

# Creative Publicity in Health Promotion for Urban Communities

Ani Yuningsih\*, Maman Suherman

Faculty of Communication Science  
Universitas Islam Bandung  
Bandung, Indonesia

\*yuningsihani@yahoo.com, ani.yuningsih@unisba.ac.id, mamansuherman.unisa@gmail.com

**Abstract**—Health literacy of urban communities in Indonesia is generally still relatively low. Stunting problems, high maternal mortality rates, tuberculosis, non-communicable diseases, and complete basic immunization coverage, are strategic issues that are a priority for health development, because they are considered still dangerous. The five health problems in the community occurred due to the low health literacy. Social awareness, understanding, and prevention of health problems, can be done by promoting health and counseling and empowering public health. Especially for urban communities in developing countries including Indonesia, health promotion and education can be done through creative publicity. The research method for elaborating and assessing problems is a case study method for discovering the creativity and strategy of publicity utilization by hospitals on public health literacy. Creative utilization of various types of communication media and creative content packaging is needed in health publicity. Publicity as a part of health promotion, is one of the performance of all hospitals in West Java, and is part of the performance of the Office of Health in Indonesia. The results shows that the publicity has a significant effect in building the health literacy of urban communities, but not for people on the coast and mountains. The media used for publicity is not optimal, and the content is not yet creative. Coverage and publicity collaboration with the media is also still not a priority program of the hospital. The strategic model for the creative use of publicity was found as a result of research and recommendations for communication media users in health sector.

**Keywords:** *health promotion, publicity, health literacy*

## I. INTRODUCTION

The design and strategy of health promotion, as part of health communication is now increasingly diverse and medium. The development of types of communication media that are driven by the development of information and communication technology is getting faster. Therefore, health promotion designers and practitioners are also challenged to adapt their activities to the tendency of people's behaviour for information needs, and changes in the way they access health information. Conventional health communication, through mass media or face-to-face media, which has so far been carried out may still be relevant for rural communities or in suburban areas. But for urban communities, where internet access to use online media or digital-based media is relatively

easier, health promotion will be more easily accessed or hit by its strategic audience.

Based on the assumptions and data of the results of the 2013 health communication research, on the Portrait of Health Awareness [1], it can be stated that when building a communication strategy and health promotion model it is necessary to take into account social and cultural aspects which are generally influenced by geographical conditions in a region. The results of pre-research and the results of previous studies, prove there are several hospitals and health offices and extension workers in sub-districts or urban areas in urban areas that use publicity or the use of media with a release approach and media relations in health promotion. But there is no clear pattern from the hospital management and health department regarding media relations and creative publicity standards that are closely related to media relations.

Through this research, it can be mapped and elaborated on the creative process and strategy of publicity carried out by managers and health promotion officers in urban areas. In addition, it can be mapped the behaviour of urban communities in accessing information needs among the community. The publicity created will also be analysed for the creativity of its content in attracting the attention of strategic audiences, because urban society has unique social and cultural characteristics.

## II. STATE OF THE ART

Some experts suggest that health communication is: Studies that study how to use communication strategies to disseminate health information that affects individuals and communities so they can make the right decisions with health management; Studies that emphasize the role of communication theory that can be used in research and practice related to health promotion; and health education, an approach that emphasizes efforts to change health behaviours broadly so that they are sensitive to health problems.

The strategic objectives of health communication: (1) Relay information (forward information); (2) Enable informed decision making (providing accurate information for decision making); (3) Promote Healthy behaviours (information to introduce healthy behaviours); (4) Promote self-care

(introducing self-health care); (5) Manage demand for health services (manage and fulfil health service requests) [2].

Research on "The Urgency of Including Local Wisdom in Health Promotion" by Putri Aisyiah Rachmah Dewi from STIKOSA-AWS, the results of her research concluded that health campaigns can utilize and adopt models known in the field of communication, each are two-stage communication model or two step flow model, social marketing model, and community based campaign model. These three models were chosen based on relevance to the campaign objectives to be achieved [3].

Research on development communication media, among others, is "The Function of Convergent Media in Building the Reputation of Health Professionals in the Community" by Ani Yuningsih and Yenni Yuniati in 2012 resulting in the conclusion that many medical personnel still have the assumption that the public views the dignity of the medical profession so highly that they have not yet realized the importance building a communication network with the public health service users, other conclusions the use of convergent media functions by health workers to build public health awareness (health literacy) has not been done specifically and continuously [4].

Health promotion is a form of combination of health education and intervention related to the economy, politics, and organization, designed to facilitate behaviour and an environment that is conducive to health [5]. Health literacy is an integrated concept as knowledge, motivation and capability to access, understand, assess and apply health information to make decisions in daily life related to health care, disease prevention and health promotion [6]. Publicity is news about a person, product or service that appears in a space or time that the media provides in the form of news, features, or editorial context or programs in the broadcast world [7].

