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## ACHIEVEMENT OF THE IMPLEMENTATION OF 12 INDICATORS OF THE HEALTHY INDONESIA PROGRAM WITH A FAMILY APPROACH (PIS-PK) IN PALEMBANG CITY, SOUTH SUMATERA IN 2022

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### ABSTRACT

*The Healthy Indonesia Program with a Family Approach or Program Indonesia Sehat dengan Pendekatan Keluarga (PIS-PK) is the most important program development the health within the regulation by Minister of Health of the Republic of Indonesia for the period 2015-2019. The purpose of this study was to describe the achievement of the PIS-PK target in several health centres in Palembang city in 2022 by comparing the achievement results between several public health centres (puskesmas) in Palembang city. This study applies a descriptive observational research method using ecological approach to observe the characteristics of a population group based on location (in this case the work area of the public health service). The data is a secondary data from the Healthy Family Application or Aplikasi Keluarga Sehat of Palembang City Health Office in 2022. The results showed that at the sub-district level there are 3 healthy sub-districts (kecamatan sehat) and 15 pre healthy sub-districts (kecamatan pra-sehat) and there are no unhealthy districts (kecamatan tidak sehat). There are 26 healthy villages, 72 pre-healthy villages, and 9 unhealthy villages. While at the sub-district level there are 6 health centres, 33 pre-healthy health centres, and 5 unhealthy health centres.*

**Keywords:** *the healthy indonesia program with a family approach (PISPK), public health centre, achievement; indicators, family, Indonesia*

### INTRODUCTION

Based on the Ministry of Health's strategic plan for 2015-2019, the government aims to improve the success of the main health development programme, namely the Healthy Indonesia Programme with a Family Approach (PIS-PK) through the Decree of the Minister of Health of the Republic of Indonesia No. HK.02/02/ Menkes/52/2015

(Suratri et al., 2019). The Ministry of Health has included PIS-PK in the main health development programmes and its goals have also been stated in the National Medium-Term Development Plan (RPJMN) 2015-2019 (Yanti & Fithria, 2018). PIS-PK itself is defined as a health-based approach by monitoring families that classified as at-risk families through the assessment of family health status expressed in the Healthy Family

Index (Indeks Keluarga Sehat or IKS) (Hartono et al., 2021).

PIS-PK aims to improve service availability and monitoring by evaluating the implementation of the PIS-PK programme. PIS-PK activities are implemented by the community health centre or Puskesmas, supported by the district health office (Murnita & Prasetyowati, 2021).

Puskesmas not only carry out individual health efforts (Upaya Kesehatan Perorangan-UKP) but also carry out public health efforts (Upaya Kesehatan Masyarakat-UKM). The form of health efforts at Puskesmas includes promotive, preventive, curative, and rehabilitative services (Jalius et al., 2022). However, in its development, Puskesmas is more likely to provide curative services (treatment) than other services, such as promotive and preventive approach. Therefore, the accreditation of Puskesmas is required to continue to develop and balance curative and preventive services through UKP and UKM which are evaluated continuously evaluated at least 3 times a year (Eviheryanto & Syakurah, 2023).

The objectives of PIS-PK are included in the main objectives of the National Medium Term Development Plan (RPJMN) 2015-2019, namely to improve the level of health and nutritional status of the community through improving access and quality of health service efforts both primary and referral services and community empowerment supported by financial protection and equitable community empowerment (Yanti & Fithria, 2018). PIS-PK is implemented by maintaining 3 (three) main pillars, namely strengthening health services, implementing a healthy paradigm, and implementing the national health insurance (Jaminan Kesehatan Nasional-JKN). The first pillar, namely strengthening health services, is implemented through

strategies to increase access to health services, optimise the referral system, and improve quality through a continuum of care approach and health risk-based interventions. Implementation of the second pillar, namely the application of a health paradigm through strategies for mainstreaming health in development, strengthening promotive and preventive efforts and community empowerment. Meanwhile, the third pillar, namely the implementation of JKN through strategies to expand goals and benefits, as well as quality and cost control (Mujiati et al., 2020)

The South Sumatra province has implemented PIS PK and has achieved family visit coverage of 1,606,865 families nationwide with an IKS of 25.3% (South Sumatra Province Health Office., 2022). The Palembang City is one of the cities that have optimally implemented PIS-PK. Based on the latest data coverage report from the Palembang City Health Office in December 2022, the achievement of family registration has reached 310,157 families.

Based on the coverage, it is also not known that which Puskesmas, district and sub-district that have low, medium, and high coverage through spatial analysis. Therefore, this study was conducted with the aim of analyzing the achievement of PIS-PK targets in several Puskesmas in Palembang City in 2022 using ecological study approach

## **RESEARCH METHODOLOGY**

This research uses descriptive observational research. The descriptive observational research method is a form of research in which a problem under study is described through field observations (Najmah et al., 2023). This descriptive research uses an ecological study design because this research observes the characteristics of a population group based on location (in this case the work

area of the health department). Ecological studies are chosen among other types of research because ecological studies are easy to conduct and cheap because the data used is data that is already available (secondary data) (Najmah et al., 2023). In addition, ecological studies can be used as a preliminary investigation to assess the relationship between risk factor exposure and disease, which makes them suitable for use as a programme evaluation tool to develop policies/regulations that have been/are being implemented. The ecological study aims to analyse PIS-PK as a whole by describing the coverage and achievement of 12 PIS-PK indicators with an analysis of achievement per indicator based on sub-district working units and Puskesmas working areas in Palembang city.

