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Community Participation in Improving Health in Remote Areas: a Literature Review

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Abstract
Received: 5 March 2023 Revised: 10 March 2023 Accepted: 14 March 2023 This article aims to determine community participation in improving health in remote areas. This topic is important and interesting, because the health improvement plan based on the national health system aims to achieve equitable, equitable and affordable services. In the government and society can move in harmony and be beneficial for the development of health services, and from this the community really wants affordable and quality health services. The research method used is the literature review method, in which sources and data are obtained through the Publish or Perish, SINTA, and Goggle Scholar databases. In this method, the researcher uses a descriptive qualitative approach, in which this method utilizes qualitative data and is described descriptively. Data collection techniques use literature review techniques carried out by researchers to collect valid, complete and relevant information related to the topic of the problem which is the object of research. The data analysis technique used a literature review analysis technique, in which this research was conducted by reading literary sources to obtain the necessary data. The author found that, public services are currently a hot topic of discussion ir Indonesia, especially for health services in areas that are still said to be remote, because it relates to what influences community participation in improving health, especially in remote areas, namely the level of knowledge, time, and the condition of the community's social environment, therefore through socialization and education techniques all forms of information can be a solution in conveying everything related to health, so that people know and understand health efforts through community empowerment.

Keywords: Health, Participation, Remote Area, Society

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INTRODUCTION

Participation is an effort to find better solutions to problems by giving each community the freedom to be directly involved in making a contribution, so that the planned program runs well (Saraswati & & Lubis, 2020). Thus, community participation has an important role in the process of identifying a problem and the potential that exists in the community which is directly related to selecting and making decisions about alternatives used to obtain solutions in dealing with problems, implementing efforts to overcome problems, and community



involvement in the process of evaluating changes. what will happen (Deviyanti, 2013). Thus that, society becomes a unit of human life that interacts within a certain system of customs that is sustainable and bound by a sense of shared identity (Wanimbo et al., 2021). In connection with improving health, it is one of the elements of a welfare that must be realized in accordance with the ideals of the Indonesian nation. Because, health is also part of human rights that must be considered and linked to people's lives.

Apart from that, the government must pay attention to public health by increasing awareness related to health services for people in all corners of the country (Su'udi et al., 2022). The government's concern with health is regulated in article 14 of Law no. 36 of 2009 concerning health, namely that the government is responsible for planning, organizing, organizing, fostering and supervising the implementation of health efforts that are equitable and affordable to the community. On the other hand, public awareness of health is needed to support a healthy life in the future. Thus that, public health becomes an aspiration of the Indonesian nation. Therefore, public health is something that is endeavored in the formation and national development which is directed at increasing awareness and ability to live healthily.

For example, public awareness of health results in the poor condition of an individual and their environment (Gagola et al., 2022). So, it can be seen from the development of health and the level of health facilities in remote areas that are very inadequate to meet the needs of the community, so efforts are needed in health development to increase public awareness about the will and ability to improve public health status. Judging from the regulations of Law Article 14 of Law no. 36 of 2009 concerning Health, in which this article can be seen regarding the government's obligation to equalize the level of public health. Thus that, the community has an obligation to participate in health development which is planned directly by the government to facilitate the promotion of the desired level of health promotion. This is because health conditions in remote areas are also in the public spotlight at this time due to the prevalence of cases of malnutrition in toddlers and infectious diseases (Soewondo et al., 2019).

This case is not only caused by a lack of attention from the government, but can also be caused by a lack of public awareness about health. Because underdeveloped areas have inadequate health facilities and insufficient health workers, the level of health in underdeveloped areas is also very poor, so that more attention is needed from the government in health development in underdeveloped areas. On the other hand, the lack of health facilities and personnel in underdeveloped areas means that the role of the family in health development is urgently needed. Thus that, the family has an important role in building the level of primary health. So, the ability of families to carry out self-medication really needs to be done, in order to get a more optimal level of public health while waiting for action from the government in improving health development in underdeveloped areas.

According to research from Gallop and Gallop shows that, when concerned have health problems, most individuals generally get more help from the family than from other sources and even the doctors who treat them (Khayudin & Wicaksana, 2020). Thus, community participation becomes very important with the level of health in an area, especially areas that are classified as underdeveloped. Plus, the existence of participatory development planning in an effort to build the community is needed to improve people's welfare. For this reason, the participation of local communities is highly emphasized, so that development can be carried out according to the needs of the community. Thus, efforts made through communitybased health are the vehicle for development that use village funds and are formed based on community needs.

