1981, Alfian, 1986, p.202; and Budhisantoso, 1981, p.159).

The information seeking behaviors, as in Goldberg and Larson (1986), usually are the act of individuals to ask for clarity and ideas (especially about the truth of facts) that search for information from authorities, and also ask for the facts related with the issues.

According to Rogers (1983, p.185), information seeking behaviors can be seen whenever an individual want to reduce a dissonance through the change of knowledge, attitude, and behavior. Further, the public need of innovation can motivate the activity of information seeking.

Havelock (1971, pp.28-29) explained further about the forums preferable in seeking information. Initial adopter prefers the meeting with a specialist, reading journals, interested more in various sources of information before making decisions, visiting agencies, or educational institutions. Then, the latter adopter usually prefers relatives or friends, general meeting and “the read house organs”.

In general, public information seeking can be seen to the extent of public seek the sources of information, both interpersonal and media (mass media and non-media). According to Hartman, Patil, and Dighe’s (1989, p.194) work in India, interpersonal communication remain to be important, human resources is more important than modern media for villagers. Villagers get news, then mostly spread and interpret it interpersonally. As seen in a research of agricultural information seeking, word of mouth communication – with family members, neighbors, friends, known people, counseling agents, etc. – is a part of communication system in villages. Padmanagara (1991), in his research implied that motivation of group information is also shown by the their interaction with the counseling agents or officers in seeking better information. Information seeking, according to Setiawan (1989), in its relation with mass media, can be seen to the extent of an individual exposed to the mass media itself.

Based on aforementioned issues, public health need to be spotlighted by various disciplines, including Communication Science, and therefore, it is necessary to study the mapping of the need of health information in West Java.

## **B. Research Questions**

Research questions need to be answered here are:

1. How is perception of citizens of West Java about the role of government, health institutions, and health environment supportiveness in socializing the information on public health?
2. How is perception of citizens of West Java about the using of media in socializing the information on public health?
3. How is evaluation of citizens of West Java about the implementation of public health program policy?
4. What are alternative mappings can be derived from the perception and evaluation of citizens in order to solve public health issues?

## **C. Research Purposes**

In answering research questions, it requires to perform following purposes:

1. Explaining perception of citizens of West Java about the role of government, health institutions, and health environment supportiveness in socializing the information on public health.
2. Explaining perception of citizens of West Java about the using of media in socializing the information on public health.
3. Explaining evaluation of citizens of West Java about the implementation of public health program policy.
4. Providing alternative mappings that can be derived from the perception and evaluation of citizens in order to solve public health issues.

## **D. Outcomes and Benefits of Research**

This research is expected to benefit the development of public health, especially to the aspects as follow:

1. The mapping of perception and evaluation of citizens of West Java about the need of health information will give a clear picture about their current condition.
2. The result of this research is to give a mapping in order to perform the treatment and intervention through various means and programs developed by every institution, especially health institution.
3. The study of analysis about the need of health information and health socialization may benefit the analysis of current condition and offer the solution for accomplishing the health programs in the future.

## **E. Literature Review**

### **1. Health Communication (Promotion)**

According to Ottawa Charter (Detels., Beaglehole. 2002 : 1911), health promotion is the process of enabling people to increase control over, and to improve, their health. In addition to achieve a complete condition of health physically, mentally, as well as socially, people should recognize and realize their aspirations, their needs,

and be able to change or cope with their environment (physical, social and cultural environment, etc.).

As for vision, mission, and strategy of health promotion (Downie, RS & Tannahil, 2006) are as follow: (1) Vision of Health Promotion; The increasing of people ability to control over and improve their health physically, mentally, and socially, so they will be productive economically and socially. (2) Mission of Health Promotion (efforts need to be done in order to accomplish the vision):

- a. Advocate. To advocate or do any efforts in such a way that decision maker or policy maker in health-related programs and sectors would be convinced that it is necessary to support health programs offered through policies and politic decisions.
- b. Mediate. Health promotion also have to mediate health sector with other sectors as partners. In running health programs, it is necessary to cooperate with other programs within public health field or other related sectors. This cooperation or partnership, therefore, requires the role of health promotion.
- c. Enable. It is necessary to enable people or to have them acquire needed skills so they will be able to control over, and improve, their health independently.
- d. Strategy of Health Promotion, according to Ottawa Charter are healthy public policy, create supportive environment, personal skill, community action, and reorient health services. (Detels., Beaglehole. 2002 : 1911)

The term and definition of health promotion itself is the developing of the already known terms and definitions, such as: health education, health counseling, CIE (Communication, Information, and Education). Health promotion/health education is a sub discipline of health science involving not only the process of urging people or improving public knowledge about health, but also an effort to facilitate the change of public behaviors.

