



Evaluation of the Healthy Living Community Movement (GERMAS) Effectiveness in Bima City

Serosa Andi Kurniawati, *Saimi, Sastrawan

Master of Health Administration, Qamarul Huda Badaruddin Bagu University, Indonesia

*Corresponding Author e-mail: saimi.imi@gmail.com

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Abstract

The Healthy Living Community Movement (GERMAS) is a coordinated national initiative to promote healthy behavior and improve quality of life through family and community engagement. This study explores the implementation of GERMAS in Bima City, focusing on the effectiveness of health promotion strategies like advocacy, socialization, and public campaigns across Community Health Centers (Puskesmas) and related Regional Apparatus Organizations (OPD). A qualitative descriptive research design grounded in postpositivist philosophy was employed, with data collected through triangulated interviews and observations. Findings indicate that GERMAS health promotion activities are well-established but limited to specific actions, lacking comprehensive integration across sectors. Efforts remain primarily confined to isolated activities, such as promoting a Clean and Healthy Lifestyle (PHBS) and disease prevention, rather than fostering collaborative, multi-sectoral engagement. Future implementation should strengthen cross-sector partnerships and expand routine practices, including regular physical activity, increased fruit and vegetable intake, and health check-ups every six months. The study offers foundational insights for developing enhanced strategies and policies for GERMAS integration in community health frameworks.

Keywords: Healthy Living Community Movement, GERMAS, Bima City, health promotion, community health integration

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INTRODUCTION

Health, as defined by Indonesian Law Number 36 of 2009, is a state of physical, mental, spiritual, and social well-being that enables individuals to live productive lives both socially and economically (Azmat et al., 2014). This definition emphasizes the necessity of comprehensive health measures that maintain individuals' capacity to function fully and energetically in daily life (Burhanuddin et al., 2021). Achieving these health goals, however, has become increasingly challenging due to the rising prevalence of non-communicable diseases (NCDs), which have emerged as leading causes of morbidity and mortality in Indonesia and globally. In Indonesia, the burden of NCDs has grown significantly, with lifestyle factors such as decreased physical activity, unbalanced diets, smoking, and increased consumption of processed foods contributing to the problem (Budrevicute et al., 2020; Azzouzi et al., 2022). Data from Bima City highlight this trend: in 2021, there were 3,528 cases of diabetes and 7,691 cases of hypertension, with these numbers showing slight fluctuations in 2022. The urgency of addressing NCDs in Bima is underscored by these statistics, which reflect a broader national and global health shift. West Nusa Tenggara (NTB) Province, where Bima is located, also reports substantial prevalence rates of heart disease, diabetes, and hypertension, driven by changes in diet, activity levels, and other behaviors.

The rising prevalence of NCDs is a trend observed not only in Indonesia but across Southeast Asia, where NCDs account for approximately 60-85% of deaths (Fritz & Fromell, 2021; Jiang et al., 2021). This trend is attributed to urbanization, socio-economic shifts, and lifestyle-related risk factors, which collectively contribute to dietary changes and reduced physical activity levels (Debnath, 2023; Delobelle, 2019). Such an epidemiological transition necessitates a systematic and community-centered approach to promote healthier lifestyles and prevent disease. One significant response to this challenge has been the establishment of community health movements that empower individuals to adopt healthier behaviors. In Indonesia, the Healthy Living Community Movement (GERMAS) represents one such initiative, aiming to create widespread behavioral change to improve population health. Programs like GERMAS play a crucial role in raising awareness of NCD risk factors, promoting physical activity, encouraging balanced nutrition, and normalizing regular health check-ups as preventive measures.

GERMAS was launched as part of a strategic framework to address health promotion and disease prevention in Indonesia. Its design seeks to foster healthier lifestyles among Indonesians by emphasizing physical activity, improved nutrition, and regular medical check-ups. Specifically, the program's implementation in Bima City is governed by West Nusa Tenggara Governor Regulation Number 46 of 2019 and Mayor Instruction Number 009.1/116/III/2019, which aim to mitigate the impact of NCDs and reduce healthcare expenditures associated with managing chronic conditions. Despite the regulatory support, the rollout of GERMAS in Bima City only commenced in April 2022. A lack of community integration and limited cross-sectoral collaboration have hampered its adoption, as many of its initiatives remain uncoordinated and not ingrained into community routines.

The fragmented nature of GERMAS implementation in Bima reflects a broader issue within community health programs, where isolated activities, such as Clean and Healthy Lifestyle campaigns (PHBS) and specific disease prevention efforts, lack an overarching structure that integrates them into a coherent strategy. Successful community health movements worldwide have demonstrated that comprehensive cross-sectoral collaboration is critical to overcoming such challenges. For example, initiatives in Ghana and El Salvador have highlighted that a combined effort from clinical and community sectors can greatly enhance health service delivery and foster sustained community engagement in healthy practices (Vidal et al., 2020; Aduo-Adjei, 2017). Public health experts, including those at the World Health Organization, have also emphasized the importance of multi-stakeholder engagement in tackling NCDs, highlighting the potential for government, civil society, and private sectors to work together in creating supportive environments for health.