Secondary data related on PIS PK were collected from the Palembang City Health Office. These data are collected regularly by health workers from Puskesmas and the Palembang City Health Office. The 12 indicators were collected from house to house then the data were entered into the Healthy Family application developed by the Ministry of Health.

The IKS score is an accumulation of 12 PIS-PK indicators, consisting of (1) families follow the family planning programme, (2) mothers give birth in health facilities, (3) infants receive complete basic immunisation, (4) babies are exclusively breastfed, (5) infants attend growth monitoring, (6) TB patients receive appropriate treatment, (7) people with hypertension routinely undergo treatment, (8) People with mental disorders are not neglected and they receive treatment, (9) No family member smokes, (10) The family is a member of JKN, (11) The family has access to clean water facilities, and (12) the family has access to healthy toilet (Ministry of Health Republic Indonesia.,

2016a). The answer to each indicator is “yes” with a score of ‘1’ and ‘no’ with a score of ‘0’. The IKS score is the cumulative score of the answers to indicators one to twelve. Then, the IKS region in Palembang city is divided into 3 categories, namely unhealthy families (IKS < 0.800) marked in red, pre-healthy families (IKS 0.500 - 0.800) marked in yellow, and healthy families (IKS > 0.800) marked in green.

For spatial data, digital maps of Palembang city per urban village area were obtained from the Palembang city government website (Geoportal Pemerintah Kota Palembang: <http://geoportal.sumselprov.go.id/>) and coordinates of PHCs (public health centres), subdistricts (kecamatan), and villages (kelurahan) in Palembang city were obtained from Google Maps. We used an open-source spatial application QGIS (version 3.10.10) to conduct the analysis.

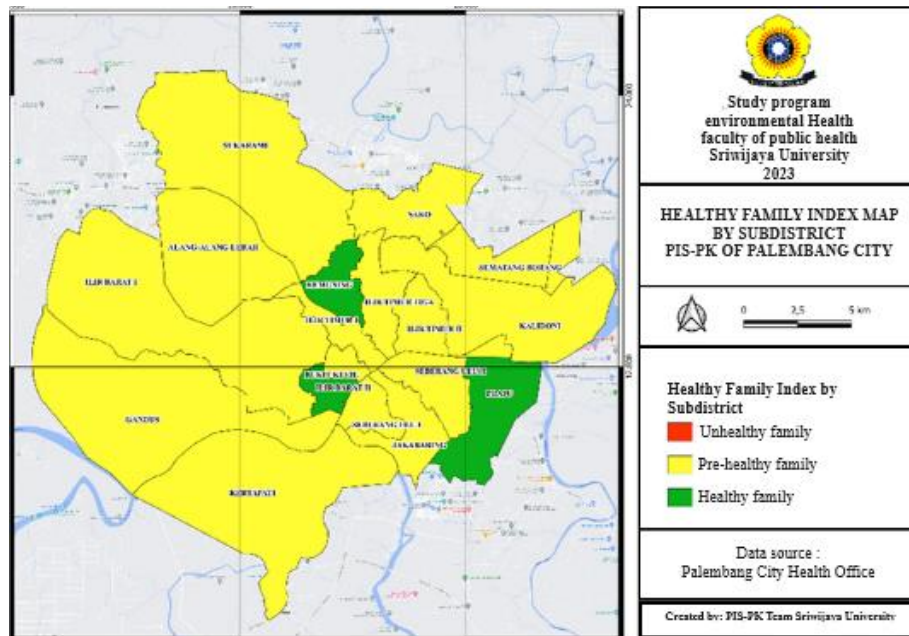
## RESULTS AND DISCUSSION

### Results

#### Healthy Family Index (IKS) based on sub-districts, villages, and public health centres areas in Palembang

The IKS or *Indeks Keluarga Sehat* (Healthy Family Index) mapping is based on the working areas of sub-districts, villages, and puskesmas consisting of 18 sub-districts, 107 villages, and 42 puskesmas in Palembang city based on the distribution of PIS-PK indicators in Palembang city which are presented in a distribution map and table. There are 3 healthy sub-districts in Palembang city, namely Ilir Barat II sub-district (0.953), Kemuning sub-district (0.810), and Gandus sub-district (0.802) and 15 prehealthy sub-districts and no unhealthy sub-districts. Pre-advisory sub-districts The healthiest sub-districts in Palembang city are Gandus sub-district (0.772), Jakabaring sub-



