



FACULTY OF NURSING
UNIVERSITAS AIRLANGGA
Excellence With Morality

INTERNATIONAL NURSING CONFERENCE

**The Proceeding of
The 7th International Nursing Conference**
“Global Nursing Challenges in The Free Trade Era”
Surabaya, April 8th – 9th 2016



CO-HOST:





Hak Cipta © 2016,
Fakultas Keperawatan Universitas Airlangga Surabaya
Kampus C Mulyorejo Surabaya 60115
Telp. : (031)5913754, 5913257
Faks. : (031)5913752
Website : <http://ners.unair.ac.id>
Email : dekan@fkip.unair.ac.id

Hak cipta dilindungi undang-undang. Dilarang memperbanyak sebagian atau seluruh isi buku ini dalam bentuk apapun, baik secara elektronik maupun mekanis, termasuk tidak terbatas pada memfotokopi, merekam, atau dengan menggunakan sistem penyimpanan lainnya, tanpa izin tertulis dari Penerbit.

UNDANG-UNDANG NOMOR 19 TAHUN 2002 TENTANG HAK CIPTA

Barangsiapa dengan sengaja dan tanpa hak mengumumkan atau memperbanyak suatu Ciptaan atau memberi izin untuk itu, dipidana dengan pidana penjara paling lama **7 (tujuh) tahun** dan/atau denda paling banyak **Rp. 5.000.000.000,00 (lima miliar rupiah)**

Barangsiapa dengan sengaja menyiarkan, memamerkan, mengedarkan, atau menjual kepada umum suatu Ciptaan atau barang hasil pelanggaran Hak Cipta atau Hak Terkait sebagaimana dimaksud diatas, dipidana dengan pidana penjara paling lama **5 (lima) tahun** dan/atau denda paling banyak **Rp 500.000.000,00 (lima ratus juta rupiah)**.

CONTENTS

Greeting from Steering Committee	iv
Opening remarks from Dean of Faculty of Nursing, Universitas Airlangga	v
Opening remarks from Rector of Faculty of Nursing, Universitas Airlangga	vi
Committee	ix
Scientific Paper Reviewer	xii
Conference Schedule	xiii
Keynote Speaker : Junaidi Khotib, S.Si, M.Kes., PhD	
Plenary Sessions	
Speaker 1: SEKI Ikuko MPH, R.N, R.M.W, P.H.N	1
Speaker 2: Dr. Muhammad Hadi, SKM., M.Kep.	2
Speaker 3: Harif Fadilah, S.Kp, SH, MH.Kes.	
Speaker 4: Dr. Nur Mukarromah.,S.KM.,M.Kes.	7
Speaker 5: Kristen Graham, RN,RM,MNg.MPH&TM,MPEd&Tr,GDipMid,GDipHSc.....	13
Speaker 6: Dr. M. Hasinuddin, S.Kep., Ns., M.Kep.	14
Speaker 7: Dr. Tri Johan Agus Y., S.Kp., M.Kep. ..	20
Speaker 8: Dr. Hanik Endang N, S.Kep., Ns., M.Kep.	27
Speaker 9: Dr. Makhfudli, S.Kep., Ns., M.Ked.Trop.	32
Speaker 10: Madiha Mukhtar, RN, MScN, BScN, RM	37
Speaker 11: Ima Nadatien, SKM.,M.Kes.	38
Oral Presentation	42
Poster Presentation	507

GREETING FROM STEERING COMMITTEE

Assalamualaikum Warahmatullahi Wabarakatuh

Honorable Rector of Universitas Airlangga
Honorable Dean of Faculty of Nursing, Universitas Airlangga
Honorable Head of Co-Host Institutions
Distinguished Speakers and all Participants

Praise the presence of God Almighty, for his mercy so that Faculty of Nursing Universitas Airlangga can organized The 7th International Nursing Conference on the theme "The Global Nursing Challenges in The Free Trade Era". Welcome in Surabaya, City of Heroes Indonesia.

This international nursing conference is conducted in cooperation with 12 nursing schools throughout the nation. These institutions are the Faculty of Nursing and Midwifery Universitas Nahdlatul Ulama Surabaya, Faculty of Health Science Universitas Muhammadiyah Surabaya, STIKES Ngudia Husada Bangkalan, STIKES Pemerintah Kabupaten Jombang, STIKES Maharani Malang, Poltekkes Kementerian Kesehatan Malang, Poltekkes Kementerian Kesehatan Surabaya, Faculty of Health Science Universitas Islam Sultan Agung Semarang, Faculty of Health Science Universitas Pesantren Tinggi Darul Ulum Jombang, STIKES Insan Cendekia Husada Bojonegoro, STIKES Nurul Jadid Probolinggo, STIKES YARSI Mataram, and Faculty of Nursing Universitas Muhammadiyah Banjarmasin. Fortunately, this international nursing conference also supported by our partner institutions abroad: Flinders University* (Australia), and Japan International Cooperation Agency (JICA); and also by professional and other organisations including: AINEC* (The Association of Indonesian Nurse Education Center), Ibn-e-Seina Hospital & Research institute Multan (Pakistan) and INNA* (Indonesian National Nurses Association).

Participants of this conference are lecturers, nurses, students both from clinical and educational setting, regional and overseas area.

Finally, I would like to thanks to all speakers, participants, co-host institutions and sponsors so that this conference can be held succesfully.

Please enjoy the international conference, i hope we all have a wonderful experience at the conference.