In addition to cross-sector collaboration, evidence from similar socio-economic contexts reveals that community health volunteers (CHVs) can play a transformative role in health promotion by bridging healthcare gaps, particularly in underserved communities (Fahmy et al., 2022; Ray, 2023). For instance, in Malaysia, CHVs trained in NCD prevention strategies helped increase community awareness and motivated lifestyle changes, leading to improved health outcomes. By leveraging similar strategies, GERMAS could improve its reach and impact in Bima by directly involving CHVs in health education and outreach. Such approaches are complemented by the use of mobile health (mHealth) technology, which has proven effective in disseminating health information and encouraging positive behavior changes in regions with limited access to traditional healthcare resources (Sharma et al., 2017; Källander et al., 2013). mHealth applications can support GERMAS activities by providing reminders for health check-ups, tracking physical activity, and delivering educational content, particularly in rural areas.

Finally, urban environments exert a significant influence on lifestyle choices, and efforts to incorporate health promotion strategies within urban planning and development policies could provide more conducive settings for healthy living. Collaborations that include urban planners, policymakers, and healthcare providers can foster environments that facilitate

physical activity and access to nutritious food. For instance, initiatives such as smoke-free areas, jogging tracks, and designated car-free days could encourage health-promoting behaviors and have proven effective in other regions (Mahmood, 2024; Ruggiero et al., 2018). For GERMAS, leveraging such policy-driven urban planning interventions could promote healthier communities across diverse urban and rural settings within Bima.

The purpose of this study is to investigate the implementation of GERMAS in Bima City, focusing on the program's effectiveness in promoting behavioral changes and community engagement in health initiatives. The study examines current practices, identifies implementation challenges, and explores opportunities for strengthening cross-sector collaboration. By employing qualitative methods, this research gathers perspectives from local health officials, community health volunteers, and residents to provide insights into the current impact of GERMAS activities and to identify areas for improvement. This research ultimately aims to contribute practical recommendations for strengthening GERMAS as a sustainable community health initiative that fosters healthy living and reduces NCD risk factors in Bima City. Enhanced cross-sector collaboration, technological integration, and community engagement are essential for maximizing the program's reach and impact, thus fostering a healthier, more productive society in Indonesia.

METHOD

Study Design

This study utilized a qualitative descriptive design rooted in postpositivist philosophy to examine the implementation of the Healthy Living Community Movement (GERMAS) in Bima City. The qualitative approach allowed for an in-depth exploration of stakeholders' perspectives on health promotion activities, cross-sector collaboration, funding, resource support, and community engagement. Given that GERMAS implementation involves complex interactions between community actors, a qualitative framework provided a comprehensive understanding of these dynamics.

Data Collection

Data were collected using a triangulation method, which incorporated in-depth interviews, observational data, and document analysis to capture various dimensions of GERMAS implementation.

1. Interviews: Fourteen informants were purposefully selected based on their roles and involvement in GERMAS activities. The sample included ten primary informants and four additional informants. Primary informants consisted of Health Promotion Program holders at six Community Health Centers (Puskesmas), staff responsible for Non-Communicable Disease Programs at the Health Service, and community representatives, such as Posyandu and PKK cadres. Additional informants included senior officials, namely the Head of the Health Service, the Head of Food Security, Bappeda representatives, and local community leaders. The interviews focused on themes related to advocacy, cross-sector collaboration, funding and resource allocation, community empowerment, and public engagement.
2. Observations: Field observations were conducted to examine the actual implementation practices at various Community Health Centers and to observe interactions among health workers, community members, and other stakeholders. Observational data provided insights into the environmental and structural factors affecting GERMAS activities, such as the availability of supporting facilities and the degree of community participation.
3. Document Analysis: Relevant documents, including policy regulations, decrees, and official action plans, were reviewed to understand the regulatory framework governing GERMAS. This analysis provided context to the advocacy and policy support theme, examining how local policies supported or hindered GERMAS activities.

Data Analysis

Data analysis followed a thematic approach, with coding and categorization conducted according to predefined themes: (1) advocacy and policy support, (2) cross-sector roles, (3) funding and resource availability, (4) supporting facilities, and (5) community empowerment. This thematic framework was informed by the study objectives and further refined based on data from interviews and observations.

1. **Data Reduction and Condensation:** Information was condensed into thematic summaries, which highlighted key findings and patterns across data sources. For example, the theme of advocacy included analysis of local policies, such as decrees from the Mayor of Bima, to understand their role in shaping community health promotion efforts. The cross-sector role theme examined the involvement of various Regional Apparatus Organizations, identifying barriers to collaboration and opportunities for improvement.
2. **Conclusion Drawing and Verification:** Initial conclusions were formulated based on emerging patterns within the data. Findings were validated through iterative data review and cross-verification with multiple informants to ensure reliability and accuracy. These conclusions helped identify gaps in GERMAS implementation, leading to actionable recommendations for policy adjustments and enhanced cross-sectoral coordination.

Ethical Considerations

Ethical approval for this study was obtained from the relevant institutional review board, ensuring that research practices complied with ethical standards. All participants provided informed consent prior to their involvement, with assurances of confidentiality and voluntary participation. Interview data were anonymized to protect the identities of informants, and all findings were reported in a manner that respects the privacy of individuals and the confidentiality of institutional information.

RESULTS AND DISCUSSION

Demographic Profile of Informants

The study involved 14 informants to gain insights into the implementation of GERMAS in Bima City. Table 1 presents demographic details of 10 main informants, primarily Health Promotion Program holders in six Community Health Centers (Puskesmas), staff in the Health Promotion and Non-Communicable Disease programs at the Health Service, and community representatives like Posyandu and PKK cadres. The remaining four informants, included senior officials such as the Head of the Health Service, the Head of Food Security, a Bappeda representative, and a local community leader. Among the informants, five were male and nine were female, with ages predominantly 38 and above, reflecting a mature and experienced sample knowledgeable about community health issues in Bima.