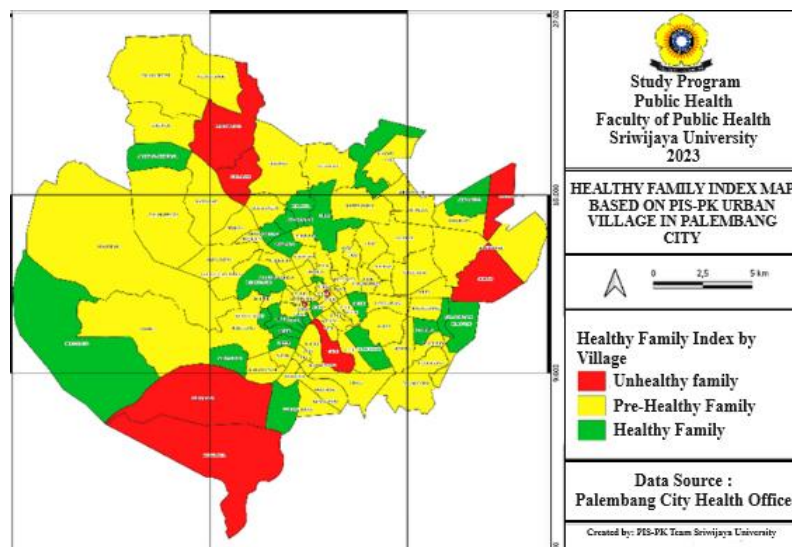


**Figure 1. Distribution Map of IKS Value per Sub-district of Palembang City in 2022**

district (0.715), Alang-Alang Lebar sub-district (0.701), Seberang Ulu II sub-district (0.657), Sako sub-district (0.655), and Iilir Timur III sub-district (0.651).

While the IKS mapping conducted per sub-district shows that there are 9 unhealthy villages in Palembang city, namely 5 Ulu

(0.247), 14 Iilir (0.472), Sukarami (0.469), Kebun Bunga (0.396), Sei Lais (0.434), 23 Iilir (0.428), Keramasan, (0.45), Karya Jaya (0.349), and Karya Muli (0.371). There are 72 pre-healthy villages and 26 healthy villages



**Figure 2. Distribution Map of IKS Value per Village of Palembang City in 2022**





While the IKS mapping conducted per sub-district shows that there are 9 unhealthy villages in Palembang city, namely 5 Ulu (0.247), 14 Ilir (0.472), Sukarami (0.469),

Kebun Bunga (0.396), Sei Lais (0.434), 23 Ilir (0.428), Keramasan, (0.45), Karya Jaya (0.349), and Karya Muli (0.371). There are 72 pre-healthy villages and 26 healthy villages.

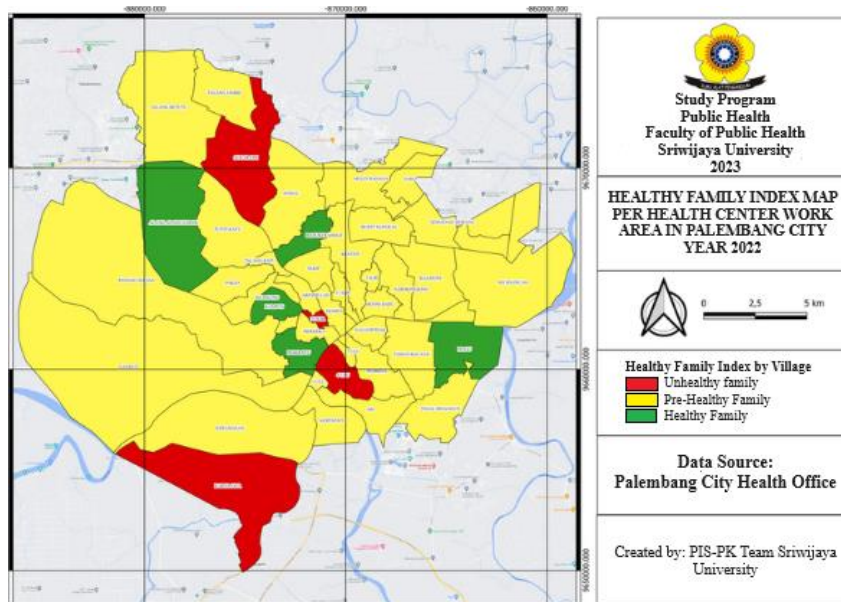


Figure 3 3. Distribution Map of IKS Value per Palembang City Health Center in 2022

Based on the IKS of the working areas of Puskesmas in Palembang, there are still several working areas of Puskesmas that are unhealthy or below IKS < 0.500, including Puskesmas 23 Ilir (0.484), Puskesmas Sukarami (0.433), Puskesmas 4 Ulu (0.399), and Puskesmas Karya Jaya (0.349), while there are 33 working area of pre-advisory puskesmas or IKS 0.500 - 0.800 and there are 6 puskesmas which have the healthiest working area with IKS > 0.800, namely Puskesmas Makrayu (0.953), Puskesmas Basuki Rahmat (0.935), Puskesmas

Kampus (0.923), Puskesmas Plaju (0.867), and Puskesmas Alang-Alang Lebar (0.826).