Thus that, health development becomes a will and ability to live a healthy life which is an effort to be carried out by everyone, so that the degrees of all components of the nation and state can be realized which aim to improve public health as high as possible as well as an investment for the development of human resources that are socially and economically productive (RI, 2015). In addition, community participation is important in terms of direct involvement of a person or group of people voluntarily in an activity in the process of planning, implementing and evaluating. Research conducted by (Ulina, 2014) states that, participation is one of the efforts to find better solutions to problems by opening up more opportunities for every community to be actively involved in contributing, so that the implementation of development programs can run effectively, efficiently, and sustainable. So, it relates to community participation in the health sector in the form of community-based health efforts (UKBM) to increase the healthy living movement. The aim of Community-Based Health Efforts (UKBM) is to increase the healthy living movement which becomes a forum for community empowerment movements that are formed based on the needs of the community which will later be managed by, from, for and with the community, so that they can empower themselves and be able to improve the health status of individuals, groups and communities that are expected to be input in determining the direction of health development (RI, 2017).

Therefore, one of the government's efforts to increase community participation in the health sector is to continue to strive for health that comes from community resources. Thus, human-based health efforts (UKBM) are present which are one indicator of the use of village funds to enhance the community's healthy living movement (RI, 2015). In its use for efforts to develop community-based health efforts (UKBM) village funds need to be designed and poured into the

Village Medium-Term Development Plan Document (RPJMDesa), Village Government Work Plan (RKPDes), and Village Expenditure Revenue Budget (APBDes) in accordance with the authority village scale, analysis of priority needs, and resources owned by villages in the health sector, so that programs designed are right on target and can benefit the community (Desa, 2018). However, it can be seen that there are still many village funds that are only used for infrastructure development that are not adapted to the needs of the community, promotive and preventive efforts, as stated in the Guidelines for the Use of Village Funds in the Health Sector (RI, 2017). For example, in the use of village funds for the health sector in the Province of Bali, based on data from the 2018 Health Promotion Report, data were obtained from 636 villages in the Province of Bali receiving village funds from the central government, but only 352 villages or less than 50% utilized village funds in the health sector health (Gunaksa, 2018).

In other words, development planners must be able to predict the impact arising from the development that will be carried out, both short and long term (Aritonang, 2018). Since the issuance of Law No. 25 of 2004 concerning the National Development Planning System (SPPN), development planning has been integrated nationally starting from the village, regional and central levels. According to this regulation, the involvement of village community elements in development planning includes participating in all stages of village development planning, conveying aspirations, suggestions, oral or written opinions, organizing individual or group interests and initiatives in the Village Musrenbang, encouraging the creation of village development, and maintaining and develop the values of deliberation, consensus, kinship, and the spirit of mutual cooperation in the village. Thus that, the urgency in increasing the participation of the community, government, and civil society organizations needs to create community-based inclusive development programs, where in this program the active involvement of the community is important for planning and implementing empowerment activities at the village community level (Desa, 2015). Therefore, the purpose of this article is to determine community participation in improving health in remote areas.

RESEARCH METHOD

This type of research is a type of research that uses a descriptive qualitative approach, in which this method utilizes qualitative data and is described descriptively. The data sources in this study were obtained from the Publish or Perish, SINTA, and Goggle Scholar databases. The data collection technique in this study was to use literature review techniques or literature carried out by researchers to gather, explore, and collect valid, complete, and relevant information related to the topic of the problem which is the object of research. The data analysis technique used the literature review analysis technique, in which this research was carried out by directly reading various literary sources to obtain the necessary data with the steps in (Nazir, 2014) and (Arikunto, 2013), which include the following:

- a. Read the information in the research, whether there is available information that is in accordance with the background of the research problem being studied (Nazir, 2014).
- b. Collect various sources of study material that are relevant to the topic of the problem in the research being studied (Arikunto, 2013).
- c. Quoting the information contained in the reading which can be in the form of quotations (quoting directly), paraphrasing (using your own words) (Nazir, 2014) and writing the results of the study into the cards provided (Arikunto, 2013).
- d. Record all important things by looking first, which ones are important and studying the index on the back of the book to find pages that are directly related to what is recorded on the cards provided before (Nazir, 2014).
- e. Summing up the results that have been obtained (Arikunto, 2013).
- f. Interpret the results obtained previously (Nazir, 2014).