The main purposes of health promotion are (1) The increasing of public knowledge or attitude; (2) The improvement of public behavior; and (3) The improvement of public health condition. The scope of public health is based on two dimensions, namely dimension of the target of health service and dimension of the setting or location of promotion.)

Generally, within the scope of health promotion based on the target of health service, there are two types of health services:

- a. Preventive and promote services, that is services for healthy people in order to keep and improve their health.
- b. Curative and rehabilitative services, that is services for people with diseases in order to cure and recover them.

The effort in promoting health is held such as through various media, either printed, electronic or outdoor media. Media, in this matter, is positioned as a tool to provide an atmosphere conducive to the change of positive behavior on health. In health promotion term, the effort refers to social support (*binasuasana*).

Campaign in order to;

- a. Various poster, leaflet, calendar and events.
- b. Public empowerment or organizing directly by the public themselves.
- c. Creative activities in accord with the local condition, problems, potencies, and cultures that not yet fully developed by social support.
- d. Further study on social support (that requires huge funding) about the change of public behavior yet to be done.

## 2. Public Information Seeking

The advancement of mass and non-mass technologies lead people to various sources and variety of information. People have access to enormous volume and types of information since there is no limitation of time and space due to the technology.

And so it is with the public need of health information. Before the presence of interactive technology, information was proceeded from paramedics or doctors, while nowadays the information technology can provide sufficient health information services. Newspapers, magazines, radios, television, and internet provide necessary information on health. In fact, some institutions of health and virtual information system specifically provide the information service for free.

The information seeking behaviors, as in Goldberg and Larson (1986), usually are the act of individuals to ask for clarity and ideas (especially about the truth of facts) that search for information from authorities, and also ask for the facts related with the issues.

Many factors may take effect to information seeking behavior, such as:

### a. Sociodemographic factors

Theory of social category from DeFleur (1989) highlighted the factors of individual's social category in relation with the use and gratification of mass media. McQuail (1988, p.218) described the influence of age and social groups (income and education) on the use of mass media. The concept of sociodemographic characteristics is certainly not limited only to age, education, and sex. Comstock et al. (1978, p.85-95), other than age, sex, and education, included the number of family members, the income of one entire family, the composition of family members' age, and the educational level of patriarch.

### **b. The Use of New Mass Media**

The presence of new mass media does not affect people to reduce their effort in seeking information from other sources. Alfian (1996, p.202), stated in his work that, when TVRI went public nationally, there was a tendency that a TV audience were also a radio listener, newspaper and magazine reader.

Although Alfian's work did not show any negative effects, Bogart and J.P. Robinson in Comstock, et al. (1978, pp.162-163) stated that, "*We have seen that television typically decreases the amount of time devoted to certain other mass media—specifically radio, books, and movies*".

Furthermore, in relation with the effect to people reading newspaper, Bogart and J.P. Robinson stated, "*...total amount of time devoted to newspaper reading is unaffected by television ownership, television in the home decreases the likelihood of person subscribing to more than one newspaper, and television affects the degree of attention given to certain kinds of newspaper content*".

### **c. Motivation of the Using Mass Media**

There are various motives that drive people to use mass media. These motives differ between each individuals. The approach of using mass media by particular motives has its own reasons. However, reading newspaper/magazine, listening to radio, watching TV/movies, can't be seen as merely an unintentional activity. According to McGuire in Rakhmat (1986, p.203), in general, motivation of using mass media can be classified into two main category, cognitive and affective motives. Cognitive motives involve human need of information as a need to achieve certain level of identification, while affective motives emphasize the aspect of affection as a need to achieve certain level of emotion as indicated by individual state of feelings.

