

Potensi modal sosial dalam implementasi model pemicuan pengendalian penyakit tidak menular berbasis masyarakat = Potential of social capital in the implementation of non communicable diseases prevention model

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Abstrak

Pada tahun 2015 Litbang Kemenkes melaksanakan riset implementasi model Pemicuan Pengendalian Penyakit Tidak Menular Berbasis Masyarakat P2TMBM di delapan kabupaten/kota. Model ini bertujuan untuk mengendalikan penyakit tidak menular seperti hipertensi, stroke, kencing manis dan jantung koroner melalui pengendalian perilaku berisiko yaitu merokok, pola makan tidak sehat dan kurang aktivitas fisik. Implementasi model dilakukan dengan cara melakukan pemicuan terhadap 20 orang agen perubahan di setiap desa yang terdiri dari tokoh masyarakat dan kader kesehatan. Tujuan tesis ini adalah untuk mengetahui pentingnya modal social dalam implementasi model P2TMBM di Desa Benda. Penelitian dengan desain kualitatif telah dilakukan di Desa Benda, Kecamatan Cicurug, Kabupaten Sukabumi, Provinsi Jawa Barat. Metode pengumpulan data adalah wawancara mendalam dan observasi. Hasil dari penelitian ini adalah model P2TMBM terlalu berfokus kepada perubahan perilaku kesehatan individu dan belum memperhitungkan faktor di luar individu seperti konteks sosial. Peran modal sosial di dalam implementasi model P2TMBM di Desa Benda tidak terlalu signifikan. Model P2TMBM diimplementasikan tanpa terlebih dahulu mengetahui struktur dan jaringan sosial di Desa Benda. Implementasi model P2TMBM di Desa Benda kurang relevan untuk dilaksanakan karena masyarakat belum menganggap PTM adalah suatu masalah penting. Implementasi model P2TMBM di Desa Benda kurang efektif karena hasil dari implementasi model ini hanya berlangsung dalam jangka pendek. Sustainability dalam model ini juga belum dapat tercapai karena terbatasnya kemampuan dan sumber daya agen perubahan untuk membuat implementasi model terus berkelanjutan. Potensi modal sosial komunitas juga belum dimanfaatkan untuk menunjang sustainability. Untuk penyempurnaan model P2TMBM diperlukan skema model yang memperhitungkan pengaruh konteks sosial terhadap perubahan perilaku pola hidup sehat individu dan skema model yang bertumpu pada modal sosial komunitas yaitu jaringan sosial, kepercayaan serta pengetahuan dan nilai-nilai lokal masyarakat.

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In 2015, National Health Research and Development Ministry of Health of Indonesia has implemented NCD rsquo s community based prevention model in 8 Indonesia regency. The objective of this model is to control NCD rsquo s such as hypertension, stroke, diabetes, coronary heart through community empowerment. 20 people were trained as agents of change in every village. Agents of change were expected to encourage people to do healthy lifestyles such as not smoking, eating healthy food and increasing physical activity. This study aims to understand the importance of social capital in the implementation of NCDs prevention model in Benda village. A qualitative research design has been conducted in Benda village, Sukabumi Regency. The methods for data collection were in depth interview and observation. The result of this study is NCDs prevention model too much focus on individual health behavior change. The influence of social context hasn rsquo t been noticing in this model. The role of social capital in Benda village wasn rsquo t significant in the implementation of NCD rsquo s prevention model. This model has implemented without

knowing the structure and social network of Benda village community. People in Benda village also haven't put NCDs as their main problem. As a result, this model wasn't relevance implemented in this village. The implementation of this model was less effective because the health behavior change only occurs temporarily. The sustainability of this model hasn't reached yet due to less capacity and resources of agents of change. The potential of social capital has not been utilized to support the sustainability of non communicable disease prevention model in Benda village. To improve NCDs prevention model needs a model scheme which considers the influence of social context on healthy lifestyles behavior change. The NCDs prevention model also developed based on social capital such as social networks, trust and local knowledge and values.