Table 1. Demographic data of main informants.

No	Informant	Age	Gender	Job status
1	IU 1	38 Years	Man	PKM Penanae Health Prom
2	IU 2	48 Years	Man	Kolo PKM Health Prom
3	IU 3	38 Years	Woman	Jatibaru PKM Health Prom
4	IU 4	38 Years	Woman	East Rasanae PKM Health Prom
5	IU 5	43 Years	Woman	PKM Mpunda Health Promkes
6	IU 6	38 Years	Woman	Paruga PKM Health Prom
7	IU 7	42 Years	Woman	Health Promotion Prom
8	IU 8	41 Years	Woman	Health PTM Program
9	IU 9	40 Years	Woman	Posyandu cadres
10	IU 10	39 Years	Woman	PKK cadres
11	IT 1	55 years	Man	Head of Health
12	IT 2	51 years	Man	Head of Food Security

No	Informant	Age	Gender	Job status
13	IT 3	44 years	Woman	Bappeda
14	IT 4	38 years	Man	Head of Sadia Village

Analysis of Advocacy in the implementation of GERMAS in Bima City

As in the action plan for Health Promotion and Community Empowerment activities for 2020-2024, advocacy is carried out to stakeholders to obtain support in the form of policies and necessary resources. Advocacy activities in this research can be interpreted as an approach to policy makers in various sectors. This advocacy activity was carried out with decision makers from various levels and sectors related to the implementation of GERMAS. This is supported by the theory put forward by (Notoatmojo, 2012, Subaris, 2016 and Waryana, 2016). Based on the WHO formulation (1984), advocacy is an activity to convince other people to help/support what is desired in the context of health promotion. Advocacy is an approach to decision makers or policy makers in various sectors and levels so that these officials are willing to support the health programs we want. Support can take the form of policies issued in the form of laws, government regulations, decrees, instructions, etc. In the City of Bima, advocacy has been carried out and policy regulations have been produced in the form of a Decree from the Mayor of Bima regarding the implementation of GERMAS. This statement is in accordance with the results of an interview on December 15 2023 with one of the main informants for the Health Service Promkes coordinator (IU7) through the following data display and condensation:

"....Advocacy has been carried out by issuing several policies by regional leaders, among others: Bima Mayor Decree No.188.45/14/440/I/2022 concerning the Healthy Living Community Movement in Bima City, Bima Mayor Decree No. 188.45/425/440/X/2022 concerning the Establishment of a Healthy Living Community Movement Communication Forum in Bima City, and there is also a circular regarding car free days..." (IU7)

Similar information was also conveyed by the Mpunda Community Health Center (IU5) Promkes officer on December 23 2023, whose interview excerpt was as follows:

"....."If the regulations at the Puskesmas refer to the mandate of the Minister of Health, yes, there is already a decree made by the head of the Puskesmas regarding indicators of GERMAS activities," it said yesterday's breakdown, we went straight to the breakdown from the Minister of Health's Decree on GERMAS, we immediately took it there, there has been a regulation produced. , now for advocacy, there is direct advocacy, actually the socialization is a direct series with advocacy activities, after we socialize that there is a GERMAS activity, blah..blah..blah.. we immediately advocate on how to do this indicator activity, we can make this indicator happen together with the hope that cross-sectors will support the intention, so we have included it there, direct outreach, we will advocate for the hope that it will be supported by GERMAS activities"..." (IU5)

This is also supported by the statement from the Chief's additional informant The Food Security Service (IT2) according to an interview conducted on December 14 2023 stated that: *"...In our development, we have collaborated with other OPDs including the Health Service, Agriculture Service, Fisheries and Maritime Service, P2KB Service and Cooperative Industry and Trade Service in terms of the food sufficiency index, we have also expanded this with several well-known universities in Bima City, two universities. We have already entered into a cooperation agreement which was initially preceded by the signing of an MOU between the City Government and the Foundation and then followed up with a Cooperation Agreement and we also collaborated with schools and now our task is to target other objects, other devices, we Friends in the sub-district would also like to have a scenario like this, if possible, if possible,*

the sub-district funds would be used to use the sub-district office yard or use vacant land in the community as a place to replicate this PLAKAT..." (IT2)

Based on the results, advocacy should be the most important part in creating an environment that supports the policies of the Bima City Government in mobilizing all stakeholders to contribute to civilizing GERMAS, but in reality, even though there are regulations related to GERMAS, there is no commitment from the OPD as to who will do what related to the implementation of GERMAS, because of the implementation of GERMAS not yet included in the performance assessment indicators of the OPDs that are part of the GERMAS implementation action in Bima City.

From the statements of the informants, several things that are part of Advocacy can be categorized as follows.