## **F. Methodology**

The method used in this research was field survey (Singarimbun, Masri dan Sofian Effendi, 1995). Field survey was held in Banjar City (high HDI), and Majalengka Regency (lowest HDI). From each regencies, districts were sampled randomly. From each districts, one village or sub district sampled randomly. Respondents were sampled by using the criteria of household income and consumption from poor families. The size of sampling was 405 individuals out of 450 respondents. The decrease in number was resulted from various considerations related to the consistency of responding the questionnaire, willingness to respond, and completeness of the response. The locations in Banjar City were BanjarPatroman District and Batulawang District, while in Majalengka Regency were Dawuan District and Kadipaten District.

Data were collected using questionnaire. The concepts outlined including: the characteristics of social demographic, role (of various instantions and individuals) in providing and delivering health information to public, the using of mass media as the tool for conveying information and distributing mass media (newspaper, radio and television) by institution to socialize public health issues, and implementation of the policy of public health programs.

Statistical method was used in this research for processing data, as mostly used in survey data processing. The data processing would use statistical software with standard procedure. It would be focused on descriptive analysis, such as the trend and frequency distribution for each variables.

## **G. Results and Discussion**

This research involved 405 respondents. Respondents, from their characteristics, can be described as below. By the age, most respondents were within 36-45 years old (34.8% of total respondents). It means that they fall within the range of productive age, with high awareness of information. They need information, such as on health, because they need knowledge necessary for problem solving.

As by the gender, most respondents were male (269 people or 66.4%). By the education level, mostly were below elementary school (167 people or 41.2%). Some of the them didn't even pass elementary school. Considering the aspect of education level, it is assumed that their interest in seeking information is low.

Socio-demographic factor gathered was the dominant types of occupation. Majority of respondents do cash jobs (*serabutan*) (232 people or 57.3%) that do any kind of works to meet their daily needs, such as helping weeding and pruning, hoeing land, being construction worker, etc.

### **1. Government's Role in Conveying Health Information**

Government's role was seen from services by the officers and institutions of public health. In each areas studied, the methods of conveying health information shared the same way. From field data, it had been found that majority of people stated that information on health was received directly from officers. The data can be seen in Table 1.

**Table 1. Delivery of Health Information in Puskesmas**

No.	Information Delivery	Banjar City		Majalengka Regency	
		F	Percentage	F	Percentage
1	Lecture	4	2.0	13	6.4
2	Direct conveying	196	97.5	148	72.5
3	Other means	1	.5	5	2.5
<b>Total</b>		<b>201</b>	<b>100</b>	<b>166</b>	<b>81.4</b>

Based on the media aids, every regencies share the same way in receiving information presented in Community Health Center (*Puskesmas*). Respondents stated that information from poster was likely to be found in Puskesmas, with the percentage of 81.6% for Banjar City, and 167 people (70.1%) for Majalengka Regency.

**Table 2. Media Aids Used in Puskesmas**

No.	Types	Banjar City		Majalengka Regency	
		F	Percentage	F	Percentage
1	Poster	164	81.6	143	70.1
2	Leaflet or Brochure	30	14.9	19	9.3
3	Film	4	2.0	5	2.5
4	Others	3	1.5		
<b>Total</b>		<b>201</b>	<b>100</b>	<b>167</b>	<b>81.9</b>

Next is about the perception on the role of Puskesmas service officers. From Table 3, it is found that majority of respondents in Banjar City are strongly agree about the role of Puskesmas and its officers, while in Majalengka Regency, it is found that the perception is in the level of agree, which is slightly below the respondents from Banjar City, to the role of conveying public health information. In this matter, people of Banjar who have higher HDI tend to have positive perception on the officers

**Table 3. Perception on the Role of Puskesmas and Puskesmas Officers**

No.	Perception on the Role of Puskesmas and its Officers	Banjar City		Majalengka Regency	
		F	Percentage	F	Percentage
1	Strongly Agree	123	61.2	66	32.4
2	Agree	60	29.9	93	45.6
3	Disagree	18	9.0	8	3.9
<b>Total</b>		<b>201</b>	<b>100</b>	<b>167</b>	<b>81.9</b>

Other government agencies considered in this research, in term of the role of providing service public health information, were public hospitals within each areas. The dimensions measured here were not very different from Puskesmas. Other than its primary function as medical treatment, public hospital also has secondary function, which is to convey information on public health to patients and their family indirectly. From the results of both areas, it is found that people of Banjar have high awareness to the need of public health information based on the measurement on every dimensions. This can be seen from the 100 percentage of respondents of Banjar who contact or visit a hospital. Meanwhile, many people of Majalengka Regency don't access or even have no access on public information in hospital at all.