### Percentage of 12 indicators per subdistrict in Palembang City

The IKS can also be shown per each indicator consisting of the 12 PIS-PK indicators as described on Table 1. Based on the mapping, it can be seen that the indicator of 18 subdistricts per 100 families in Palembang City is.

Table 1. Percentage per PIS-PK Indicator in Sub-districts of Palembang City in 2022

Sub-district	Percentage (%) per Indicator											
	1	2	3	4	5	6	7	8	9	10	11	12
Ilir Barat II	86.2	100	96.7	96.3	93.9	93.9	84.3	0.1	94,8	96.2	98.7	97.7
Kemuning	94.6	97.2	99.4	95,1	96.2	96.2	81.1	0.3	81,6	98.4	99.4	98.5
Plaju	95.9	99.8	99.7	97.5	98.4	98.4	84.9	0.5	77,9	96.2	99.4	98.9
Gandus	85	94.9	95.4	91,4	90.5	90.5	70.7	0.3	83,7	92.3	98.7	97.8
Sukarami	69.5	89.4	98.1	93.4	94.3	94.3	52	0.1	64,1	86.9	98.2	98.9
Seberang Ulu I	78.7	95	84.4	87.7	86.2	86.2	79.9	0.4	64,9	85.2	97.7	95.3



Sub-district	Percentage (%) per Indicator											
	1	2	3	4	5	6	7	8	9	10	11	12
Iilir Timur III	96.2	100	100	97	96.6	96.6	75.4	0.2	72,3	96.7	99	97.7
Jakabaring	89.1	97.7	99.8	98.8	97.9	97.9	85.4	0.7	75,1	94.5	94.9	93.2
Kertapati	89.1	98.9	99.9	96.6	97.9	97.9	68.1	0.2	69,6	95.5	92.7	83.8
Iilir Timur II	85.7	97.5	99.5	92.3	96.3	96.3	77.9	0.1	66,2	94.4	99.5	98.1
Alang-alang Lebar	85.7	97.3	99.3	93.1	90.2	90.2	68	0.5	77,7	96.8	99.7	99.2
Kalidoni	84.6	94.9	99.6	98.6	98.4	98.4	52	0.3	70,4	94.9	99.2	97.9
Sako	83.3	99.3	96.7	94.8	92.4	92.4	73.5	0.3	73,3	90.4	99.4	98.9
Iilir Timur I	83.1	82,5	100	90.1	93.3	93.3	59.8	0.4	75,9	94.3	99.6	96.9
Bukit Kecil	81.4	91.6	98.3	93.3	85.3	85.3	84.1	0.5	66,3	85	99.4	98.7
Sematang Borang	80.7	97	100	95.8	95.4	95.4	47.8	0.1	75,2	87.3	98.8	98.4
Seberang Ulu II	79.8	98.2	94.2	87.6	90.6	90.6	65.1	0.3	75,8	86	98.4	96.4
Iilir Barat I	77	97.8	98.5	86.6	94.4	94.4	66.2	$\frac{0.2}{5}$	73,9	91.6	99.4	99

Source: Application of Healthy Family, Health Offices in Palembang, 2022

The highest percentage of Indicator 1 (families participating in family planning programme) is located in Kecamatan Plaju (95.9%), Kemuning (94.6%), and Iilir Timur Tiga (96.2%) and the lowest percentage is in Kecamatan Sukarami (69.5%). The highest percentage of indicator 2 (mothers giving birth in a health facility) was in Kecamatan Iilir Barat II and Plaju (100%) and the other Kecamatans were > 90%. The highest proportion of Indicator 3 (infants received full primary immunisation) was in Kecamatan Iilir Timur I, Iilir Timur III, and Sematang Borang (100%) and the lowest was in Kecamatan Seberang Ulu I (84.4%).

The highest proportion of indicator 4 (infants were exclusively breastfed) was in Kecamatan Jakabaring (98.82%) and the lowest proportion was in Kecamatan Iilir Barat I (86.6%). The highest proportion of under-five growth monitored by indikator 5 was in Plaju and Kalidoni subdistricts with 98% each and the lowest was in Bukit Kecil subdistrict (85%). Based on the category of patients with pulmonary TB patients

receiving standard treatment for indicator 6, the highest percentage was in Kecamatan Bukit Kecil (63.5%), Seberang Ulu II (62.8%), and Iilir Timur I (60%), and the lowest was in Kecamatan Sematang Borang (25.4%), Iilir Barat I (34.7%), and Sako (37.7%). The highest percentage of people with hypertension receiving regular treatment is in Jakabaring subdistrict (85.44%) and the lowest is Sematang Borang subdistrict (47.81).