RESULTS AND DISCUSSION

Currently, the development of information and communication technology cannot be avoided, because the human need for technology makes it very easy for humans to carry out their daily activities, one of which is accessing information or services (Putra et al., 2021). Apart from that, the use of this technology has been widely used in various circles, such as government agencies, companies and the community (Putra & Dhanuarta, 2021). In government administration, the use of technology is expected to be one of the best solutions in providing convenience in accessing public services (Farhaini, Putra, et al., 2022). Thus that, IT resources have an increasing impact on productivity, product quality, service satisfaction and provide service confidence to consumers, as well as being a relevant business decision support tool (Ardiansah et al., 2019). Thus, success in implementing information systems will be able to become a major contributor in supporting the efficiency of operational activities, productivity, human resources, service delivery, and satisfaction to the community (Saputro et al., 2015). On the other hand, information technology (IT) in the world of government is referred to as egovernment (Putra & Hijri, 2022).

Thus, Musrenbang exists as a vehicle for synchronizing the "top down" approach with "bottom up" which is an approach to assessing community needs (community need assessment) with technical assessment (technical assessment), conflict resolution for various interests of local government and non-government stakeholders for regional development between the needs of development programs with funding capabilities and constraints, as well as a vehicle for synergizing various sources of development funding (Kurniawan, 2017). In addition, (Maryam, 2015) conducted research discussing community participation in development

planning at the village level with an emphasis on the level of community presence on the village musrenbang agenda and the contribution of community thoughts, ideas, ideas in deliberation forums, as well as the decision-making process carried out directly in village musrenbang activities. (Suwandi & Rostyaningsih, 2012) looks more at the process that takes place in the village musrenbang and community involvement in each of these processes. In discussing the implementation of participatory development, Lisnawati and Lestari (2019) conducted research in terms of implementing development according to the agreed development plan. On the other hand, (Safitri et al., 2020) examines the implementation of participatory development from the point of view of community participation in filling development at the village level.

(I. P. Sari, 2016) in research discusses the implementation of participatory development from the point of view of community involvement in meetings that discuss issues related to the ongoing development process in the village. Thus, discussing the effectiveness and efficiency associated with development planning meetings (musrenbang), (Toar et al., 2019) conducted research on target accuracy in development planning at the sub-district level and community satisfaction with the results of development planning meetings (musrenbang) held in sub-district level. In line with (Hendri et al., 2014) conducted a similar study with a smaller scope at the sub-district level. (Setyadiharja, 2018) conducted research on the effectiveness of implementing musrenbang at the sub-district level in implementing development. Research with the same focus was also carried out by Munsi (2020) who examined the effectiveness of implementing development planning meetings at the sub-district level. Therefore, below there are several sub-sections which are the main foundation in viewing community participation in improving health in the most important areas as follows.

Study of Problems Affecting Health Improvement

a. Predisposing Factors

Having a health center with outpatient status that serves health needs, especially for people in remote areas, is a necessity that must be carried out as best as possible. However, the presence of this puskesmas is felt to be insufficient to serve the public's health needs optimally, where there are often problems of limited service access and affordability which are still felt by the community, both in terms of utilization of public health service facilities and health checks. individual. For example, this is evidenced by the low number of outpatient visits at the Towea health center in 2019, where only 194 people underwent examinations in one year. Thus, it can be felt that health services are not optimal, because the auxiliary health center in the village does not function optimally, where the problem is that the facilities are still minimal, the staff on

duty does not exist, or the auxiliary health center building needs renovation again.

In terms of public health, public health behavior is still relatively low. This is reflected in the low number of people who own and use latrines as MCK facilities. Because, most of the people still do defecation activities and throw garbage in the sea. Therefore, this condition of public health behavior causes a lot of diseases, one of which is diarrhea, which is still one of the top 10 diseases to date.

b. Reinforcing Factor

Apart from having a puskesmas, on the other hand, at least it has a pharmacy that can serve the public's health needs, so when people are sick they can get medical help. However, in addition to the status of the health center which is still outpatient care, it is also considered an obstacle for the community. Because, basically in all villages there are supporting health center buildings, but they don't operate every day because there are still no health workers on duty. Apart from that, some puskesmas themselves only operate half a day and there are no inpatient services or "one day care", so that when a member of the community is sick and needs inpatient services they have to seek out.

On the other hand, sometimes in remote areas there is still no electricity when services are taking place which hampers health services at puskesmas, where some medical and laboratory equipment cannot be used. It can be seen from the health workers at the puskesmas that they sometimes say that their work is quite relaxed, because the service status of the puskesmas is still outpatient. In addition, the resources for health workers in most puskesmas located in remote areas are still quite minimal, because most of their homes come from outside the area and have to travel a difficult way to reach the puskesmas.

c. Behavioral and Lifestyle Factors

When you want to get health services, you have to travel long distances with the only mode of transportation that can be used by sea. Apart from that, in order to achieve adequate health services, most people have to go to cities which also require further travel. Thus, in meeting their health needs, they check themselves together when the posyandu is held and have to wait a few days later for the medicine for their illness to arrive again because people rarely use the treatment facilities at the puskesmas.