**Table 4. Information Conveying by Hospital Staffs**

No.	Information Conveying	Banjar City		Majalengka Regency	
		F	Percentage	F	Percentage
1	Lecture in Hospital Waiting Room	2	1.0	8	3.9
2	Direct Conveying to Patients	197	98.0	149	73.0
3	Others	2	1.0	5	2.5
<b>Total</b>		<b>201</b>	<b>100</b>	<b>162</b>	<b>79.4</b>

Table 4 presents the types of information services provided by hospital staffs. There are two services mentioned by respondents in both research sites, namely lecturing or counseling in the hospital waiting room and direct conveying to the patients. The rest mentioned other categories.

From the result of data processing in each areas, it is found that, generally, there is a similarity of method used by the staffs. Majority of respondents in both regency received information through direct conveying to them by hospital staffs (98% in Banjar and 73% in Majalengka).

Next is about evaluation by respondents on the role of hospital staffs in both areas. Data outlined in Table 5 shows that majority of people in Banjar City are strongly agree (a positive attitude) to the role of hospital staffs,

and perception of people in Majalengka are in the level of agree (one level lower than people in Banjar City) to the role of hospital staffs in conveying and spreading public health information.

**Table 5. Perception on the Role of Puskesmas and Puskesmas Officers**

No.	Perception on the Role of Hospital Staffs	Banjar City		Majalengka Regency	
		F	Percentage	F	Percentage
1	Strongly Agree	105	52.2	64	31.4
2	Agree	80	39.8	98	48.0
3	Disagree	16	8.0	0	0
<b>Total</b>		<b>201</b>	<b>100</b>	<b>162</b>	<b>79.4</b>

**2. The Role of Health Institution in Conveying Types of Health Information**

Whole respondents in Banjar City have ever visited Puskesmas and also received various types of health information necessary, while some of their respondents in Majalengka Regency have never visited Puskesmas at all (4.4%). Among the respondents who have ever visited Puskesmas, some of them (13.7%) have never received health information from Puskesmas officers.

Majority of respondents in Banjar City have ever visited hospital and also received various health information from hospital. Based on the data, only 79% respondents in Majalengka Regency have ever visited hospital and received health information from hospital staffs. From the data on visit to health care center, it is found that there is significant difference between both areas with different Human Development Index.

**Table 6. Types of Information Received from Puskesmas**

No.	Types	Banjar City		Majalengka Regency	
		F	Percentage	F	Percentage
1	Info on Pregnant Women	67	33.3	28	13.7
2	Info on Children health	2	1.0	36	17.6
3	Info of Diseases Spreading	4	2.0	18	8.8
4	Info on Diseases Prevention	23	11.4	27	13.2
5	Info on Healthy Life	48	23.9	13	6.4
6	Info on Environment Health	51	25.4	42	20.6
7	Info on Oral&Dental Health	1	0.5	3	1.5
8	Others	5	2.5	0	0
<b>Total</b>		<b>201</b>	<b>100</b>	<b>167</b>	<b>81.9</b>

Table 6 and 7 present the types of information received by respondents. From table 6, it is found that information on the health of pregnant women is ranked first, followed by information on environment health (clean water, waste management, filtered air, neighborhood, latrine) and information on healthy life. Other information with smaller percentage are about diseases prevention, ways of diseases spreading, children health, and also oral and dental health. If the results from both area are compared, it is shown that there is a frequency difference on the types of information received by respondents. Information on pregnant women, healthy life and environment health are the most information received by respondents in Banjar, while environment health become the most information received by respondents in Majalengka from their nearest Puskesmas.

**Table 7. Types of Information Received from Hospital**

No.	Types	Banjar City		Majalengka Regency	
		F	Percentage	F	Percentage
1	Info on Pregnant Women	66	32.8	23	11.3
2	Info on Children health	4	2.0	28	13.7
3	Info on Diseases Prevention	16	8.0	14	6.9
4	Info on Healthy Life	47	23.4	37	18.1
5	Info on Environment Health	59	29.4	13	6.4
6	Info on Oral&Dental Health	4	2.0	45	22.1
7	Others	5	2.5	2	1.0
<b>Total</b>		<b>201</b>	<b>100</b>	<b>162</b>	<b>79.4</b>

Types of information received from hospitals are not very different. Generally, it can be concluded that the most types of information received are on the health of pregnant women, environment health, healthy life, and diseases prevention.