Wassalamualaikum Warahmatullahi Wabarakatuh

Steering Committee

OPENING REMARK FROM THE DEAN OF FACULTY NURSING

Assalamualaikum Warahmatullahi Wabarakatuh

Honorable Rector of Universitas Airlangga
Distinguished speakers and all Participants

First of all I would like to praise and thank God for the blessing and giving us the grace to be here in a good health and can hold this conference together. Secondly, it is a great privilege and honor for us to welcome every one and thank you very much for your participation and support for the 7th International Nursing “**The Global Nursing Challenges in The Free Trade Era**”.

Globalization opens opportunities for nurses to compete with other nurses and work abroad. Nurses should constantly improve their competency in providing excellent nursing care. The sustainability of education related to the latest science and nursing knowledge is very important for all nurses who are working in the clinic, community, and educational nursing system, to enhance their competencies

Research and education into clinical and community practice is very important to enhance nursing competencies with nurse colleagues in the international sphere. Indonesia face problems such low frequency of nursing conference, number of researches, also international publications. This problem can hinder quality improvement of nursing services.

Along with Universitas Airlangga vision to become a world class university and enter top World University Ranking, Faculty of Nursing, participates actively in reaching the vision. To achieve World Class University ranking, faculty needs to meet the standards of World’s top Universities such as Academic reputation, employer reputation, publication, faculty standard ratio, international students and exchange. International Nursing Conference is one of the few strategies that have been implemented by the faculty to increase Publication standard.

In 2016, the Faculty of Nursing Universitas Airlangga started to collaborate with 12 nursing schools throughout the nation that have the same concern to overcome the situations. These institutions including Faculty of Nursing and Midwifery Universitas Nahdlatul Ulama Surabaya, Faculty of Health Science Universitas Muhammadiyah Surabaya, STIKES Ngudia Husada Bangkalan, STIKES Pemerintah Kabupaten Jombang, STIKES Maharani Malang, Poltekkes Kementerian Kesehatan Malang, Poltekkes Kementerian Kesehatan Surabaya, Faculty of Health Science Universitas Islam Sultan Agung Semarang, Faculty of Health Science Universitas Pesantren Tinggi Darul Ulum Jombang, STIKES Insan Cendekia Husada Bojonegoro, STIKES Nurul Jadid Probolinggo, STIKES YARSI Mataram, and Faculty of Nursing Universitas Muhammadiyah Banjarmasin. Under the concern of long commitment for better health outcome of Indonesia, the Faculty of Nursing Universitas Airlangga once more aims to elaborate with the aforementioned institutions and international universities through holding an international nursing conference. The international universities include: Flinders University* (Australia), Japan International Cooperation Agency (JICA); and professional organisations including: AINEC* (The Association of Indonesian Nurse Education Center), Ibn-e-Seina Hospital & Research institute Multan (Pakistan) and INNA* (Indonesian National Nurse Association).

Finally, I would like to thanks to all speakers, participants, and sponsorships that helped the success of this event. I hope that this conference have good contribution in increasing the quality of nursing and nursing care.

Please enjoy the international conference. I hope, we all have a wonderful time at the conference.

Wassalamualaikum Warahmatullahi Wabarakatuh

Prof. Dr. Nursalam, M.Nurs (Hons)

Dean, Faculty of Nursing
Universitas Airlangga

OPENING SPEECH

UNIVERSITAS AIRLANGGA RECTOR

Assalamu'alaikum wa-rahmatullahi wa-barakatuh.

May the peace, mercy and blessings of Allah be upon you.

Alhamdulillah! Praise be to Allah, the Almighty which gives us the opportunity to gather here in “THE 7TH INTERNATIONAL NURSING CONFERENCE“. Let us also send *shalawat* and *salam* to our Prophet Muhammad SAW (Praise Be Upon Him): *Allaahumma shalli 'alaa Muhammad wa 'alaa aali Muhammad*. May Allah give mercy and blessings upon Him.

Ladies and Gentlemen,

“Everything changes and only the change itself remain unchanged,” that is some words of wisdom reminding us to the absolute truth that there is no such thing in this world can hold back the tide of change.

Nursing Education, as a professional field, inevitably has to improve along with the changes. And if it is possible, it should always be vigilant to anticipate a period of change ahead.

In this regard, we are already in ‘THE FREE TRADE AREA’. It is one of those changes and we have to deal with the problems of its implementation. Related to these problems, we expect universal Nursing Education to be able to provide attention to all aspects of public healthcare services, anywhere and in any social classes. Therefore, let us always make efforts to quality improvements, such as in the relationship between nurses and the patients, disease prevention, and patients’ treatments.

Ladies and Gentlemen,

Higher education on Nursing has its strategic roles to achieve excellent public healthcare services. Therefore, its education format must be flexible, able to adapt and anticipate any influences such as from boundless improvements of technology, economy, politics, culture and other aspects of development. At this point, joint-researches or joint-programs, seminars, scientific publications, or any other collaborations should be conducted more frequently by all nursing higher education institutions. These advance steps are necessary to achieve “Healthy Global Communities” sooner.

As a result, let us exploit these changes around us to create a condition where the quality of public healthcare service is so high that it brings happiness to all. Thus, competence’s improvement of all nursing students is indispensable. This improvement, of course, should be synchronized with the changes in all aspects. Let us optimally develop this nursing science by maintaining connections and cooperation with other institutions and finding opportunities for future collaborations with others.