Often, people wade into the river to meet their health needs. On the other hand, access to health services is still quite difficult to make a visit to the puskesmas and the access required requires a relatively long travel time and sometimes requires a sea route to check at the puskesmas.

Planning for the Level of Community Participation in Optimal Health Improvement

Planning in the context of development is the initial stage in the development process prior to the implementation of development. Because, the process is continuous in setting priority goals to be achieved in a better direction by planning through various stages by involving various elements in allocating resources with the ultimate goal of improving the welfare of the social community in the environment/region/region with a specified period of time. be the meaning of a plan. Thus that, in an effort to carry out sustainable development, the government carries out a development plan, so that it can formulate a development agenda that will be proposed and then implemented one year in the future. One of them discussed was the level of community participation in optimal health promotion, especially in remote areas in terms of planning in the health sector. Therefore, the stages of development planning must be carried out as well as possible by looking at some of the principles that support it.

Thus, community involvement in the planning process becomes a general formulation process, in which the community is given the opportunity to submit basic expectations, needs, and interests in the planning framework which can be a vehicle for changing the old political scheme to become participatory (Abe, 2002). In this case, we can see that the community sees how important input from the community is related to development, so that later various forms of efforts can be made to seek input and suggestions from other communities (Putra & Sihidi, 2022). In this way, it is hoped that the community can be carried out through a series of efforts to be able to play a role and contribute input and ideas about what is needed in the health development effort, so that through the efforts made it can present a participatory scheme in terms of development planning, especially development in the health sector. Because, the emphasis on community participation in the concept of participatory development planning in the health sector must also emphasize partnerships that are built based on a dialogic process between various stakeholders to develop a common agenda, in view of local experience, to be appreciated, and followed up (Khairuddin, 2000). This can be seen in the development planning carried out to build partnerships between stakeholders, so that harmony can be created in the development plans that will be carried out.

Therefore, the development planning carried out seeks to accommodate all existing aspirations from the community which will then be discussed through various development planning deliberation forums. However, when holding development planning meetings at the village and sub-district levels, input from the community that had previously been accommodated would later be reviewed and chosen which one was most in line with development priorities. Here sometimes input from the community is lost and eliminated from the list of proposals, when no one is escorting the proposal. In this case, health development is a community need that must be served by looking at the level of quality and being able to reach every community is highly expected given the limited outreach of puskesmas services to the community. This can be seen from the low number of outpatient visits at the health center, where the community needs access to health services that are close to them through village health posts and auxiliary health centers around the area where the community lives.

However, this condition of limited access to health services has yet to find a solution and has not yet been included in development planning programs in the health sector. Because, the proposal from the government in planning health development through village funds is only about the stunting program (Putra & Salahudin, 2022). On the other hand, health facilities in remote areas are sometimes still incomplete, requiring procurement related to repairs to supporting health center building facilities, as well as complete medical equipment to support examinations. Thus, community involvement in development planning, especially in the health sector, is considered to be making maximum efforts in exploring various inputs from the community about what the community needs. However, sometimes in terms of following up on these inputs, the community still does not get a solution to what is their need for improving the quality of health services, so that they can be accessed by all people. Because, every problem regarding service facilities, access, personnel, and health cadres should be included in the planning of development programs that must be closer to the community. Arnstein (A. C. P. Sari, 2018) suggests that, the eight stages of participation carried out by the community in a development include manipulation, therapy, informing, consultation, placation, partnership, delegated power, and citizen control. Therefore, these eight levels are then grouped into 3 major groups as follows:

a. The first group is "Degrees of Citizen Power", where it is the highest stage of community participation. The first stage is "citizen control", in which the community participates fully in all decision making, program implementation, and financial assistance. The second stage is "delegated power", where at this stage the community participates to form certain decisions in solving problems. The third stage is "partnership", in which the community has the power to negotiate with the implementing party in making decisions.

- b. The second group is "Degrees of Tokenism", in which the intermediate participation stage only empowers part of the community's participation. There are 3 stages included in this group in the form of placation which is a stage related to the government which has the power to appoint representatives from the community and then has access to decision making. Furthermore, through the "consultation" stage, where community participation is carried out through a public hearing. This opinion can be used as a consideration in making decisions. Finally, through the "informing" stage, where the government only provides information to the community regarding the implementation of activities, so that at this stage the community begins to not be empowered to the fullest.
- c. The third group is "No Power" where this group of people does not have sovereignty in implementing development programs. So, what is included in this stage is through the "therapy stage", in which the government pretends to involve the community in implementing development programs with the aim of changing the mindset of the community in accordance with the interests of the government. Apart from that, the lowest stage of participation is through the "manipulation" stage, where at this stage the community does not participate at all. Therefore, activities carried out through manipulating information to gain public support even though the conditions do not match the existing reality.