Socialization

The implementation of GERMAS Advocacy cannot be separated from the socialization that has been carried out and still needs to be carried out continuously in each work area of the Community Health Center and Institutions and Regional Apparatus Organizations (OPD) in accordance with the statement from the Informant as follows:

"...at the Community Health Center...it has been, because even though it is not directly but referring to program activities, it has indeed led to inclusion in the 7 indicators mentioned in each program, especially UKM activities, but the socialization has been done and friends also know that they are in the community. Puskesmas is familiar with the name GERMAS. However, its implementation may not be optimal..." (IU5)

"...Since the launch of GERMAS in the Community Health Center, it has directly referred to the mandate from the Minister of Health Regulation and the law which has been implemented, of course by planning based on the results of the previous year's achievements, implementing and preparing activity plans and implementing them, however, these GERMAS activities are not all directly included in the health program but are spread throughout all UKM activities, but our job at UKM is still to coordinate, sort out which types of activities are included in GERMAS and also provide suggestions to the Puskesmas planning team so that they are included in the planning so that they can be implemented at the Puskesmas, it is hoped that all programs can be included in the GERMAS activities in particular SMEs..." (IU5)

Especially related to policy measures, tasks, their respective functions and authorities are to realize GERMAS through increasing physical activity, improving healthy living behavior, providing healthy food and accelerating improved nutrition, prevention and early detection of disease, improving environmental quality and increasing education on healthy living. This is in accordance with the results of an interview with the informant managing the Paruga Community Health Center health program on 14 December 2023 as follows:

"...It has been carried out as a campaign to consume local fruit every Friday at the Community Health Center under the fruit donor innovation program. Group exercise, group counseling & health checks at Prolanis activities every Saturday. Outside the building, CTPS counseling and demonstrations were also held at Posyandu, etc...." (IU6)

Also supported by interviews with the PTM program manager at the Health Service as one of the main informants as follows:

".... I once participated in this GERMAS activity for the stakeholders, they involved everyone, especially for PTM, before conducting screening at the OPD/agency/institution, they carried out counseling first with physical activities, eating vegetables and fruit, which was implemented in the OPD or the employees there. The OPD....." (IU8)

The importance of socialization in the implementation of GERMAS is also reinforced by interviews with additional informants from the Head of the Food Security Service as follows:

".....In the past, before P2L Pekarangan Pangan Sustainable went to the Department of Agriculture, we had that program, a program from DAK assistance for sustainable food which provided vegetables and fruit not for individuals, there were several groups that received assistance spread across half of Bima City, there were 21 sub-districts who received this assistance but when P2L was no longer in food security we replaced it with the office yard utilization program (PLAKAT) and we still do this, directly only a few people come here but indirectly we give but it is given to partners such as village heads and Some OPDs simply want to make people aware that the food they eat is available around them, using office land is important, small things but can change the government's homework so far, the government has spent a lot of budget so far to make people aware of the importance of health, its fulfillment nutrition, therefore through this program it is not just pure frontal activities that must be carried out on a massive scale, with this PLAKAT activity it can be replicated, the aspect of nutritional availability becomes important in the community, no longer buying at the market but directly getting it around their yard... (IT2)

Considering that disease prevention is very dependent on individual behavior which is supported by environmental quality, availability of facilities and infrastructure as well as regulatory support for healthy living, continuous active involvement of all components is required. For this reason, there needs to be a movement to encourage people to behave in a healthy lifestyle, namely the GERMAS behavior.

Cross-Sector Roles

The participation and involvement of cross-sectors and Regional Apparatus Organizations in the implementation of GERMAS is still felt to be lacking. This is reinforced by statements from informants managing the Jatibaru Health Center Promkes on December 18 2023, including:

"...The role of linsek in mobilizing GERMAS is there but still lacking" for example the role of linsek in PTM activities for regular health checks by moving targets to posyandu...."(IU4)

This statement was also supported by the PTM Health Office Management informant on 20 December 2023, namely:

"... across sectors that we involve, such as the head of the Babinkamtibmas sub-district to carry out this GERMAS activity in the community. Later, Babinkamtibmas, Babinsa will carry out monitoring in sub-districts so that those suffering from diseases, especially PTM, can control their risk by taking medication regularly, city level for OPD for activities screening is carried out at the City Government....."(IU8)

From the statements of the informants above, it can be concluded that the role of cross sectionactors are very important for the implementation of GERMAS, especially in carrying out advocacy with policy makers, holding meetings with SKPD, providing examples of implementing physical activity policies in the form of sports, disseminating information on consuming vegetables and fruit, providing periodic health service suggestions for the community, carrying out early cancer detection. breasts and cervix in women.

Support and Funding Sources

Any implementation or program, including GERMAS activities, needs financing and financial support so that it can run well, this is according to the statement from the informant in this research, namely the PTM Health Office manager on December 20 2023 as follows:

"...We carry out PTM activities from the APBN or non-physical Dak and Physical Dak because there are PTM tools that must be provided, tools for PTM include tools for checking blood sugar, uric acid and cholesterol, then there are tools for profileipit, hypertension, there is blood pressure, PTM Kit, iva kit for checking cancer and cervix and breast cancer...". (IU8)

And a similar statement was also made during an interview with one of the Bima City PKK cadres on December 18 2023:

"..... Thank God, every year Pokja 4 is very, very supported with the existing budget. Usually we at Pokja 4 coordinate with the chairman of the Bima City PKK and are very, very cooperative in supporting GERMAS activities both at the sub-district, sub-district and Bima City levels... (IU10)

However, this information is inversely proportional to the information conveyed by an additional informant, one of the community figures during an interview on 18 December 2023, who stated that:

".....There are no additional funds or budget... if mutual cooperation activities in the environment are more self-supporting, even though there are donations both institutionally and personally from several community leaders for mutual cooperation activities..." (IT4)

From the statement above, a common thread can be drawn that financial support for GERMAS activities is important not only for the Health Service and its staff, but GERMAS budgeting must be integrated across OPD.