Ladies and Gentlemen,

The organization of this international nursing conference must be appreciated. Firstly, because it is the seventh time of the conference organization. Secondly, the theme of this conference, “THE GLOBAL NURSES CHALLENGES IN THE FREE TRADE ERA”, has a strong sense of urgency and very appropriate at this moment.

Therefore, I would like to express my deepest gratitude to the organizing committee, the nursing education institutions- domestic or international-, all the keynote speakers and other parties which support this splendid conference.

We extend a warm welcome to all delegates and those who have travelled from foreign parts. We hope that your attendance will be rewarded academically, that you will make new friends and that you will be fulfilled through the conference activities and the artistic delights of Surabaya.

Ladies and Gentlemen,

Merely to expect Allah gracious blessings, I hereby officially open this "SEVENTH INTERNATIONAL NURSING CONFERENCE" by saying grace: "*Bismillahirrahmanirrahim*". May the objectives of this organization fulfilled and the conference be a success. Therefore let us again say: *Alhamdulillah!* Praise be to Allah.

Wassalamu'alaikum wa-rahmatullahi wa-barakatuh.
Universitas Airlangga Rector,

Prof. Dr. Moh. Nasih, SE., MT., Ak., CMA.
NIP. 196508061992031002

COMMITTEE

- Patron** : Rector of Universitas Airlangga
- Advisor** : Prof. Dr. Nursalam, M.Nurs (Hons)
Dean Faculty of Nursing, Universitas Airlangga
Dean Faculty of Nursing and Midwifery Universitas Nahdlatul Ulama Surabaya
Dean Faculty of Health Science Universitas Muhammadiyah Surabaya
Head of STIKES Ngudia Husada Bangkalan
Head of STIKES Pemerintah Kabupaten Jombang
Head of STIKES Maharani Malang
Head of Nursing Programme Poltekkes Kementerian Kesehatan Malang
Head of Nursing Programme Poltekkes Kementerian Kesehatan Surabaya
Dean Faculty of Health Science Universitas Islam Sultan Agung Semarang
Dean Faculty of Health Science Universitas Pesantren Tinggi Darul Ulum Jombang
Head of STIKES Nurul Jadid Probolinggo
Head of STIKES Insan Cendekia Husada Bojonegoro
Dean Faculty of Nursing Universitas Muhammadiyah Banjarmasin
STIKES YARSI Mataram
- Steering Committee** : Dr. Kusananto, S.Kp., M.Kes.
Vice Dean 1 of Faculty of Nursing Universitas Airlangga
Eka Mishbahatul Mar'ah Has., S.Kep., Ns., M.Kep.
Vice Dean 2 of Faculty of Nursing, Universitas Airlangga
- Steering Chairman** : Dr. Ah. Yusuf, S.Kp., M.Kes.
Vice Dean 3 of Faculty Nursing, Universitas Airlangga
- Organizing Committee**
- Chair** : Laily Hidayati, S.Kep., Ns., M.Kep.
- Secretaries** : Rista Fauziningtyas, S.Kep. Ns, M.Kep.
Lailatun Ni'mah, S.Kep. Ns, M.Kep.
- Treasury** : Erna Dwi W., S.Kep., Ns., M.Kep.
Ninik Setyaningrum D, S.H

- Event division board : Retnayu Pradanie, S.Kep., Ns.M.Kep.
 Tiyas Kusumaningrum, S.Kep.,Ns.M.Kep.
 Ika Nur Pratiwi, S.Kep., Ns.M.Kep.
 Iqlima Dwi Kurnia, S.Kep., Ns.M.Kep.
 Fauziyatun Nisa', S.S.T., M.Kes.
 Ana Farida Ulfa, S.Kep., Ns., M.Kep.
 Sestu Retno D.A,S.Kp,M.Kes
 Rahmawati Maulidia., M.Kep
 Wahyu Endang S. S.KM, M.Kep.
 Dede Nasrullah, S.Kep., Ns.M.Kep.
 Nisfil Mufidah, S.Kep., Ns.M.Kep.
 Ferawati, S.Kep., Ns
 Ns. Dwi Adji Norontoko, M.Kep.
- Scientific board : Dr. Joni Haryanto, S.Kp.,MSi
 Dr. Tintin Sukartini, S.Kp, M.Kes
 EstyYunitasari, S.Kp, M.Kes
 Harmayetty, S.Kp, M.Kes
 Yulis Setiya Dewi, S.Kep., Ns.,Mng
 Erna Dwi Wahyuni, S.Kep., Ns.M.Kep.
 Elida Ulfiana, S.Kep., Ns.M.Kep.
 Praba Diyan Rahmawati, S.Kep.,
 Ns.M.Kep.
 Ilya Krisnana, S.kep, Ns, M.kep.
 Khamida, S.Kep.Ns.,M.Kep.
 Dr. Ririn Probowati,S.Kp,M.Kes
 Lilla Maria., M.Kep
 Diah Ayu Fatmawati, S.Kep., Ns.,
 M.Kep.
 Ns Suyanto, M.Kep.
 Yuanita Wulandari, S.Kep.,Ns.MS.
 Mulia Mayangsari, S.Kep., Ns.M.Kep.
 Sp.Kep.MB.
 Sri Astutik Andayani, S.Kep.Ns,
 M.Kes.
 M. Roni Al faqih, S.Kep., Ns
 Ns. Endah Suprihatin, M.Kep., Sp. Mat.
 Dr. Luluk Widarti, M.Kes.
 Hasyim As'ari, S.Kep. Ns., M.Ked.
- Publications, partnership, & Sponsorship : Setho Hadisuyatmana, S.Kep., Ns.,
 M.NS (CommHlth&PC)
 Dimas Dwi Arbi, S.Kom.
 Sylvia Dwi W., S.Kep., Ns.M.Kep.
 Nur Hidayah, S.Kep.Ns.,M.Kes.
 Anis Satus Syarifah, S.Kep,Ns,M.Kes
 Feriana Ira Handian., M.Kep
 Edi Wibowo S., S.Kep,Ns,M.Kes
 Septian Galuh Winata, S.Kep., Ns.
 Mufarika, M.Kep.
 Ns. Handono Fathur R.
 M.Kep.Sp.Kep.MB.