Nonetheless, there is a difference between the behavior of seeking information based on the types. It is interesting to notice that majority of respondents in Majalengka received information on oral health, while majority of respondents in Banjar seeking for information on the health of pregnant women.

### 3. Supportiveness of Environment in Socializing Health Information

Environment supportiveness encourages the success of public health development. Environment have a strong determination over behaviors of people, including healthy life. From the field data gathered, it shows an outline of the role of figures with close relation to respondent's daily life. Most respondents in both areas stated that, the role of cadres of Community Clinic (*Posyandu*) at the level of Ward (RW) and medical staffs were very supporting in the health counseling. Table 8 presents the data.

From the table, it is shown that the role of cadres and medical staffs (doctors, midwives, and nurses) are very noticeable. Their existence are very dominant in explaining health issues. However, in both areas, there is a significant difference. The role of cadres such as staffs of family planning (*Keluarga Berencana*) and *Posyandu* are very strategic in Banjar City, while the role of doctors and other medical staffs are more strategic according to respondents in Majalengka Regency.

**Table 8. Supportiveness of Human Resources on Public Health to the Information Seeking**

No	Sources	Banjar City		Majalengka Regency	
		F	Percentage	F	Percentage
1	Cadres/Staffs of Posyandu	105	52.2	64	31.4
2	Medical staffs (doctors/midwives/nurses)	80	39.8	98	48.0
3	Others	16	8.0	0	0
<b>Total</b>		<b>201</b>	<b>100</b>	<b>162</b>	<b>79.4</b>

Within the society with high HDI, the role of closest cadres (RW/RT) are more dominant. Not only rely on professionals (doctors and nurses), they also ask many questions to the nearest sources. The function of cadres are more likely on preventive action, in which shows a higher awareness in this issue. However, within society with low HDI, it is more dominant on curative.

### 4. The Using of Media in Socializing Public Health Issues

Next, we discuss the role of electronic and printed media in conveying information on health. The discussion is intended to explain the public efforts in seeking information based on the sources. In both areas, there is a different *trend* on the using of media for health communication. The respondents in Banjar City, known with high HDI, are more likely to use local discussion forums (51.70%) in seeking for information on health. The rest are more likely to use electronic (33.3%) and printed (14.4%) media.

**Table 9. Sources of Information on Health Used by Public**

No.	Media	Banjar City		Majalengka Regency	
		F	Percentage	F	Percentage
1	Printed media	29	14.4	69	33.8
2	Electronic media	67	33.3	103	50.5
3	Local activities (Forum/Cadre/Posyandu)	104	51.7	24	11.8
4	Others	1	.5	8	3.9
<b>Total</b>		<b>201</b>	<b>100.0</b>	<b>204</b>	<b>100.0</b>

This condition is different from Majalengka Regency as an area with low HDI. Majority of respondents use electronic media (radio and TV) as the main sources of information. Table 10 outlines the comparison of the role of various types of mass media and internet as the sources of information. The data is used to measure the role of each types in meeting the need of information. It can be concluded that, in both areas, the patterns are similar: television has a dominant role.

**Table 10. Media of Information on Health**

No.	Types	Banjar City		Majalengka Regency	
		F	Percentage	F	Percentage
1	Television	184	91.5	140	68.6
2	Radio	7	3.5	5	2.5
3	Newspaper/Tabloid	4	2.0	29	14.2
4	Magazine	3	1.5	8	3.9
5	Internet	2	1.0	16	7.8
6	Social Media	0	0	1	.5
7	Others	1	0.5	5	2.5
<b>Total</b>		<b>201</b>	<b>100</b>	<b>204</b>	<b>100</b>

Table 11 outlines the the most impressible sources of information according to respondents. The term of

impressible means that the source is able to leave a strong impression of information to public. In each communication events, public consider a source of information able to disseminate information properly. The table indicates that respondents in both areas have different habits. 76.6% respondents in Banjar City stated that cadres and staffs of medic were able to present an interesting, understandable, and impressible information, while in Majalengka Regency, medical staffs in hospital or Puskesmas were considered to be able present an impressible information (45.6%).