Availability of GERMAS Supporting Facilities and Facilities

One of the supports for the implementation of GERMAS is the availability/fulfillment of adequate facilities and infrastructure in Bima City, this is supported by statements from informants as follows:

"...In general, what I see is that it has not been supported, it is still very lacking because again, those who really provide these facilities are really aware that the GERMAS activities that must be targeted are ours together, only from the Health Service, including the Community Health Center. but for other departments, regardless of whether they understand what is being implemented is GERMAS or not, I don't know either, but what is clear is that up to now, it is still very lacking, for example smoking, smoking is one of the activities that we must intensively promote but it is not accompanied by regulations. it already exists, the KTR supervisor is there but it is not accompanied by facilitation, for example in offices in public places there are special places for smoking. Rest areas for smoking are not provided, for example for breast milk we also say that exclusive breastfeeding must increase, but even in offices there are still leaders who don't understand that breastfeeding mothers are obliged to go home at 10 o'clock to breastfeed, it is not accompanied, for example, there are still public places that do not provide breast milk corners, only certain places or community health centers provide them continuously for physical activity, for example the policy for car free days, for example, like that. there aren't any, so in our society the land is already limited, the freedom to exercise for the community and family should be implemented, please provide roads, where the main roads in Bima City are free of vehicles so people can

exercise, roads for the elderly so the roads are safe, In terms of facilities, in my opinion, it is still very lacking, it is not supported by that, the policy already exists and also the guardian/regulation is only made but not implemented, why do I say it is not implemented, the policy maker above should give an example, for example, no smoking, that's okay. smoke outside but don't show it too much so that people tend to see the leaders smoking and then throwing away cigarette butts carelessly, that was the reality when we went down to the posyandu to provide community education, talking like that means that the regulations that were made, firstly, were not supported by facilities, secondly, they were not supported by anything like that. The rewards and punishments are minimal. This gives an example, for example, on August 17th, it's best for those sitting on the stage not to smoke. Those sitting on the stage are smoking instead, that's the way it is.
....”(IU5)

This statement is also supported by additional informants from Bappeda according to the results of interviews on December 15 2023 as follows:

"...I think that in the City of Bima it is still not adequate so there are still many facilities and infrastructure that need to be added to support GERMAS activities such as jogging tracks which may still be limited in the City of Bima. Then as we know, one of the GERMAS activities that has been planned is a car free day in the City Bima, but in reality the implementation has not been very effective and has not been very successful because of the lack of coordination, for example between cross-sectors, for example the Cooperative Industry and Trade Service that guides MSMEs as well as the Transportation Service which regulates traffic like that, so it is not adequate..." (IT3)

Through Displays and Condensation Data above, here the researcher formulates in which is an initial conclusion which is still temporary, as follows: socialization, cross-sector roles, financial support and the availability of supporting facilities and equipment are something that absolutely must exist and be carried out so that the implementation of GERMAS in the future can be successful.

Analyzing social support/atmosphere building during the implementation of GERMAS in Bima City

Social Support and Atmosphere Building in this research is an effort to establish partnerships to create a supportive opinion or social environment so that people want to implement GERMAS which includes, among others.

Understanding of GERMAS

From interviews conducted with informants in this research, all of them understand what GERMAS is and how it is implemented in the field, the following is an excerpt from the statement from the Paruga Community Health Center Promkes dated 22 December 2023:

"...GERMAS is a campaign to cultivate clean and healthy living behavior such as the habit of doing physical activity, consuming vegetables and fruit, avoiding smoking etc. so that the level of public health increases..." (IU6).

Similar information was also conveyed by additional informants from Bappeda Bima City as follows:

"...As far as I know, GERMAS or the Healthy Living Community Movement is one of the programs implemented by the Health Service in order to mobilize the community or promote healthy living, meaning that people can abandon unhealthy behaviors that cause disease and so on..." (IT3)

The Health Service through the Community Health Center and its staff has carried out GERMAS outreach and campaigns in the work areas of each Community Health Center. This statement is in accordance with what was expressed by the Penanae Health Center Promkes informant as follows:

"...It has been done, because in fact GERMAS is not a new program, meaning we have been implementing it for the last few years and first of all, the emergence of what is called the GERMAS activity, we have socialized it in our work areas, whether in sub-districts or in schools. schools because indeed GERMAS should be created not only from health people but all elements of society must be mobilized, all components involving cross sectors, cross programs and all kinds of things to support the targets or priorities of this health program, the GERMAS campaign itself cannot be carried out. by us at the Community Health Center alone or the Health Department alone, but we have to embrace all the elements that exist in all areas of the Raba sub-district because we are talking within the scope of the Penanae Community Health Center..." (IU1)

GERMAS Implementation Strategy

From the results wowIn interviews with informants during the implementation of GERMAS appropriate strategies and steps are needed in accordance with the statement conveyed by the PKM Kolo Promkes informant as follows:

"...Strengthening cross-program and cross-sector cooperation, while the expected solution is cross-program and cross-sector and remains committed to GERMAS activities..." (IU2)

Supported and strengthened by the following statement from the PKM Jatibaru Health Promkes:

"... with the 7 Steps of the Healthy Living Community Movement:

Doing Physical Activities. Eat fruit and vegetables, don't smoke, don't consume alcoholic drinks, carry out regular health checks, maintain a clean environment, use a toilet. A healthy lifestyle will provide many benefits, from improving the quality of health to increasing one's productivity. Another important thing that should not be forgotten from healthy lifestyle is a clean and healthy environment and reduces the risk of wasting more money on medical expenses when sick. With the efforts that have been made, the community understands and is able to practice it in everyday life..." (IU3)

"...Maybe this is the strategy for the community to be socialized more intensively. It would be better so that the public knows that diseases, especially non-communicable diseases, have an impact not only now but also in the future..." (IU9)

From several of the informant's statements above, it may be necessary to intensify the development of new innovations so that people can make GERMAS something routine.