Maslichah, S.Kep., Ns.

Accomodation board : Kristiawati, S.Kp,M.Kep., Sp. Kep. An.
Candra Panji A., S.Kep., Ns., M.Kep.
Nur Rohmawati

Logistics : Dr. Hanik Endang N, S.Kep., Ns.M.kep
Suyatik

Equipment division : M. Anwari
Suharto
Sukardjianto
Arifin
Sodikin

SCIENTIFIC PAPER REVIEWER

Prof. Dr. Nursalam, M.Nurs (Hons)
Ellen Rosskam, PhD, MPH.

Universitas Airlangga, Surabaya, Indonesia
University Research Council & Center for
Human Services, United States

Dr. Ah. Yusuf, S.Kp.,M.Kes.
Dr. M. Hasinuddin, S.Kep., Ns., M.Kep.

Universitas Airlangga, Surabaya, Indonesia
STIKES Ngudia Husada, Bangkalan,
Indonesia

Dr. Joni Haryanto, S.Kp.,MSi.
Dr. Ririn Probowati,S.Kp,M.Kes.

Universitas Airlangga, Surabaya, Indonesia
STIKES Pemerintah Kabupaten Jombang,
Indonesia

Dr. Kusnanto, S.Kp.,M.Kes.
Dr. Tintin Sukartini, S.Kp, M.Kes.

Universitas Airlangga, Surabaya, Indonesia
Universitas Airlangga, Surabaya, Indonesia

CONFERENCE SCHEDULE

DAY 1, 8th April 2016

06.30-07.30	Registration
07.30-08.00	Indonesia Raya Anthem Hymne Airlangga Welcoming Show (Tsuroya) Unipdu Jombang
08.00-08.30	Opening Remarks <ul style="list-style-type: none"> - Speech from Steering Committee - Speech from Dean Faculty of Nursing, Universitas Airlangga - Speech from Rector Universitas Airlangga Opening Pray: Bpk H. M. Syakur (in Bahasa)
08.30 – 08.50	Keynote Speaker Junaidi Khotib, S.Si, M.Kes., PhD.
08.50 - 09.00	- Certificate & Souvenir Given to Keynote Speaker - Opening Poster Presentation Sessions
09.00-09.30	Coffee Break
09.30-09.45	Music performance: "Daul" Madura

Plenary Session I

09.45 – 10.05	Speaker 1 Ikuko Seki (JICA) Chief Advisor Japan International Cooperation Agency (JICA) <i>"Advanced Nursing Practice in the Global Nursing"</i>
10.05 - 10.25	Speaker 2 Harif Fadhillah, S.Kp, SH, MH.Kes Chief of INNA <i>"Indonesian Nurses Ready to Compete in The Free Trade Era"</i>
10.25 – 10.45	Speaker 3 Dr. Muhammad Hadi, SKM., M.Kep. Chief of AINEC <i>"Challenges of Nursing Education in Nursing Education in Asean Economic Community Era"</i>
10.45 – 11.05	Plenary Discussion Certificate & Souvenir Given to Speakers
11.05 – 12.00	Poster Presentation 1
12.00-12.30	Prayer and Lunch

Plenary Session II

12.30 – 12.50	Speaker 4 Kristen Graham, RN, RM, MNg, MPH&TM, MPEd&Tr, GDipMid, GDipHSc School of Nursing and Midwifery, Flinders University, Australia <i>"Promoting Inter professional Collaboration to Improve Population Health Outcomes; Working with and Learning from Each Other"</i>
12.50 – 13.30	Speaker 5 Dr. Nur Mukarromah.,S.KM.,M.Kes. Dean of FIK Universitas Muhammadiyah Surabaya, Indonesia <i>"Social Capital Approach: Prevention Of Dengue Hemorrhagic Fever With Improvement Of Community Sustainability Awareness"</i>

13.30 – 13.50	Speaker 6 Dr. M. Hasinuddin, S.Kep., Ns., M.Kep. Director of STIKES Ngudia Husada Madura, Indonesia <i>“Enhancing Nurse’s Competency in Child Care Based on Evidence”</i>
13.50 – 14.10	Plenary Discussion Certificate & Souvenir Given to Speakers
14.10 – 14.40	Coffee Break and Prayer

Plenary Session III

14.40 - 15.00	Speaker 7 Dr. Tri Johan Agus Y., S.Kp., M.Kep. POLTEKKES KEMENKES Malang, Indonesia <i>“Nursing Care Management is A Success Key in Health Services”</i>
15.00 – 15.20	Speaker 8 Dr. Hanik Endang N, S.Kep., Ns., M.Kep. Faculty of Nursing, Universitas Airlangga Indonesia <i>“The Dimensions of Breast Cancer with Positive Perception Through Psychospiritual ‘Sehat’ (Syukur Selalu Hati dan Tubuh)”</i>
15.20 - 15.40	Plenary Discussion Certificate & Souvenir Given to Speakers