For proper treatment of family members with the mental illness, the highest percentage subdistricts are in Jakabaring (0.66%) and the lowest is in Iilir Timur II (0.10%). Interestingly, the Iilir Barat II sub districts (94.77%) and Sukarami (64.14%) subdistrict have the highest and lowest percentage of indicator 9 that no family member smokes respectively. The highest percentage of indicator 10 that the family is a member of Universal Health Coverage or JKN was in Kecamatan Kemuning (98.35%) and the lowest was in Kecamatan Bukit Kecil (84.99%). The highest percentage of



indicator 11 families with access to clean water facilities is Kecamatan Alang-Alang Lebar (99.66%) and the lowest is Kecamatan Kertapati (92.69%). The highest percentage

of indicator 12 families who have access/use family latrine facilities is Alang-Alang Lebar sub-district (99.23%) and the lowest is Kertapati sub-district (83.24%).

**Table 2. Percentage of Indicators per Public Health Center Areas in Palembang City in 2022**

No	Puskesmas (Public Health Centers)	Percentage (%) per Indicator											
		1	2	3	4	5	6	7	8	9	10	11	12
1	Makrayu	86.2	100	96.7	96.3	95.7	58.2	84.3	0.1	94.8	96.2	98.7	97.7
2	Basuki Rahmat	98.7	98.5	99.5	96.2	95.2	58.1	76.8	0.3	91.4	98.6	99.8	99.1
3	Plaju	99.3	99.7	100	98.9	97.1	37.5	97.9	0.5	79.7	99.9	99.8	99.8
4	Gandus	85	94.9	95.4	91.4	99.2	94.0	70.7	0.3	83.7	92.3	98.7	97.7
5	Pembina	93.5	97.5	100	99.7	90.1	54.8	94.2	0.9	80	94.6	99.8	96.7
6	Nagaswidak	93.8	100	100	95.5	95.9	84.5	77.4	0.3	82.1	98.3	99.1	95.2
7	Multi Wahana	88.6	100	93.4	97.4	95.1	41.1	69.6	0.2	68	92.9	99.8	99.7
8	Merdeka	92.3	98.5	100	93.7	82.8	46.8	93.7	0.4	66.9	83.2	99.8	99.5
9	Kampus	96.9	97.8	100	100	88.4	49	86.8	0.2	92.2	98.6	99.9	99.6
10	Alang-alang Lebar	83.8	100	99	92.2	98.2	70.4	76.4	0.2	85.1	95.9	99.8	99.5
11	Kenten	97.1	100	100	98	95	56.8	73.6	0.2	74.5	97	98.8	98.4
12	Sabokingking	95.2	99.4	100	97	92.0	44.4	83	0.1	67.2	98.2	99.3	97.3
13	Sekip	87	94.5	99.4	92.6	85.9	40.2	88.3	0.3	66.8	98	98.8	97.4
14	Kalidoni	83.9	95.3	100	99.3	90.5	73.9	58.6	0.3	75.5	93.8	99.3	99.3
15	Bukit Sangkal	81.2	98	100	98.5	98.6	38.8	71	0.5	79.2	94.9	99.4	98.8
16	Dempo	78	85.4	100	88	93.9	46.1	70.2	0.3	78.2	92.8	99.7	95.9
17	Sematang Borang	80,7	97	100	95.8	99.8	40	47.8	0.1	75.2	87.3	98.8	98.4
18	5 Ilir	74.3	77.3	100	98.9	96.8	96.7	69.3	0.1	54.6	90.8	99.1	98.5
19	1 Ulu	80.6	96.5	97.2	97.7	99.2	71,4	69.3	0.7	78.8	79.4	98.7	96.5
20	Tegal Binangun	91,9	100	98,9	94,2	94,0	92,7	55,3	0,5	74,1	88,2	98,6	96,9
21	Opi	85.2	97.9	99.5	97.6	86.8	29.4	77.9	0.5	70.4	94.4	90.1	89.9
22	Keramasan	87.6	99.3	99.6	97.2	99.2	69.5	50.8	0.3	62	98.9	93.1	76.3
23	Kertapati	99.7	100	100	100	97.2	98.6	79.4	0.2	77.5	97.4	94.9	90.3
24	Padang Selasa	79.7	100	97.6	89.3	98.7	39.2	58	0.1	69.5	89.2	99.6	99.5
25	Talang Jambe	68.5	63.3	94.3	93.9	91.7	62.8	51.2	0.2	68.3	85.7	95.8	98.5
26	7 Ulu	80.5	100	94	93.7	99.0	49.7	88.2	0.5	69.7	68.7	97.5	92.1