Public Understanding of GERMAS Promotion

Promotion and education carried out by the Health Service and Community Health Centers and their staff regarding the implementation of GERMAS through leaflets, posters, billboards or social media should be understandable by the public, this is in accordance with statements from informants, including:

"... there are also leaflets, yes, we also have Facebook, there is also a website, there are also leaflets, and at meetings in the sub-district we convey, for example, when there is a village community meeting, we convey that the GERMAS program is like this. The programs ask the

community to also involved because that's where we are involved in empowering the community because we will always convey that this Community Health Center actually only facilitates later problems and so on. In fact, the community has rights to the Community Health Center. They want this, they want that later, how we behave so that these activities can run, that's all actually. So we continue to promote it, we have Facebook, we have a website and also leaflets and all kinds of things, we have touched on it, but we haven't gone into traditional campaigns. Traditional is something that we don't yet have a concept for."... (IU1) "...I feel it is necessary because I have also seen Javanese people when they campaign about something or socialize something, they use regional language and then add their regional arts, such as wayang, what's the name, basically something like that, you can include it in" (IU1)

Through the Display and Condensation Data above, the following researcher formulates a Conclusion Drawing / verification which is an initial conclusion which is still temporary, as follows: not only the public must understand about GERMAS but also health workers must understand more about the implementation of GERMAS, new strategies are needed so that GERMAS becomes something routine and a lifestyle in the future, for example by developing various innovations that support GERMAS activities, by increasingly promoting and educating the public through information such as leaflets, posters and existing social media. more intense communication in socializing the implementation of GERMAS which is adapted to conditions and developments in the environment such as: The message conveyed must be clear and easy to understand, such as using regional languages/local wisdom so that the desired message is conveyed.

Analyzing Community Empowerment in the implementation of GERMAS in Bima City

Community empowerment in this research is the process of providing information continuously and the process of helping targets to change from not knowing to knowing, in this case including:

Implementation of GERMAS Steps

In its implementation, GERMAS has 7 steps/implementation indicators, although the focus is only on 3 steps, namely physical activity, eating fruit and vegetables and periodic health checks (health screening), in fact it has been implemented but is often not realized by the OPD and the public, as stated by the Mpunda PKM health program informant as following:

"...All GERMAS steps have been included in essential UKM activities, for example one for physical activity is directly included in community health activities because there is also innovation there to explore potential (hypertension care group) so there is an exercise group to support GERMAS continued physical activity at the Community Health Center also every Saturday there is a special sport for the elderly for the general public, anyone can join in and check it out. It is also part of supporting physical activity indicators. Apart from the core program, fruit and vegetables are nourished, there is nutritional counseling in the community at the posyandu, we also have innovations to support GERMAS activities. for example, meeting mothers is important (Friday morning to help reduce stunting) but the essence of this activity is not only reducing stunting but educating how the community understands the importance of consuming fruit and vegetables for prevention in the future for family members, like our PHBS, apart from supporting this activity, it starts with a survey activity first. Only later, after that, from the survey activities, plans will be drawn up to prevent problematic indicators, which is also part of GERMAS because it also includes smoking, physical activity, all of the GERMAS activities are already there, so we can find out there from the results of the PHBS survey numbers. The aim is to plan what activities will be carried out to support GERMAS activities again..." (IU5) Well, for example, for periodic health checks, there are posbindu activities, right..." (IU5)

This statement is also supported by the results of interviews with additional Community Figures as follows:

"... physical activities in sub-districts usually coincide with posyandu activities, the first is by providing additional nutritious food for posyandu targets. Apart from that, we also carry out mutual cooperation in every potential environment or unclean environment. ..."(IT4)

Partnership Support in Implementing GERMAS

To support the successful implementation of GERMAS, partnerships are needed, not only from the government but also from the private sector, mass organizations, NGOs and other parties. This is in accordance with statements from informants, including:

"...CSR.. CSR is what we are here, yesterday we tried it but since there is no longer anything like yesterday Coca Cola here has moved to the area. In fact, yesterday there was the potential for a Coca Cola company that we could enter into a partnership with but it has moved, so we are still thinking about it. "I wonder which private parties we can collaborate with to attract CSR funds, because if we can get there, even if it's a little, God willing, there will be a partnership, that's the selling point of the program..."