**Table 11. Most Impressible Sources of Information on Health**

No.	Types	Banjar City		Majalengka Regency	
		F	Percentage	F	Percentage
1	Cadres/Staffs of Posyandu	154	76.6	49	24.0
2	Medical Staffs (doctors/midwives/nurses)	26	12.9	93	45.6
3	Printed media	7	3.5	16	7.8
4	Electronic media	11	5.5	37	18.1
5	Local activities	3	1.5	9	4.4
<b>Total</b>		<b>201</b>	<b>100</b>	<b>204</b>	<b>100</b>

Next is about field data on the content of information received by public from electronic mass media. Data on television indicates a gap between types of information received strongly in both areas. As 81.1% of respondents in Banjar City stated that they watched advertisements of medicine and health products, while only 54.9% of respondents in Majalengka did it. The rest of respondents in Majalengka Regency stated that they received information on medical profession.

By data on radio, the gap is less if compared with media of television, although the highest rank of information received through radio is the same as through television. As 81.1% of respondents in Banjar City stated that they received information on health products and medicine, while 60.3% of respondents in Majalengka Regency did it.

#### 5. Implementation of Policy of Public Health Programs

By the end of field data analyzed is about evaluation by respondents on the implementation of health development in West Java, particularly in Majalengka Regency and Banjar City. The results of this evaluation compare the responses of people with high HDI and low HDI. From the percentage of the responses shown in Table 12, it is found that it is significantly different.

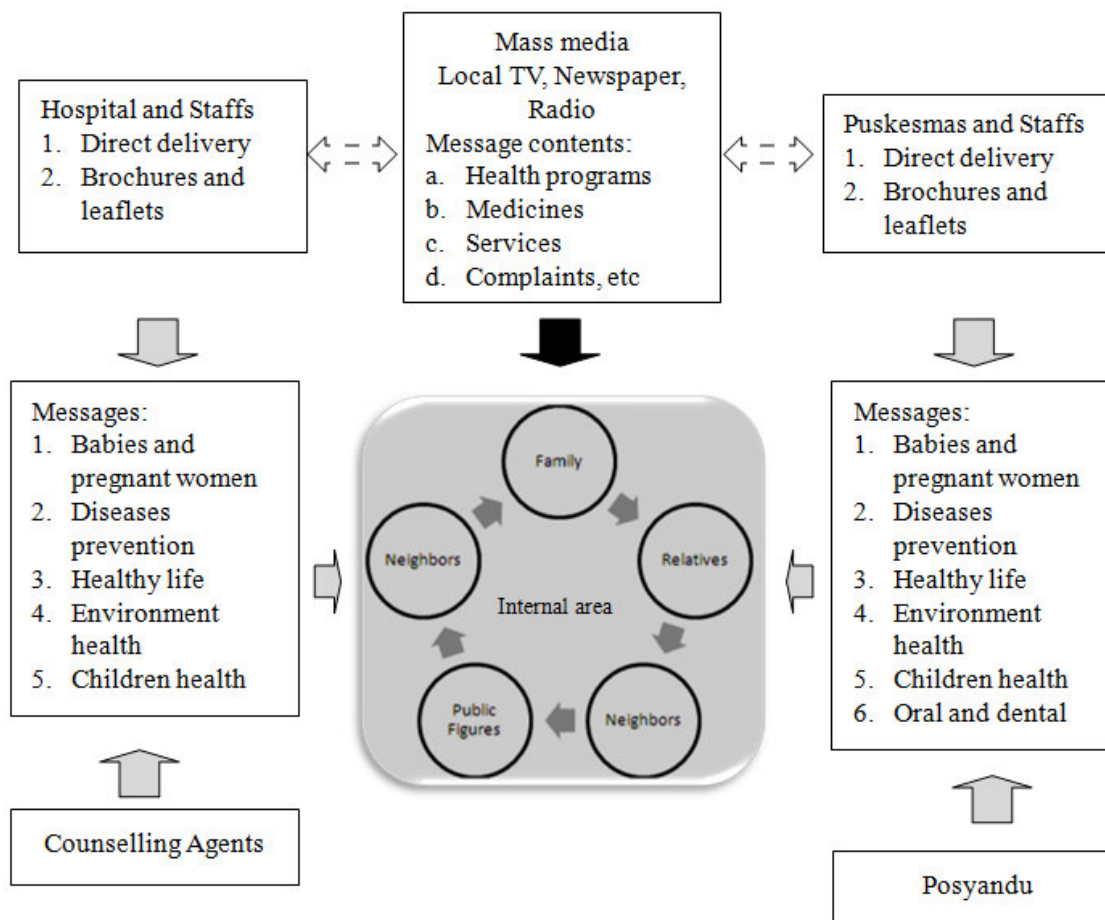
**Table 12. Responses by Respondents on the Implementation of Policy of Public Health Programs**