No	Puskesmas (Public Health Centers)	Percentage (%) per Indicator											
		1	2	3	4	5	6	7	8	9	10	11	12
27	Talang Ratu	82.3	100	100	96.4	85.8	84.2	62.4	0.4 5	68.7	93	99.9	99.8
28	Pakjo	82.8	97.9	98.3	64	97	28.3	73.1	0.6	63.6	95.4	99.1	99.3
29	11 Ilir	89.8	100	100	93.2	93.7	47	84.8	0.1	68.6	96	99.7	96.1
30	Sosial	82.3	98.7	100	90.7	98.4	22.4	65.4	0.1	67.2	92.7	99.1	99
31	Ariodillah	92.3	73.1	100	88.3	96.7	54.5	49.4	0.5	77.4	97.7	99.3	96.4
32	Sako	76.2	98.9	100	92.1	88.7	58.6	81.3	0.4	77.1	88.5	98.8	97.9
33	Punti kayu	91	93.9	100	95.1	85	41.2	61.8	1.2	62.3	98.8	99.3	98.6
34	Talang Betutu	76.5	81.8	97	49.3	87.1	25.9	54	0.1	60.8	90.9	98	98.5
35	Taman Bacaan	59.6	97.4	90.5	82.5	46.9	25.4	57.3	0.3	70.9	76.4	97.8	97.3
36	Sei Baung	54.6	92.7	100	96.9	97.5	37.5	63.3	0.3	71.8	87.1	98.4	97.2
37	Boom Baru	80	100	98.1	78.2	91.4	73.2	75.4	0.1	64.8	85.4	99.9	99.2
38	Sei Selincah	96.8	92	98.9	97.8	91.2	44	76.4	0.2	59.4	96.3	99	95.7
39	23 Ilir	68.4	79.5	94.2	92.4	93.7	19.6	57.8	0.5	66	96.5	98.8	97.8
40	Sukarami	28.7	90.3	97.7	89.1	97.2	44.2	24.2	0.1	64	76.8	98	99.2
41	4 Ulu	76.8	94.4	80.3	84.8	95.4	50.3	82.5	0.3	41.8	78.9	97.3	95.2
42	Karya Jaya	61.1	94	100	87.8	96.7	18.9	58.3	0.4	47.6	78	81.5	79.7

Source: Application of Healthy Family, Health Offices in Palembang, 2022

### Percentage of indicators per health centre in Palembang city

Based on the existing mapping it can be seen that the indicator of all Puskesmas per 100 families in Palembang City. The following table shows 18 Puskesmas with the percentage of each indicator. Based on the table, the highest percentage of Puskesmas following indicator 1 per 100 families are Puskesmas Kertapati (99.7%), Plaju (99.3%), and Basuki Rahmat (98.7%) and the lowest are Puskesmas Sukarami (28.7%), Karya Jaya (61.6%), and Sei Baung (54.6%). The highest percentages of Indicator 2 are Makrayu, 7 Ulu, Kertapati, Nagaswidak, Plaju, Tegal Binangun, and Padang Selasa health centres (100%) and the lowest was Ariodillah health center (73%). The highest percentage of indicator 3 is Puskesmas Pembina, Kertapati, Karya Jaya, Nagaswidak, Plaju, Sei Baung, Merdeka,

Ariodillah, Dempo, Talang Ratu, 5 Ilir, Sabokingking, 11 Ilir, Kenten, Bukit Sangkal, Kalidoni, Sematang Borang, Social, Punti Kayu (100%) and the lowest is Puskesmas 4 Ulu (80.4%). The highest percentage of Indicator 4 is Puskesmas Kertapati and Campus (100%) and the lowest is Puskesmas Talang Betutu (49.3%). The highest percentage of Indicator 5 is Puskesmas Kremasan (100%) and the lowest is Puskesmas 4 Ulu (83%). The highest percentage of indicator 6 is Puskesmas 7 Ulu (98.6%) and Kertapati (96.7%) and the lowest is Puskesmas Tegal Binangun (18.9%) and Sei Baung (19.6%).

The highest percentage of Indicator 7 is Puskesmas Plaju (97.92%) and the lowest is Puskesmas Sukarami (24.18%). The highest percentage of Indicator 8 is Puskesmas Punti Kayu (1.15%) and the lowest is Puskesmas Sukarami (0.06%). The highest percentage of





Indicator 9 is Puskesmas Makrayu (94.77%) and the lowest is Puskesmas 4 Ulu (41.81%). The highest percentage of Indicator 10 is Puskesmas Plaju (99.92%) and the lowest is Puskesmas 7 Ulu (68.67%). The highest percentage of Indicator 11 is Puskesmas Boom Baru (99.97%) and the lowest is Puskesmas Karya Jaya (81.5%). The highest percentage of indicator 12 is Puskesmas Talang Ratu (99.79%) and the lowest is Puskesmas Kertapati (76.26%).

## **DISCUSSION**

Overall, most of puskesmas reach more than 80% of IKS of each indicators in Palembang, South Sumatera, except for indicator 7, 8 and 9 (people with hypertension routinely undergo treatment, people with mental disorders are not neglected and they receive treatment, No family member smokes respectively). Based on the IKS score, an accumulation of 12 PIS-PK indicators, three out of 16 sub-districts and five out of 42 puskesmas are categorised in sub-district or puskesmas with healthy family index in 2022.