DAY 2, 9th April 2016

07.00–08.00	Registration
08.00-08.15	Opening Show Traditional Dance : Bedoyo

Plenary Session IV

08.15 – 08.35	Speaker 9 Madiha Mukhtar Head of Nursing Services in 500 bedded Pvt Health care sector, Ibn-e-Seina Hospital & Research institute Multan, Pakistan <i>“Perception of Indonesian Nursing Students Regarding Caring Behavior and Teaching Characteristics of Their Clinical Nursing Instructors”</i>
08.35 - 08.55	Speaker 10 Dr. Makhfudli, S.Kep., Ns., M.Ked.Trop. Faculty of Nursing, Universitas Airlangga Indonesia <i>“Self-Efficacy Enhancement Development Model Against Biological Response on Patients with Pulmonary Tuberculosis in Public Health Center of Surabaya City Region”</i>
08.55 – 09.15	Speaker 11 Ima Nadatien, SKM.,M.Kes Nahdlatul Ulama University of Surabaya, Indonesia <i>“Pride As The Attitude To Optimize The Nurse Performance”</i>
09.15– 09.35	Plenary Discussion Certificate & Souvenir Given to Speakers
09.35-09.45	Traditional Dance Performance: Limade
09.45 – 10.15	Coffee Break

Oral Presentation 1

10.15 – 12.15	Room 1 (Garuda Mukti)
---------------	------------------------------

	Medical Surgical and Critical Care Nursing Management and health policy Geriatric Nursing
	Room 2 (Kahuripan 301) Medical Surgical and Critical Care Nursing Management and Health Policy Geriatric Nursing
	Room 3 (Kahuripan 302) Women Health and Pediatric Nursing
	Room 4 (Ruang Sidang A) Women Health And Pediatric Nursing
	Room 5 (Ruang Sidang B) Community Health and Primary Care Nursing Geriatric Nursing
12.15 – 13.15	Prayer and Lunch Poster Presentation 2
Oral Presentation 2	
13.15 - 15.15	Room 1 (Garuda Mukti) Medical Surgical and Critical Care Nursing Community Health and Primary Care Nursing Geriatric Nursing
	Room 2 (Kahuripan 301) Medical Surgical and Critical Care Nursing Community Health and Primary Care Nursing Geriatric Nursing
	Room 3 (Kahuripan 302) Woment Health And Pediatric Nursing Mental Health Nursing
	Room 4 (Ruang Sidang A) Woment Health And Pediatric Nursing Mental Health Nursing Geriatric Nursing
	Room 5 (Ruang Sidang A) Educational and Interprofesional Collaboration Geriatric Nursing
15.15– 15.30	Coffee Break
15.30 – 15.45	Closing Remark Certificate Given for Co. Host & Participant

PUBLIC PARTICIPATION IN HEALTH DEVELOPMENT PROGRAM IN WONOKROMO DISTRICT

Wiwik Afridah

Universitas Nahdlatul Ulama Surabaya, Jl. SMEA No.57 Surabaya

E-mail: wiwik@unusa.ac.id

ABSTRACT

Introduction: Basic health development as stated in the Health development plan: (1) Humanitarian, empowerment and self-reliance, (3) Fair and equitable, and (4) Promoting and benefits. Realizing the welfare of society (healthy society) required the Government's seriousness in its achievement. One of the aspects that must be met is public participation. Research issues is how is the form of public participation as the public independence and empowerment in Wonokromo district, Surabaya. This research is descriptive research, which aims to describe about this public participation form as the activity of public independence and empowerment in Wonokromo district, Surabaya. In determining informants used purposive technique with key informant technique (key informant). **Method:** The research strategy was an ethnographic research with the techniques of data collection in the form of observation, in-depth interviews, and the document data source. The data collected were analyzed using interpretive descriptive analysis techniques. **Result:** The results showed that this form of public participation were still top down. The system of Government in Wonokromo does not fully unearth potential and leverage activities society power sourced (UKBM). **Discussion:** With public active participation it is expected that it can increase public independence and empowerment by staying involved the active participation of health resources that are owned as a facilitator.

Key words: participation, independence and empowerment

INTRODUCTION

Development of standby village has started since 2006. Up to this time, it has been recorded 42295 villages and active standby sub districts (56.1%) of 75410 village and sub districts in Indonesia. Therefore, it needs to be implemented against the acceleration of standby Village Development Program is currently running, with the 2015 target of 80% will be achieved with the support of the various parties (Kemenkes RI. 2010).

Based on Health Ministry decree No. 564 Menkes/Menkes/SK/VIII/2006 dated August 2, 2006 about the guidelines of development of standby Village and vision health development, which is "Healthy Indonesia 2010" then in implementing health development, the Department of health should carefully pay attention to the basics of health development as stated in the Health development plan: (1) Humanitarian, (2) empowerment and Self-reliance, (3) Fair and equitable, and (4) Promoting and benefits.

Vision health development is supported through the primary health department strategies are 1) Moving and

empowering people to live a healthy life 2) Increase public access to quality health services against 3) Improving monitoring and surveillans systems, health information and health financing) increases 4. In an effort to facilitate the acceleration of the achievement degrees extended health for the entire population by developing preparedness at the level of the village called village of standby (Depkes RI, 2007).