No.	Types	Banjar City		Majalengka Regency	
		F	Percentage	F	Percentage
1	Low	10	5.0	27	13.2
2	Average	21	10.4	127	62.3
3	High	170	84.6	50	24.5
<b>Total</b>		<b>201</b>	<b>100</b>	<b>204</b>	<b>100</b>

Majority of responses by people of Banjar City (high HDI) indicate that evaluation on government performance in public health sector is high. High percentage (84.6%) indicates good performance in the view of public. This condition is different with what is shown in Majalengka Regency, where majority of public responses show average evaluation (62.3%) to the implementation of policies in public health sector. It means that the performance is in average.



## 6. Alternative Models to Solve the Problems on Health Information Seeking by Public



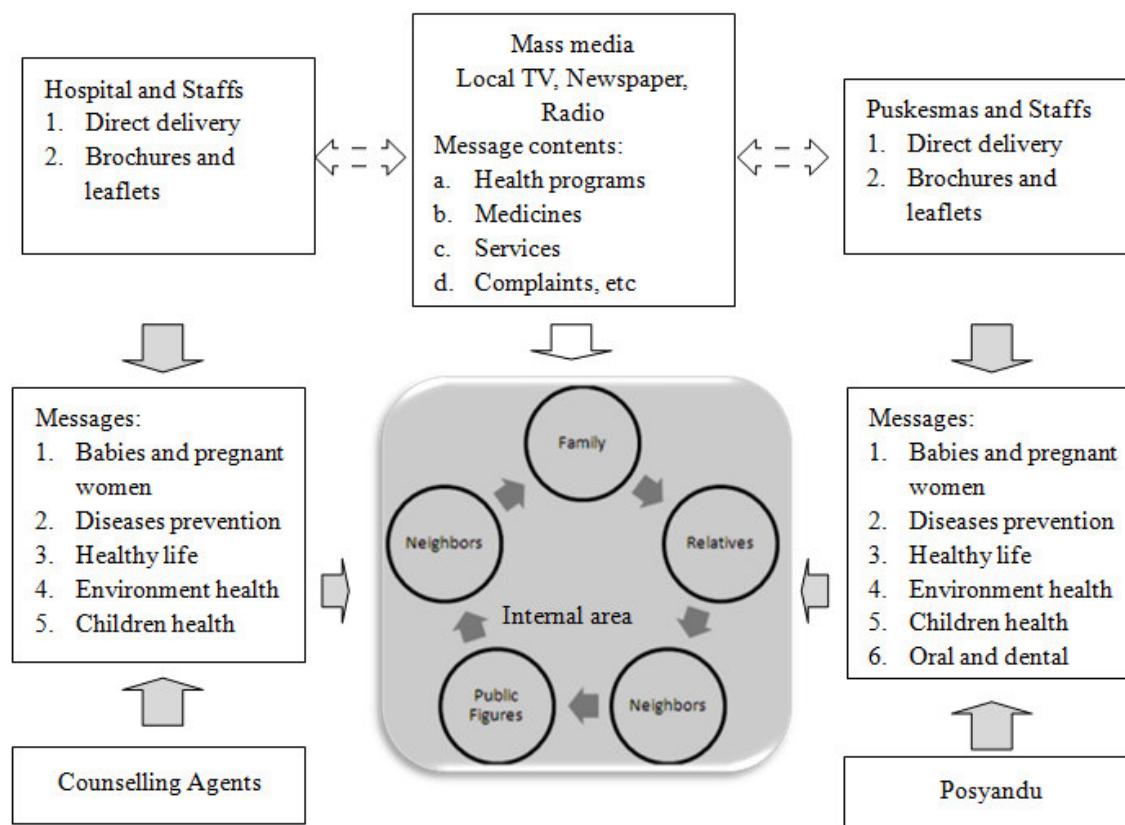
Picture 1. Model of Health Communication Reinforcement for the Poor (HCRP) or *Penguatan Komunikasi Kesehatan Masyarakat Miskin (PK2MM)* with high HDI

This study try to provide alternative models to help public in seeking for information on health. Providing information is an essential part of the model this research try to develop. However, this model should be empiric-based, which is aforementioned in the previous mapping or the discussion of research results.