Matters Affecting Community Participation in Health Improvement in Remote Areas

Related to what influences community participation in improving health, especially in remote areas, is the level of knowledge, time, and conditions of the social environment of the community. Because, three things that influence it have a significant influence on the level of community participation. Meanwhile, the level of income and occupation did not have a significant effect, because to participate is not in terms of material but the commitment of time and action given. This is in accordance with the things that affect a person's participation according to (Notoatmodjo, 2014) in the form of time, level of knowledge, age, length of stay, income, and work. This is also supported by Lawrance Green's theory (1991) which states that things that exist within a person, such as knowledge and attitudes, will play a role or influence in the actions he takes, in this case participation.

Analysis of Community Participation Planning in Health Improvement in Remote Areas

At the time (Mayer, 1985) argued that, a rational planning model consists of six steps, namely "determination of goals, assessment of needs, specification of objectives, design of alternative actions, estimation of concepts of alternative actions, and selection of source actions." Therefore, related to the steps mentioned

by (Mayer, 1985), the stages of development planning in improving health in remote areas can be seen as follows:

a. Determination of Goals

Determination of Goals, where this stage has the goal of carrying out a plan which is an expression of a value that is directly linked to an ideal future condition to be achieved. Because, the source of the goal is usually from the constitution or the laws that have been set before. Development planning at the village level already has clear rules stated in Law Number 6 concerning Villages.

The law explains that the village has the authority to regulate and manage government affairs, local community interests based on community initiatives, origin rights and traditional rights with ideal ideals so that a strong, advanced, independent and democratic village can be created, as well as organizing development and empowerment of rural communities. Thus, these rules then become the main basis for the development of rural communities, so that development planning carried out in various villages can be directed at achieving national development goals to create strong, advanced, independent and democratic villages.

b. Assessment of Needs

Assessment of Needs, in which this stage is a request for a better situation, then the needs assessment becomes a measure of the conditions that occur in society which the decision makers hope to improve or fulfill as best they can. Because, the assessment of development needs for village communities must be carried out through a field observation agenda by conducting a series of surveys and inviting representatives of figures to be invited to conduct discussions (Putra, 2022). Therefore, this stage becomes a community need for development, so that it can be explored what is expected in accordance with what has been answered or completed by decision makers.

c. Specification of Objectives

Specification of Objectives, where this stage becomes the stage for setting goals or results to be achieved which become operational definitions of the goals set previously. Because, related to the context of development planning, this stage is included in the hamlet deliberation agenda, where the needs of the community that have been explored are then chosen which are the most prioritized to be resolved and made the main focus of development in the local area.

Thus that, the need for development may be different for each hamlet, because each region faces its own problems. Therefore, the goal to be achieved from development planning is the creation of community welfare through strong, advanced, independent and democratic villages.

d. Design of Alternatives Action

Design of Alternatives Action, where this stage is a step to identify or design several alternative actions that the decision makers want to take directly in order to achieve a predetermined target. Because, at this stage it describes the efforts of deliberation to choose what development activities will be proposed to the next level. Thus, the context of development planning at this stage enters the village-level development planning deliberations. Therefore, the proposals from the Musrenbang discussed at the village level were then agreed upon and proposed to the sub-district level.

e. Estimation of Consequences Alternative Actions

Estimation of Consequences Alternative Actions, where this stage is carried out an analysis of alternative actions that have been identified previously to determine the strengths and weaknesses of each alternative action. Because, at the sub-district level development planning meeting, various inputs and suggestions from all villages have been discussed in relation to what has been planned as well as possible.

In this activity, discussions were held regarding what development was most appropriate and prioritized in responding to community needs. Therefore, the proposals that are accommodated are then re-selected according to development priorities, community needs, and become a sub-district proposal in the development planning deliberation forum.

f. Selection of Source Actions

Selection of Source Actions, in which this stage is the last stage which is directly selected through actions to achieve the goals carried out by decision makers based on considerations that have previously been discussed in development planning meetings. Thus, the establishment of a development plan must be ratified through a development planning meeting, in which the proposed development plan is subjected to further study to then decide whether to be included in the development program one year ahead or rejected because it is deemed not to address the urgency or needs of society in general.