Ensure the stability and sustainability of the development of the village and village standby undertaken gradually, having regard to the criteria or elements that must be met, namely:

The concern of the Government of the village or neighborhood and public leaders against the village or neighborhood standby that is reflected from the existence and activity of the village and neighborhood forums.

The existence of a cadre of public empowerment/health villages cadres on standby.

Ease of access basic health services towards the public which is open or providing services every day.

The existence of a UKBM can carry out (a) the disaster relief and emergency health care, (b) public-based surveillance software, (c) environmental health.

Reach (accommodate) the funding for the development of village and neighborhood standby in the development budget of the village or neighborhood and public and business world.

The active participation of the public and civic organizations in health activities in the village and neighborhood standby.

Regulation at the level of the village or sub district informing and set about the development of villages and sub district active standby.

The construction of clean and healthy living behaviours (PHBS) in households of the village or sub district. (Kemenkes RI. 2010)

Implementation of the strategy need to be supported by human resources (HR) competent, available in sufficient amounts, distributed fairly and evenly and is utilized to successfully and legally empowered to in order to the development of villages in standby. The public health Ministry responsible for Indonesia's Ministry of health is that according to Presidential Decree No. 15 of 1984 was indeed submitted task as organizer of some of the common tasks of governance and development in the field of health. For this, the Ministry of health, through all its officials that are scattered throughout the homeland, an active organizing the Ministry of public health. The apparatus in question is a regional Office of the Department of health found in every province as well as the offices of the Ministry of health, which is contained in every district (Azwar. 2010).

Furthermore in accordance with the principle of the necessity of involving the public in the field of potential public health as a whole is called with the name of the village public health development it be organizing in the shadow of the Institute of public health of the village. While the role of containers as well as the community in public health program known as the integrated service post. In the framework of the development of the role of the community, the Government has encouraged the formation of Poskesdes. One of

the Government's support is to provide social assistance Fund Operational Poskesdes. Leverage activities society power sourced (UKBM) who carry out the activities at least communicable disease epidemiological observations and potentially become an extraordinary occurrence (of the outbreak), risk factors for tackling infectious diseases and potentially become an of the outbreak, as well as malnutrition and disaster relief preparedness and health emergency basic medical services, in accordance with the competencies.

That problems arise in health care institutions are not appropriate between the needs of the task with the existing health workforce at each service unit, or existing energy piled on one unit while the others are not met or the existence of a health workforce that must be concurrently on other activities although not a duty or less in accordance with the educational background and expertise. Health workforce planners, acting as a driving force and simultaneously implementing health development so that without the availability of manpower in the amount, type and the appropriate capabilities, then the health development won't be able to run optimally.

Wonokromo subdistrict is one of the 31 districts in the city of Surabaya. Sub district Wonokromo has 6 neighborhood, which also runs the Government program in this program the neighborhood standby. In the implementation of the program, still found that public participation against government programs especially in the field of health or welfare of the community is still low, this is evidenced by the number of residents of the subdistrict of 159,964 Wonokromo thousand inhabitants (the results of registration of 2014) that also has a number of associations were the number two from the whole area of Surabaya, i.e. 504 clustering. But the results of the logging in January 2016 at sub district Sawunggaling, sub district Darmo and Jagir still found 80% of its citizens do not yet have a card on the territory of the village BPJS. The liveliness of the community on mutual activities felt very less, activities for save around are not coordinated properly, because of the existence of the security post. Still a high number, respiratory disease including Rhematik pain, and diarrhea. From the explanation above regarding the phenomenon of low public participation against government programs, especially in health programs, need

to be observed. It became one of the of researchers to look at the main public participation regarding the forms of public participation in health development program. Problems that would like to be answered in this research is how form of public participation in health development program in Wonokromo district.

RESEARCH METHODS

The design used study on the qualitative approach, carried out a deeper observation and meticulous against objects of research, so that the acquired data more accurate and fundamental. The population of this research covers all members of the public in Wonokromo district. As for samples of his work are the community members who play an active role in the program development in the Sawunggaling, Darmo and Jagir sub district. Sampling is based on the purposive sampling technique, i.e. by taking a subject, which is not based on the strata, random, location, however, is based on the specific purpose.

In addition to obtaining information from different types of sources, especially the master about the question of the community empowerment in the implementation of the program neighborhood standby and a wide range of relevant information, then the necessary informants who really know the issue in depth. The informants in this study include: the village head, village secretary, Chairman of the RT, RW, elders/community leaders, and members of the public who are directly involved in the management of program neighborhood standby. The main instrument in research utilizing qualitative methods are the researchers themselves. Researchers directly down to the field, doing observation into the field and interviews with the informant. Data collection techniques used in this research is by observation, interviews, and documentation. As for how data collection can be itemized as follows: (1) the observation, i.e. the way researchers to see and know the activity of residents in empowering the community in its region. (2) the interview, i.e. how the researcher to uncover how the subject give meaning against the activities of program neighborhood standby with empower villagers

in his area. (3) documentation, i.e. how the researchers to prepare and place terminology and theory of sources in this study i.e. the theory that concerns the public empowerment.

Collected data through observations, interviews, and documentation is in the form of qualitative data. A technique used to analyze the research data is interpretive, descriptive analysis techniques with the following steps:

Select the document/data that are relevant and provide the code. (2) make the records of an objective, in this case at the same time do the classification and editing (reducing) the answers. (3) Create a reflective note, i.e., write down what is being thought of as a researcher to dispense with interpretation in an objective record. (4) the data by creating a format based on data analysis techniques researchers. (5) perform a triangulation that is checking the correctness of data by way of summing up the binary data retrieved through three ways: (1) extend the time of observation in the field with the aim to match the data that was written with the data field, (2) match the data that has been written by asking back to informants, and (3) match the data that has been written with references.