....Yesterday, for example, in Kendo there were teenagers from the Kendo mosque, there is also a Rite student organization in Rite sub-district, there is (OMARI), the term is Rite student organization, every time there is an activity outreach program, we involve them to empower them, Karang Taruna I have been represented by the youth of the mosque because of this youth organization. I also see it in each of these sub-districts. When there are big activity events, then they become visible, we can also include sports groups, we are working on how to do it in the future. Together with our new Head of the Community Health Center making a proposal that involves all organizations in our work area so that they want to be involved in activities. Organizations in the community are also professional organizations, but usually we tend to be with community organizations because they are closer to society at the lower level because after all they were formed in that environment and later we can empower the movement for a healthy society.... (IU1)

In line with what was expressed by the PKK cadre informant in his interview, they partnered not only with the Health Service but also involved many related OPDs, the following is an excerpt from the interview:

"...For partnerships, we do a lot related to GERMAS for OPD apart from the Health Service, we are in child protection, at BPPKB we carry out socialization of GERMAS itself with cadres at the sub-district level together with PKK heads at sub-district and sub-district levels, empowerment "What we do is training, usually our cadres are provided with training related to what is currently viral about stunting, so these things are very urgent in Bima City because Bima City also has a very good target for reducing stunting rates..." (IU10)

Form of Empowerment

The form of empowerment in supporting GERMAS activities needs to be improved in accordance with the statement of the PKM Jatibaru Promkes informant that empowerment is more focused on the implementation of family Posyandu and calls for cleanliness in the environment following excerpts from the interview:

"...Active in the family posyandu as well as mutual cooperation activities in the sub-district initiated by the sub-district in order to eradicate the dengue fever outbreak..." (IU4)

Supported by a statement from a Bappeda informant who said that many OPDs have actually carried out GERMAS activities but so far they have not been focused and well integrated as per the results of the interview as follows:

"...Actually, to empower the community in GERMAS activities, maybe we can see from the activities carried out by the relevant OPD Departments related to GERMAS, actually the City of Bima is already running. It's just that maybe the coordination is still lacking. In fact, there are already many activities being carried out. it is indeed related to GERMAS itself, for example in the Maritime Service there is education on balanced nutrition, eating vegetables and fruit in schools and there is quality monitoring and regional fisheries like that, yes, then in the education service there is a healthy school competition then there is UKS coaching, the food security service for example has the Movement Awareness of such diverse, nutritionally balanced and safe food is a community empowerment activity related to GERMAS itself like that..." (IT3)

Human Resources

In fact, the success of GERMAS cannot be separated from the availability of human resources. The statement of an informant from the PKM Penanae Health Promkes is as follows:

"...resources need to be increased, especially at the Community Health Center, my staff only has two health promotion staff, even though we are in charge of 11 sub-districts, we only have 2 health promoters. Here we have 40 active posyandu, 40 active family posyandu, then Plus, we have 23 elementary schools, 9 high schools plus 7 junior high schools and almost 40 Islamic boarding schools with 2 health promoters, on the one hand the human resources, on the second the budget and the availability of resources related to money. It's okay, the Puskesmas has funds. The BOK for Health operational assistance funds is to be distributed, but the BOK itself has been divided into each program so actually..." (IU1)

This statement is supported by an interview with a PTM Officer at the Health Office who said that:

"...As for human resources, if we say it is still lacking, it is because some of the activities carried out are in the field and some are indoors, so it is hoped that there will be additional human resources for these GERMAS and PTM activities..." (IU8)

Through the Display and Condensation Data above, the following researcher formulates a Conclusion Drawing / verification which is an initial conclusion which is still temporary, as follows: That the implementation of GERMAS steps has actually been carried out in all Puskesmas areas although it is still only focused on 3 indicators, namely physical activity (joint exercise/prolanis exercise), eating fruit and vegetables (with the innovation of eating fruit every Friday), regular health checks carried out at Posyandu, ASN screening, etc.) for partnership support is still very limited, not too broad, only with people/organizations who are connected with Health alone such as BPJS, PKK, Health organizations there is no partnership with the private sector which becomes CSR, forms of empowerment already exist such as diposyandu and youth organizations have started to get involved in GERMAS activities, it's just that the need for human resources is still felt to be insufficient considering the wide reach Community Health Center to provide services, especially for the implementation of GEMAS

Analyzing Advocacy in the implementation of GERMAS in Bima City

From the results of collection /Condensation. The data and Conclusion Drawing / verification above show various views from various informant sources Advocacy in

implementing GERMAS includes socialization, advocacy and regulation, cross-sector roles, support and funding sources as well as the availability of supporting facilities and infrastructure. The results of interviews with key informants explained that:

- a. Based on the research results, it was found that the essence of the health promotion strategy in GERMAS activities in the form of advocacy, outreach and campaigns had been carried out in each work area of the Community Health Center and Institutions and Regional Apparatus Organizations (OPD), both directly and indirectly. Implementation of GERMAS at Community Health Centers refers to cross-program coordination under the Public Health Efforts coordinator (Purwaningsari, et al., 2022). Health promotion efforts regarding GERMAS itself are not new but have been implemented for a long time but are still focused on only a few activities and are still not integrated with each other, such as health promotion regarding PHBS, disease prevention, and so on. After being launched and outlined in government regulations, the form of implementation of GERMAS activities, namely campaigning for physical activity, fruit and vegetable consumption, and regular health checks, has been carried out in all Community Health Centers, agencies and Regional Apparatus Organizations (OPD) because in fact GERMAS is not a new program because In recent years, it has been implemented and has become the focus of activities to become a priority for all health programs, such as physical activity campaigns, health screening and eating fruit and vegetables, as well as socialization and involving all elements of society, including educational institutions, both in special activities and routine activities carried out by the Health Service. and its staff (Puskesmas) with reference to the mandate of the Minister of Health Regulation and the Law.
- b. Advocacy and regulation in this research can be interpreted as an approach to decision makers or policy makers in various sectors. This advocacy activity is carried out with decision makers from various levels and sectors related to the implementation of GERMAS. Support can take the form of policies issued in the form of laws, government regulations, decrees, instructions, etc. In Bima City there are already regulations and Mayor's Decrees related to the implementation of GERMAS. This was confirmed by the statements of most of the main informants and reinforced by additional informants who said that there were already regulations and decrees related to the implementation of GERMAS in Bima City, including:
 - Mayor of Bima Instruction Number: 009.1/116/III/2019 concerning the Healthy Living Community Movement (GERMAS) in Bima City
 - Bima Mayor Decree Number: 188.45/14/440/I/2022 concerning the Healthy Living Community Movement in Bima City
 - Bima Mayor Decree Number: 188.45/425/X/2022 concerning the Establishment of a Healthy Living Community Movement Forum in Bima City
 - Bima Mayor Decree Number: 188.45/401/IX/2022 concerning the Establishment of the Bima City Posyandu Pokjanal
 - Mayor Regulation Number 34 of 2022 concerning Implementation of Car Free Day Areas
 - Bima Mayor Regulation Number 61 of 2022 concerning Community-Based Total Sanitation Program in Bima City