Efforts to Involve Community Participation in Health Improvement in Remote Areas

Involvement of community participation in health improvement, especially for remote areas is the answer obtained to be used as a solution in increasing community participation in optimal health improvement. Because, that is the importance of outreach and education related to health through community participation by involving the Health Office and health workers which is one of the solutions that can be implemented (Putra & Hadi, 2022). Apart from that, it is hoped that socialization and education efforts will involve the movement of community leaders to become strong pioneers (Farhaini, Puspitasari, et al., 2022). Thus that, the influence of respected and respected community leaders becomes a strong impetus for the community and is able to carry out participation as well as possible (Darmawan et al., 2015). So, these efforts are expected to be guided by Village Minister Regulation Number 16 of 2018 concerning the role of village government in carrying out government affairs and community interests by developing community independence and priorities and utilizing community resources through establishing policies, programs, activities, budget planning, and community assistance. according to community needs. Therefore, through socialization and education techniques, all forms of information can be a solution in conveying everything related to health, so that people can know and understand health efforts through community empowerment (Sa'adawisna & Putra, 2022).

CONCLUSION

The author finds that, public services must be carried out solely to improve people's welfare and carry out the goals of the state that have been stated in the 1945 Constitution, namely advancing public welfare. This is because public services are currently a hot topic of conversation in Indonesia, especially for health services in areas that are still considered remote. On the other hand, the existence of government decentralization towards the concept of regional autonomy is used as a way to manifest responsive and democratic public services. The local government is also very supportive of improving the process of public service delivery by issuing various kinds of the latest innovations for the welfare of society. Thus, public service becomes an important thing in the current order of human life, especially for the health service itself. Regarding public services, especially for health services, it is one of the important elements in today's life. Because, health is something that must be prioritized for all citizens. So, related to what influences community participation in health improvement, especially in remote areas, is the level of knowledge, time, and conditions of the social environment of the community.

Thus that, these three things have a significant influence on the level of community participation. Meanwhile, the level of income and occupation did not have a significant effect, because to participate is not in terms of material but the commitment of time and action given. Thus, the involvement of community participation in health improvement, especially for remote areas is the answer obtained to be used as a solution in increasing community participation in optimal health improvement. Because, that is the importance of socialization and education related to health through community participation by involving various health stakeholders which is one of the solutions that can be applied. In addition, this socialization and education effort is expected to involve the movement of community leaders to become strong pioneers. Thus that, the influence of respected

and respected community leaders becomes a strong impetus for the community and is able to carry out participation as well as possible. Therefore, through socialization and education techniques, all forms of information can be a solution in conveying everything related to health, so that people know and understand health efforts through community empowerment.

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BIBLIOGRAPHY

Abe, A. (2002). Perencanaan Daerah Partisipatif. Pondok Edukasi, Solo.

- Ardiansah, M. N., Chariri, A., & Januarti, I. (2019). Empirical Study on Customer Perception of E-Commerce: Mediating Effect of Electronic Payment Security. *Jurnal Dinamika Akuntansi*, *11*(2), 122–131. https://doi.org/https://doi.org/10.15294/jda.v11i2.20147
- Arikunto, S. (2013). *Prosedur Penelitian: Suatu Pendekatan Praktik*. Jakarta: Rineka Cipta.
- Aritonang, D. M. (2018). Kebijakan Desentralisasi untuk Desa dalam Undang-Undang Nomor 6 Tahun 2014 tentang Desa (Decentralization Policy for Village in Law Number 6 of 2014 on Village). Jurnal Legislasi Indonesia, 12(3).
- Darmawan, E., Junadi, P., Bachtiar, A., & Najib, M. (2015). Mengukur Tingkat Pemberdayaan Masyarakat dalam Sektor Kesehatan. *Jurnal Kesehatan Masyarakat Nasional*, 2(1), 91–96.
- Desa, P. M. (2015). Peraturan Menteri Desa Pembangunan Daerah Tertinggal dan Transmigrasi RI Nomor 1 Tahun 2015 tentang Pedoman Kewenangan berdasarkan Hak Asal Usul dan Kewenangan Lokal Berskala Desa. Jakarta.
- Desa, P. M. (2018). Peraturan Menteri Desa Pembangunan Daerah Tertinggal dan Transmigrasi RI Nomor 16 Tahun 2018 tentang Menu Prioritas Penggunaan Dana Desa Bidang Kesehatan Tahun 2018. Jakarta.
- Deviyanti, D. (2013). Studi tentang Partisipasi Masyarakat dalam Pembangunan di Kelurahan Karang Jati Kecamatan Balikpapan Tengah. *Jurnal Administrasi Negara*, *1*(2), 380–394.
- Farhaini, A., Puspitasari, C. E., & Ridwan, S. (2022). Sosialisasi Perilaku Hidup Bersih dan Sehat pada Tingkat Remaja Di Pondok Pesantren Nurul Hakim Kediri. Jurnal Pengabdian Magister Pendidikan IPA, 5(4), 274–277.