RESULT

From research conducted in Wonokromo district about forms of public participation in health development Program found that public participation in the form of energy, primarily provided by the fathers as in work activities or other activities such as the term waste management, not the maximum. Whereas such mutual interests founded the Poskamling, still not realized. Whereas the public participation in the BPJS, there are still many who have not joined in the membership of the BPJS, because participants felt the citizens still do not need. Another reason expressed, among others; feeling lazy to take care of because the process of dealing it took a long time, long queue up, and the process of dealing with difficult.

On the program neighborhood standby, public participation in planning, and implementation of already implemented properly, but public participation in the evaluation has not yet been implemented. The

public has given participation in the form of the fruit of the mind, it can be seen from the participation of the public to follow the forum neighborhood standby village cadres in particular. Participation provided i.e. willingness to ask when in standby until the neighborhood forum will to give suggestions and opinions, on condition that, the neighborhood meetings held in standby can build a conducive atmosphere. Meanwhile, still found obstacles in the implementation of health development program in Wonokromo district as there are shortage of health care personnel such as the lack of availability of motivators or power extension officers, moreover not yet support means a good infrastructure repair, level less self supporting and still the existence of limited funds to run the program neighborhood standby, the lack of monitoring and response of the public. On the other hand not only regarding the obstacles in the implementation of health development programme found researchers in the field, but the researchers also found a supportive factors such as the presence of the spirit and motivation that is still high, owned by cadre executive board neighborhood standby, the support of community leaders and law enforcement so that Wonokromo district with the support can be key to the successful implementation of health development program in Wonokromo district.

Minimum service standard includes four types of services: 1) basic medical services, 2) health services referral, 3) epidemiology and investigation countermeasures and genesis 4) health promotion and community empowerment (Kemenkes RI. 2010). It is the reference in the target achievement of program planning each area of district.

DISCUSSION

Embodiment health development programs with limited power then needed the participation of society. Public participation in program governance can enhance the independence required by the society in accelerating development. The public can participate in the stages of planning, implementation and evaluation of programs also development. Thus the society's view of change has occurred against participation. Now the public is no longer looked at participation as an opportunity given by the Government,

but rather appreciate the participation as a basic service and an integral part of local governance. Then, in this public participation means participation within the community development programme either in the process of planning, implementation or evaluation, in order to establish cooperation with other parties in supporting the program.

The primary responsibility in the program is the community development helpless or has power, strength or ability. The power in question can be seen from the physical and material aspects, economic, institutional, intellectual power and cooperation, shared commitment in applying the principles of empowerment. The ability powerless has the same meaning with the self-reliance of the community. Related to program development, that the objective to be achieved is to form individuals and society become independent. Independence includes independence of thinking, acting and control what they do. The society's independence is a condition experienced by a society that is marked with the ability to think, decide and do something that is right for the sake of achieving problem solving-problems encountered using power capabilities. That question is the ability of the power capabilities of the cognitive, psychomotor, affective and konatif as well as other resources physical/material. Community self-sufficiency can be achieved naturally require a learning process. The community that follows a good learning process, will gradually gain power, strength or abilities that are useful in the decision making process independently. Related to this, Sumodiningrat (2000) explains that the empowerment public that marked the existence of his independence could be achieved through a process of public empowerment. Usefully society can be realized through the active participation of the community is facilitated by the presence of the offender empowerment. Public empowerment is the main target of the weak and does not have the power, the strength or the ability to access productive resources or marginalized communities in development. The ultimate goal of public empowerment process is to be autonomous citizens in order to improve family life and optimize resources.

A democratic system of Government, the concept of public participation is one of the concepts that are important because it directly

related to the nature of democracy as a system of Government which focuses on people as the holder of sovereignty. According to Thomsen cited by Suriana in his thesis entitled ' the analysis of the sustainability of marine resources management cluster Kaledupa based public participation ' (Suriana, 2009) lays out the advantages of public participation are:

Expanding the knowledge base of participation and representation. Participation help communication and transparency of harmonious relations of power between the stakeholders.

Participation can improve the iterative and cyclical creation raises approach and ensure that solutions based on local knowledge and understanding.

Participation will encourage local ownership, commitment and accountability. The involvement of local communities can help create the results (outcomes) are sustained by community ownership to the project success and ensure that the activities that lead to sustainability will continue to be ongoing. The result of the collaborative efforts are more likely to be accepted by all stakeholders.

Participation can build the capacity of communities and social capital. The participatory approach will increase the knowledge of each of the stakeholders about the activities/actions undertaken by other stakeholders.

Simply put the participation could be interpreted as the participation of a person, group, or society in the development process. The notion can be defined that a person, group, or public can make a contribution/donation if it can support the success of a project/programme development. In general public participation can be seen from this form of public participation provided in tangible form (it has existed) and also the forms of participation that is given in the form are not real (abstract). Real participation form such as money, property, effort and skill while the form of participation are not real fruit is participation of mind, social participation, decision making and representative participation. Public participation forms can be seen as follows (Huraerah, 2008):

Participation of the fruit of the mind, provided the participant in the meeting, meetings;

The participation of energy, given the participants in various activities for the improvement or construction of a village, help to others, and so on;

The participation of property, provided people in various activities for the improvement or construction of a village, help to others that are usually in the form of money, food and so on;

Participation skills and finesse, given people to encourage diverse forms of business and industry; Social Participation, given to people as a sign of communality.