Effective advocacy needs to be carried out in a planned, integrated and sustainable manner. Various changes in the social, political and economic situation in the region are developing all the time. Budget priorities and resource allocation always experience tug-of-war between various interests. Good advocacy activities can ultimately increase knowledge, then approval and support from policy makers so that they can create a supportive environment for increasing healthy living behavior in society.

The principles used in advocacy related to the implementation of GERMAS must of course be realistic, systematic, tactical, strategic and courageous.

- c. The role of cross-sectors and involvement of regional apparatus in the implementation of GERMAS in Bima City is still very lacking and this is supported by almost all statements by main informants and additional informants that there is no real form of OPD/cross-sector involvement in the implementation of GERMAS despite the duties and obligations of each stakeholder. It has been stated in the mayor of Bima's decision letter which has been distributed to all OPDs involved who is doing what, meaning that there are still many across sectors who don't understand that there is still a need for continuous socialization and coordination from the Health Service and its staff to the OPD and Bappeda as the GERMAS coordinator.
- d. Support and sources of funds in the implementation of GERMAS in Bima City have so far only focused on non-physical DAK (BOK) and Physical DAK funds for the procurement of blood sugar, uric acid, PTM Kits and also for cancer screening, there is no budget specifically for GERMAS budgeted from DAU funds for the reason that regional capacity is very limited, so the activities carried out are more activities that do not require large costs, such as mutual cooperation in cleaning the environment around where residents live.
- e. The availability of supporting facilities and facilities for GERMAS in Bima City is still very lacking. This is proven by the answers of all informants that supporting facilities and facilities are still very limited, especially open arenas in each sub-district and social media which has not been utilized for GERMAS socialization, there are no smoke-free areas available. cigarettes and special areas for smoking in each government agency, there are no special areas for jogging, car free days are not running optimally even though there are regulations issued by the mayor of Bima, and there is still a lack of promotional media such as billboards, posters and, if necessary, places. Strategic places where Vidrons with large screens are installed.

Identifying partnerships in implementing GERMAS in Bima City

Partnership support in implementing GERMAS still needs to be coordinated with various parties so that they want to be involved and support the implementation of GERMAS, not only the Health Service and its staff but also all OPDs and even educational institutions must also be able and willing to be involved in making the implementation of GERMAS a success, including collaboration with the private sector, CSR, etc.

CONCLUSION

The implementation of the Healthy Living Community Movement (GERMAS) in Bima City has achieved foundational progress through advocacy and policy development, establishing a legal framework to promote healthy lifestyles. However, substantial challenges remain, particularly in securing commitment across all levels of the Regional Apparatus Organizations (OPDs) and mobilizing community-wide engagement. While GERMAS-related regulations exist, effective implementation requires more than policy; it necessitates active participation, coordinated action, and dedicated support from various sectors. Advocacy efforts must therefore extend beyond policy formulation to ensure that roles and responsibilities within OPDs are clearly defined and included in performance assessment indicators. This integration will foster accountability and drive cross-sector collaboration, essential for embedding GERMAS principles within community routines and achieving sustainable health outcomes in Bima City.

RECOMMENDATION

To strengthen the implementation of GERMAS in Bima City, several strategic recommendations are proposed. First, GERMAS advocacy efforts should focus on deepening cross-sectoral partnerships by formally involving OPDs, private organizations, and educational institutions in program planning and execution. This collaboration will provide a platform for

multi-sectoral dialogue, enabling diverse stakeholders to identify their roles in promoting healthy lifestyle initiatives. Second, the integration of GERMAS objectives within OPD performance indicators is essential for fostering accountability and ensuring that GERMAS activities receive adequate attention and resources across all levels of government. Establishing a monitoring and evaluation system with specific health indicators will provide a measurable framework to track progress and address gaps in implementation.

Additionally, sustainable financial support is critical. A dedicated GERMAS budget across sectors, including contributions from corporate social responsibility (CSR) initiatives, can expand resources for community outreach, health facilities, and educational campaigns. Finally, community engagement efforts should be enhanced by leveraging culturally relevant communication strategies, such as using local dialects and traditional arts, to foster greater public awareness and acceptance. These approaches, combined with capacity building for health workers in advocacy and community mobilization, will empower the GERMAS initiative to create a supportive environment that prioritizes preventive health and fosters a long-term culture of wellness in Bima City.

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