Indicator 1: The Family Planning (FP) programme is a government effort to provide advice, protection, and guidance to a person's right to have a family in order to control the birth of children, the spacing of pregnancies, and the ideal age for childbirth (Huda et al., 2020). One of the government's early interventions is to provide education both inside and outside the building such as conducting home visits to the community, especially groups of women of fertile age (WUS) and couples of fertile age (PUS). The role of posyandu cadres is also needed to work together with health workers in Puskesmas in recording the number and type of family planning used (Mujiati et al., 2020)

Indicator 2: The delivery of mothers in health care facilities (fasyankes) (indicator 2) is carried out in an effort to reduce the maternal mortality rate (MMR) (Ministry of Health Republic of Indonesia., 2021), In addition to promotive and preventive measures such as socialisation, education, and monitoring by MCH officers and Puskesmas, the government also pays attention to the quality of integrated ante-natal care (ANC) services, increasing the distribution of birth households (RTK), delivery rates in health facilities, early breastfeeding initiation (IMD) counselling, postpartum family planning, and the provision and monitoring of MCH books (Ministry of Health Republic of Indonesia., 2016b)

Indicator 3: The immunisation programme is a programme that has long been initiated and promoted by the government in accordance with the priority coverage of Universal Child Immunisation (UCI) in order to form a specific community/herd community immunity in preventing the transmission of a disease in the community (Adiwiharyanto et al., 2022). The role of puskesmas officers, RT/RW (local unit officers), village head, and posyandu cadres is needed in order to increase the coverage of fully immunised infants. In addition, the role of cross-cutting sectors such as the Ministry of Religious Affairs and BKKBN (National population and family planning) also play an important role in successful immunisation coverage (Wardani, 2019).

Indicator 4: Exclusive breastfeeding for infants aged 0-6 months is an indicator in the Ministry of Health's strategic plan for the 2020-2024 period and is included activity performance indicators of the The

Directorate of Public Nutrition because it is related to the priority programme to accelerate the reduction of stunting (Hadi et al., 2022). Exclusive breastfeeding is very important for babies because the content in breast milk is the best nutrition, which can only be absorbed by the baby's digestive system to boost the baby's own immunity.

Indicator 5: Monitoring and Growth of Under-Fives is intended to monitor the growth, development, and nutritional status and health of under-fives by Puskesmas, Posyandu, or other health facilities routinely every month. The activities include weighing infants/toddlers, measuring height/length, weight, head circumference, and arm circumference into growth and development charts according to their age on the Towards Health Card (KMS) or Maternal and Child Health Card (KIA) strictly. The aim is to monitor growth disorders in infants and young children, which can lead to dangerous chronic diseases (Pulungan, 2020). This also has an indirect impact on reducing the Infant Mortality Rate (IMR) and Toddler Mortality Rate (IMR), through early detection of possible nutritional problems in infants / toddlers (Yuliakhah et al., 2022).

Innovations implemented by the Palembang City Health Office related to indicators 1-5 of PIS-PK in Palembang city are breastfeeding certificates, IDL certificates (Complete Basic Immunisation), "Ini Laksan" Palembang (Complete Basic Immunisation of Healthy Children with Puskesmas Kenten Palembang or (Imunisasi Dasar Lengkap Anak Sehat Bersama Puskesmas Kenten Palembang), KI Merogan (monitoring pregnant women at risk of malnutrition and anaemia or Kawal Ibu Hamil Risiko Gizi Kurang dan Anemia), Komerling (Balita Stunting Education and Intervention Group or Kelompok Edukasi

dan Intervensi Balita Stunting), Tresmil (Aku Tresno Karo Ibu Hamil), Siber (Ongoing Information System), and Siska (Family Planning Information and Communication Channel or Saluran Informasi dan Komunikasi Keluarga Berencana).

Indicator 6: TB treatment consists of two phases, namely intensive initial treatment with daily medication for 2 months and continued treatment with daily medication for 4 months (Ministry of Health Republic of Indonesia., 2020). Supervision of TB patients is very important considering that people are often reluctant to seek treatment at Puskesmas or other health facilities (TB defaulters/TB drop-outs) which results in frequent relapses and is difficult to cure because it is already at a severe level when they seek treatment again at Puskesmas or other health facilities (Murnita & Prasetyowati, 2021). Therefore, Puskesmas in several cities in Palembang made a breakthrough by having surveyors go directly to the homes of TB patients, in collaboration with UKK, to identify suspected patients as early as possible by preparing sputum forms.

Indicator 7: Hypertension is a very dangerous disease because the symptoms of this disease appear without any symptoms and occur suddenly or often called a silent killer. Some measures to reduce the dangers of hypertension include coordinating with PTM Posbindu cadres in registering residents who may have hypertension, home visits, blood pressure screening, and creating hypertension medicine parks (Laelasari et al., 2019). Home visits are conducted by Puskesmas officers in order to facilitate access of elderly hypertensive patients to treatment at the Puskesmas through screening or early detection through blood pressure measurement.



(45-67)

Indicator 8: Serious mental disorders are health problems that can interfere with a person's cognitive, affective, and other social functioning in daily life. Factors associated with mental disorders include genetics, illness/disability, traumatic experiences, authoritarian parenting, overwork, and socioeconomics (Kurniawan & Sulistyarini, 2017). Illness/disability causes a person to feel inferior or low self-esteem which triggers stress. Unpleasant traumatic experiences also trigger mental disorders such as trauma to crime, sentimentality, promiscuous sex, loss of job, loss of loved ones and others (Kandar & Iswanti, 2019).