Suhendra (2006) states that of community empowerment is the awarding and distribution power to the community so that they are able to master or ruler over the life of its own in all aspects of life that includes political, economic, educational, health, environmental management, and so on. Based on this concept, in fact emphasizes empowerment efforts on how communities are helpless, able to develop usefull with capabilities, outsiders more as a catalyst that provides the spaciousness of the community to achieve the goal in question. Therefore, the meaning of community empowerment in essence give and distribute power so that the community is able to independently to rise up and overcome its weaknesses at both the individual and group level. Empowerment also includes strengthening the development activities so that in the rule they are able to play an active role as subjects of development. In order for community empowerment can take place effectively, then a state reform should take place at national or regional level. A variety of rules, conditions, institutional mechanisms, values and behaviors should be adjusted to allow the public to interact effectively with the Government. The ability of the community to increase its resources it shows that they are capable of independent and critical of their quick response when there is a program of activities that require handling or management with a thorough preparation.

CONCLUSION AND RECOMENDATION Conclusion

Based on the discussion that had been outlined in conclusion, the research results prove that the public participation to health development in district of Wonokromo indicated in the form of participation that is

public participation in planning, while the participation of the public in the implementation, evaluation and monitoring is still not carried out properly. Society still depends on Government related, especially in the implementation of development programs especially in the field of health. Still found an inhibitor factor, among others, the reluctance of the community itself because health facilities adequately available, less self supporting level, lack of monitoring and response from the community itself.

Recomendation

Need for understanding and extracting the potential community deeply against the forms of participation that can improve independence and usefully community. This can be done if the support is expected to be in the form of moral support, financial support or support material, according to agreement and approval of the community. Should include agencies or container-a container of community activities in the field of health as Health Sub-district Council, PKK, as well as other civic organizations in each of the meetings and agreements.

REFERENCES

- Achmadi, U.F. 2013. *Kesehatan Masyarakat Teori dan Aplikasi*. Jakarta. Kharisma Putra.
- Aprissa Thalita, Eka, 2009. *Partisipasi Masyarakat dalam Program Kelurahan Siaga di Kecamatan Wonocolo Kota Surabaya*. Skripsi Ilmu Administrasi Negara, Fakultas Ilmu Sosial dan Ilmu Politik Universitas Airlangga, Surabaya.
- Azwar. 2010. *Pengantar Administrasi Kesehatan*. Tangerang. Binarupa aksara.
- Depkes RI, 2007. *Pedoman Operasional Keluarga Sadar Gizi di Desa Siaga*. Kepmenkes RI nomor 747.Menkes/SK/VI/2007.
- Edi Suharto. 2009. *Membangun Masyarakat Memberdayakan Rakyat*. PT. Refika Aditama. Bandung
- Huraerah, Abu. 2011. *Pengorganisasian dan Pengembangan Masyarakat: Model dan Strategi Pembangunan Berbasis Kerakyatan*. Bandung. Humaniora.
- Kemenkes RI. 2010. *Petunjuk Teknis Penghitungan Biaya Pengembangan Desa dan Kelurahan Siaga Aktif*. Pusat Promosi Kesehatan. Jakarta.
- Kemenkes RI. 2014. *Pedoman Umum Pengembangan Desa dan Kelurahan*.
- Kementrian Hukum dan Hak Asasi Manusia. 2009. *Undang-Undang Kesehatan no 36 tentang Kesehatan Tahun 2009*.
- Kemenkes RI. 2014. *Peraturan Kementrian Kesehatan no 75 tahun 2014*. *Pusat Kesehatan Masyarakat*. Jakarta.
- Kepmenkes. RI. 2006. *Pedoman Pelaksanaan Pengembangan Desa Siaga*.
- Notoatmojo, S. 2011. *Kesehatan Masyarakat*. Jakarta. Rineka Cipta.
- Oktarina Ratu, Ainun. 2011. *Partisipasi Masyarakat dalam Pengelolaan Wisata Anyar Mangrove di Surabaya*. Skripsi Ilmu Administrasi Negara, Fakultas Ilmu Sosial dan Ilmu Politik Universitas Airlangga, Surabaya.
- PERMENDESA. Nomor 21 Tahun 2015. *Penetapan Prioritas Penggunaan Dana Desa tahun 2016*.
- Shrivastava, dkk. 2014. *Feasibility of community diagnosis in ensuring prioritization of health concerns: perspective of developing countries*. *Chrismed J Health Res*.
- Sumodiningrat. 2000. *Visi dan Misi Pembangunan Pertanian Berbasis Pemberdayaan*. Yogjakarta. Idea.
- Sumodiningrat, G. 2007. *Pemberdayaan Sosial. Kajian Ringkas tentang Pembangunan Manusia Indonesia*. Jakarta: Kompas Media Nusantara.
- Suriana, 2009. *Analisis keberlanjutan pengelolaan sumber daya laut gugus pulau kaledupa berbasis partisipasi masyarakat*. Thesis Program Magister Ekonomi dan Manajemen. Bogor: Institut Pertanian Bogor.
- Suhendra. 2006. *Peranan Birokrasi dalam Pemberdayaan Masyarakat*. Bandung: Alfabeta.
- Syafrudin. 2015. *Ilmu Kesehatan Masyarakat*. Jakarta. Trans Info media.