https://doi.org/https://doi.org/10.29303/jpmpi.v5i4.2210

- Farhaini, A., Putra, B. K., & Aini, D. (2022). Reformasi Birokrasi dalam Pelayanan
 Publik Melalui Aplikasi Halodoc di Kota Mataram. *Professional: Jurnal Komunikasi Dan Administrasi Publik*, 9(1), 71–82. https://doi.org/https://doi.org/10.37676/professional.v9i1.2416
- Gagola, M., Saliada, W., Gani, M., Gerung, A. B. F., & Nainggolan, M. A. (2022). Penigkatan Kesadaran Pola Hidup Masyarakat Bersih dalam Konteks Moderasi Beragama di Desa Maen. Jurnal PKM Satiadharma, 3(2), 61–73.
- Gunaksa, P. D. (2018). Profil Desa Gunaksa Tahun 2018. Gunaksa.
- Hendri, E., Purnaningsih, N., & Saleh, A. (2014). Analisis Efektivitas Musyawarah Perencanaan Pembangunan. *Jurnal Komunikasi Pembangunan*, *12*(2).
- Khairuddin, H. (2000). Pembangunan Masyarakat: Tinjauan Aspek Sosiologi, Ekonomi, dan Perencanaan. Liberty, Yogyakarta.
- Khayudin, A. B., & Wicaksana, P. D. (2020). Peguatan Kesadaran Kesehatan Berbasis Masyarakat. Jurnal Pengabdian Masyarakat STIKes ICsada Bojonegoro, 5(1), 8–16.
- Kurniawan, G. (2017). Musyawarah Perencanaan Pembangunan (Musrenbang) di Kelurahan Tanjung Hilir Kecamatan Pontianak Timur (Satu Kajian Kritis Sosial Ekonomi terhadap Skala Prioritas Pembangunan. Jurnal Ilmiah Ilmu Sosial Dan Ilmu Politik Universitas Tanjungpura.
- Maryam, D. (2015). Perencanaan partisipatif dalam pemberdayaan masyarakat. *Bina'Al-Ummah*, 10(1).
- Mayer, R. R. (1985). Policy and Program Planning, A Developmental Perspective, PrenticeHall Inc. New Jersey.
- Nazir, M. (2014). Metode Penelitian. Jakarta: Ghalia Indonesia.
- Notoatmodjo, S. (2014). *Promosi Kesehatan dan Perilaku Kesehatan*. Rineka Cipta, Jakarta.
- Putra, B. K. (2022). Kontribusi Negara dan Masyarakat dalam Proses Demokratisasi di Indonesia. Jurnal Ilmiah Publika, 10(1), 53–64. https://doi.org/http://dx.doi.org/10.33603/publika.v10i1.7091
- Putra, B. K., Dewi, R. M., Fadilah, Y. H., & Roziqin, A. (2021). REFORMASI BIROKRASI DALAM PELAYANAN PUBLIK MELALUI MOBILE JKN DI KOTA MALANG. Jurnal Ilmiah Publika, 9(1), 1–13. https://doi.org/http://dx.doi.org/10.33603/publika.v9i1.5325
- Putra, B. K., & Dhanuarta, C. B. (2021). Transformation of Public Services Through Electronic-Based Government System in Malang City. *International Journal of Education, Information Technology and Others (IJEIT)*, 4(3), 452– 459. https://doi.org/10.5281/zenodo.5205295
- Putra, B. K., & Hadi, K. (2022). State and Community Participation in the Democratization Process in Indonesia. *International Journal of Education*,

Information Technology, and Others (IJEIT), 5(5), 28–40. https://doi.org/https://doi.org/10.5281/zenodo.7414335