Innovations implemented by the Palembang City Health Office related to indicators 6-8 of PIS-PK in Palembang City are Pisang Sikepok (integrated into health programmes), Apem Pasti (application to alert hypertension patients), TB Debate (listen to cough treatment TB), and Topi Ketawa (knocking on the door for mental health).

Indicator 9: Smoking in the home is strongly discouraged as particles of cigarette smoke can adhere to household furniture, clothing, and the bodies of other family members which, if inhaled by family members, can lead to the risk of respiratory infections/ISPA. This is exacerbated when there are pregnant women, babies/infants/toddlers and/or the elderly in the family. Infants from smoking families are at 5.743 times more likely to develop ARI than infants from non-smoking families (Astuti & Siswanto, 2022). Prevention to protect the public from exposure to cigarette smoke and to create a clean and healthy environment is the implementation of smoke-free regulations and policies (Kawasan Tanpa Rokok/KTR). The implementation can

be done in health facilities such as Puskesmas, Pustu, Polindes, and educational facilities such as kindergarten, primary school, secondary school, and high school, as well as government facilities such as sub-districts, villages, and village halls and public facilities such as markets, sports fields, and places of worship in mosques (Saifannur et al., 2023).

Indicator 10: The family has become a member of JKN in accordance with the provisions of the State Constitution to ensure the fulfilment of basic needs for a decent life due to loss or reduction of income, illness, accident, loss of work, old age, and retirement (ZAELANI, 2012). Based on DJSN monitoring and evaluation data, the percentage of JKN member coverage in South Sumatra province has reached 86.9% where JKN PBI is 61.8% and non-PBI is 38.2%. Based on Laturrakhmi's research, people are still reluctant to register for JKN-KIS membership because hoax news is still circulating and they believe that JKN-KIS expenditure is useless if not used, especially for non-PBI participants (Laturrakhmi et al., 2019). This is because there is still a lot of misinformation and low levels of public health literacy.

Indicator 11: Issues related to access to clean water facilities are caused by increasing population growth with higher water demand, which affects the quality and quantity of water (Widiyanto et al., 2015). Water that is not fit for consumption has a negative effects on health and can even cause death, such as water pollution due to the proximity of latrines and SPALs and other sources of pollutants, the culture of people who still litter, open defecation behaviour (Kholif, 2020).



Indicator 12: Latrines are used as a means of access to basic sanitation to break the chain of disease transmission caused by open defecation. Latrines also play a role in preventing the contamination of surrounding water sources and preventing the emergence of flies or insects as vectors of disease transmission such as dysentery, cholera, typhoid, and others (Otaya, 2022). However, the provision and use of latrines as a means of faecal disposal is not straightforward, as there are behavioural, cultural economic, and educational factors that affect the availability of latrines (Otaya, 2022). Innovations that have been implemented by the Palembang City Health Office in relation to indicators 9-12 of PIS-PK in Palembang city are Wanipiro (Stalls Dare to Fine Cigarette Buyers or Warung Berani Denda Pembeli Rokok), Harum Manis JKN (Sweet Old Days Guaranteed by JKN or Hari Tua Manis Dijamin JKN), Berbinar (Sharing Clean Water Between Residents or Berbagi Air Bersih Antar Warga), One Tank Pok Ame-Ame (One Septic Tank for some houses or Satu Septic tank Untuk Rame-rame).

The implementation of PIS-PK consists of data collection activities and problem intervention through home visits. Based on existing data, data collection in each Public Health Centre has achieved full coverage although there are still problems with the percentage of interventions for several indicators. Based on research by Aspawati et. al (2022), barriers to family data collection and intervention are mainly due to communication factors, motivation, and lack of follow-up by the health office. Research by Rahardjo et. al (2021) found that successful coverage of home visits can be achieved through cross-sectoral collaboration and increased commitment to home visiting

activities. The Palembang City Health Office has implemented various interventions to increase the percentage of home visit coverage in each indicator.

## CONCLUSION

Based on the latest data in 2022, at the sub-district level there are 3 healthy sub-districts and 15 prehealthy sub-districts and no unhealthy sub-districts. At the kelurahan level, there are 26 healthy villages, 72 pre healthy villages, and 9 unhealthy villages. At the urban village level there are 4 unhealthy health centres, 33 pre healthy health centres and 6 healthy health centres. The percentage of each coverage varies from high to low. Indicators that are still classified as percentages with low dominant coverage at the sub-district and puskesmas levels are indicators of 8 people with severe mental disorders being treated and not abandoned. While the percentages for the other indicators have approached the achievement target, although there are still several subdistrict and health centres areas with low achievements percentages. However, the Palembang City Health Office together with Puskesmas officers and other cross-sectors have made innovations related to accelerating the achievement of the coverage target of 12 PIS-PK indicators on each indicator

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