Various aspects as references for this study are as follow:

1. People prefer direct delivery by officers and they prefer visual aids, such as posters, to clarify the content of messages.
2. The high role of the staffs of Puskesmas and hospital in explaining about diseases or in counseling in the matter of particular conditions.
3. Information explained and understood by respondents or public while visiting hospital/puskesmas, comprise the issues of pregnancy and pregnant women, diseases prevention, children health, healthy life, environment health and also oral and dental health.
4. The networking of health communication in public level relies more on the role of public figures or cadres of Posyandu or counseling agents of public health. Yet, in Majalengka, people depend more on the doctors and hospital staffs.
5. Electronic media (in this sense, television) is media of interest preferred by most respondents in seeking for information, particularly on the health products and medicine.
6. Group communication media or small group communication aids are preferred by public.
7. The role of government is dominant in compliance with the experience in area with high HDI.
8. Significant difference in public responses of both areas demand a development of model with different communication reinforcement. As we know, in order to fulfill the need of public information (the poor), it is necessary to consider the characteristics of habits in media and communication forums.

As to remind, people in area with low HDI prefer mass media, while people in area with high HDI prefer local communication forum.



Picture 2. Model of Health Communication Reinforcement for the Poor or Penguatan Komunikasi Kesehatan Masyarakat Miskin (PK2MM) with low HDI

From the considerations above, this study proposes two models of intervention in meeting the needs of information on public health. The models developed was referred to as Models of Health Communication Reinforcement for the Poor (HCRP) or Penguatan Komunikasi Kesehatan Masyarakat Miskin (PK2MM). The first model is shown in Picture 1, developed for the poor with high HDI. In essence, the flow of communication in this group should be reinforced and developed by community communication which directly related to counseling agents and institutions such as Posyandu. And it is also necessary to maintain the role of support from Puskesmas and hospital, particularly the role of staffs which is strategic in carrying out their function as a health communicator. They disseminate the health information on the health of babies and pregnant women, diseases prevention, healthy life, children health, environment health, and oral and dental health.

The role of mass media, particularly TV as a dominant one, may help to explain issues of health in respect of policies, healthcare institutions, medicines, through educative advertisements and complaints. However, within society with high HDI, the role is not really noticeable, since public are very close to staffs of Posyandu, counseling agents, and staffs of hospital and Puskesmas.

While in Picture 2, which shows Model of PK2MM for people with low HDI, it is necessary to reinforce the flow of communication in various aspects, such as relation with media, hospital, Puskesmas, Posyandu and public health counseling agents. It is to remind that, with existing limitations, intervention by reinforcing all the sources of information may still be done. In this matter, the role of government is very dominant.

## H. Conclusions and Recommendations

### 1. The Conclusions

Based on the result of data processing, it is concluded that:

1. Perception of respondents toward the role of government in delivering health information is very good.
2. Perception of respondents toward the role of health institutions in delivering health information is very positive in explaining about health issues to public.
3. Perception of respondents toward the supportiveness of health environment in socializing information on public health is dominated by positive role.
4. Perception of respondents toward the using of media in socializing public health indicates positive responses to direct services in form of local forums or public activities.
5. Evaluation from citizens of West Java toward the implementation of policy of public health programs

indicates significant difference between both areas. Area with high HDI shows high scores, while area with low HDI shows average scores.

6. Model of PK2MM for people with high HDI emphasizes more on the reinforcement of internal and local communication networking, while in the model of PK2MM for people with low HDI, it is necessary to emphasize the intervention to all sources of information on health.

## 2. The Recommendations

Based on the results, it is recommended that:

1. Government need to reinforce the networking of internal and local communication that all this time is considered as the sources of information closest to public.
2. Mass media should provide real support by providing columns and supplements for sector of health information.
3. Hospitals and Puskesmas should improve the public health promotion and counseling that is integrated with other institutions' services.

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