- Putra, B. K., & Hijri, Y. S. (2022). Participation of the State and Civil Society in the Democracy System in Indonesia. *Jurnal Ilmiah Wahana Pendidikan*, 8(24), 235–247. https://doi.org/https://doi.org/10.5281/zenodo.7486365
- Putra, B. K., & Salahudin, S. (2022). Analysis of Challenges and Potential of the Village Economy Towards Competitive Village Development. *Publik (Jurnal Ilmu Administrasi)*, 11(1), 45–61. https://doi.org/http://dx.doi.org/10.31314/pjia.11.1.45-60.2022
- Putra, B. K., & Sihidi, I. T. (2022). Keterlibatan Negara dan Masyarakat Sipil Dalam Proses Menuju Demokratisasi di Indonesia. *Hukum Responsif*, 13(2), 69–80. https://doi.org/http://dx.doi.org/10.33603/responsif.v13i2.7360
- RI, K. K. (2015). Rencana Pembangunan Strategi Kementerian Kesehatan Tahun 2015-2019. Http://Www.Depkes.Go.Id/Resources/d Ownload/Info-Publik/Renstra- 2015.Pdf.
- RI, K. K. (2017). Pedoman Pelaksanaan Upaya Kesehatan Bersumberdaya Masyarakat (UKBM) 2018. Jakarta: Dirjen Promosi Kesehatan Dan Pemberdayaan Masyarakat.
- Sa'adawisna, D., & Putra, B. K. (2022). The Effect of the Establishment of a New Autonomous Region on Electoral District Regulations in the 2024 General Election. Jurnal Ilmiah Wahana Pendidikan, 8(20), 484–493. https://doi.org/https://doi.org/10.5281/zenodo.7269113
- Safitri, T. Y., Muchsin, S., & Widodo, R. P. (2020). Implementasi Kebijakan Pembangunan Partisipatif dalam Peningkatan Kesejahteraan Masyarakat Desa (Studi tentang Pembangunan Desa Bersumber dari Pendapatan Asli Desa Pacet Kecamatan Pacet Kabupaten Mojokerto). *Respon Publik*, 14(5), 60–66.
- Saputro, P. H., Budiyanto, A. D., & Santoso, A. J. (2015). Model Delone and Mclean untuk Mengukur Kesuksesan E-government Kota Pekalongan. *Scientific Journal of Informatics*, 2(1), 1–8. https://doi.org/https://doi.org/10.15294/sji.v2i1.4523
- Saraswati, P. R. S., & & Lubis, S. D. (2020). Partisipasi Masyarakat dalam Upaya Kesehatan Bersumberdaya Masyarakat untuk Meningkatkan Germas di Desa Gunaksa. Jurnal Arc. Com., 7(2), 1–12.
- Sari, A. C. P. (2018). Analisis Implementasi Pembangunan Partisipatif dalam Program Kota tanpa Kumuh (KOTAKU) (Studi Komparatif: Desa Bligo Kecamatan Candi dan Desa Jiken, Kecamatan Tulangan, Kabupaten Sidoarjo, Jawa Timur). *Equilibrium: Jurnal Ekonomi Manajemen-Akuntansi*, 14(2), 57– 70.
- Sari, I. P. (2016). Implementasi Pembangunan Partisipatif (Studi Kasus di Kelurahan Andowia Kabupaten Konawe Utara). *Jurnal Ekonomi UHO*, *1*(1).

- Setyadiharja, R. (2018). Efektivitas Pelaksanaan Musyawarah Perencanaan Pembangunan (Musrenbang) Tingkat Kecamatan di Kota Tanjungpinang. Jurnal Ilmu Pemerintahan: Kajian Ilmu Pemerintahan Dan Politik Daerah, 3(1), 71–88.
- Soewondo, P., Johar, M., Pujisubekti, R., Halimah, H., & Irawati, O. D. (2019). Kondisi Kesehatan Masyarakat yang Bermukim di Daerah Tertinggal: Kasus dari Bengkulu, Sulawesi Selatan, dan Nusa Tenggara Timur. *Jurnal Media Libangkes*, 29(4), 285–296.
- Su'udi, A., Putranto, H. R., Harna, H., Irawan, A. M. A., & Fatmawati, I. (2022). Analisis Kondisi Geografis dan Ketersediaan Peralatan di Puskesmas Terpencil atau Sangat Terpencil di Indonesia. *Jurnal Ilmu Kesehatan*, 16(2), 132–138.
- Suwandi, S., & Rostyaningsih, D. (2012). Perencanaan Pembangunan Partisipatif di Desa Surakarta Kecamatan Suranenggala Kabupaten Cirebon. *Journal of Public Policy and Management Review*, 1(2), 261–270.
- Toar, K., Kasenda, V., & Singkoh, F. (2019). Efektivitas Musyawarah Perencanaan Pembangunan di Kecamatan Kawangkoan Utara. *Jurnal Eksekutif*, *3*(3).
- Ulina, S. (2014). Partisipasi Masyarakat dalam Pengelolaan Kawasan Konservasi. Jurnal Kebijakan Dan Administrasi Publik, 18(1), 1–20.
- Wanimbo, E., Tumengkol, S., & Tumiwa, J. (2021). Partisipasi Masyarakat dalam Memutuskan Mata Rantai Covid-19 di Kelurahan Tingkuluh Kecamatan Wanea Kota Manado. *Jurnal Ilmiah Society*, *1*(1), 1–10.