The role of health promotion in the development of urban public health is very strategic. Health promotion directly or through collaboration with media known as publicity, can facilitate the resolution of health problems, as well as provide a reliable source of health information that can be referred by the community. Social media as one of the media in health promotion is indeed good, but if there is no integrated control, when there are dangerous health and disease issues, social media will cause unrest in the community, because it often contains hoax messages. Referring to the opinions of social planning experts, communication is the main instrument at each stage of the health development planning process, in accordance with the opinions of experts, namely at the stages: assessment and planning; plan of treatment; treatment action; and termination and evaluation. The first stage, which is to measure and map the social conditions and social characteristics of the people who become strategic target audiences in health development, among others measure and map the health awareness of the target audience. In this first stage, after obtaining an accurate mapping of social characteristics, then compile a health communication design or plan. Planning starts from consideration of content, communicator, media, place, time, and the desired effect or outcome. The second phase, planning action or implementing a

health communication program, accompanied by consideration of social capital, resources, and available infrastructure. The third stage, take communication actions in accordance with the planning that has been prepared previously. The fifth stage, namely measuring the achievement of objectives and evaluating the success and analysing the obstacles that exist in achieving the stated program goals. At each stage, communication plays an important role for coordination between sections or members of the manager. The actors in this process certainly need certain standards or procedures that can be used as references in the field, so that each activity is carried out effectively and efficiently.

The communication strategy is built on the basis of a strategic plan and ensures that the organization or agency is able to mobilize / mobilize all its resources to fulfil the plan. Communication strategies are important tools that help organizations or institutions focus on their mission and goals. Therefore the communication strategy has a target to prioritize its main audience and stakeholders.

### III. RESEARCH METHODS

This study uses a qualitative approach with a case study method to get a complete picture of the use of media in publicity in the health sector, which is the hospital management strategy in creating creative health publicity. In addition, this study also aims to observe and describe the occurrence of the phenomenon of the creative process in health promotion which is one of the activities of the Hospital and Health Service management in building community health literacy.

The use of case study methods will be more able to collaborate and explore activities, thoughts, media and types of messages used in health communication and promotion practices. Case studies are used in this research, because the phenomenon of health communication in urban communities that are the subject of research has problems in various aspects, both aspects of human resources, as well as aspects of facilities and infrastructure, including the use of media for publicity as part of health promotion or communication. Case studies with various variants are widely used by researchers in the field of communication, because they are considered more capable of raising unique and specific phenomena. In addition, the problem of health promotion among urban communities is unique, because there are still perceptual gaps among health educators as well as among policy makers. Urban communities themselves have specific social characteristics, so even approaches and strategic thinking in health promotion, phenomena and data will be better if elaborated by conducting face-to-face interviews.

The management and design of health publicity in the West Java region, especially in urban areas, is carried out by hospitals and health offices, and operationally the implementation is carried out by health educators, sub-district and village officials, village midwives, PKK movers and Integrated Service Post (Posyandu), and hospital staff which is relevant. Especially in urban areas, conducted by health educators who come from hospitals and health offices, in certain cases usually get help from religious counsellors. These health planners and actors are the informants in the research,

because they meet the criteria in accordance with the research objectives, which have been involved in creative in designing and spreading health publicity, both conventionally and online.

Profile of informants in detail are: as many as 2 health educators at the Regional General Hospital (women aged 32 years and 38 years), 2 officials in the provincial health office in West Java province (male, 40 years old and female aged 32 years), 3 health promotion officers from the Public Private Hospital (3 women and 1 man, 37 years, 40 years and 48 years) This study uses a qualitative approach that seeks to see, observe, elaborate, and explore the specified informants.

**A. Data Collection Technique**

The data in this study include primary data, i.e. data obtained directly through field research and secondary data, i.e. data obtained from literature studies and documentation.

The data collection techniques to be analysed are done by:

- Indepth-Interview. Interviews were conducted to obtain primary data and other information for research purposes. Question and answer in depth while face to face to all informants. The interview was conducted using a question guide, where the research team in charge of conducting the interview had been trained in advance for two times, so that there was a common perception of the focus of the study. Interviews were conducted on average twice, with a duration of two to 3 hours in each interview session.
- Literature, namely data collection techniques and information from books, documents, files, and various other written sources related to the problem under study. Looking for additional written theoretical data in order to get additional references from experts and various related theories. This technique is used to search secondary data.
- Observation, researchers make observations directly on the conditions in the field and systematically record phenomena related to research problems. To fulfil the intended research objectives, this research was conducted at two research locations namely in the Bandung City, Bandung Regency, Cirebon City, and Bekasi City.

**IV. RESEARCH RESULTS**

Planning health promotion for people in urban areas in several cities and districts in West Java, can be mapped through the table as follows:

TABLE I. PLANNING FOR HEALTH PROMOTION IN URBAN AREAS

Dimensions / Aspects	Urban Areas	Urban District Region
General Strategy	Development strategy and health promotion	Development strategy and dissemination of health programs
Communication Strategy	Publicity in mass media and online media There are no content and media relations standards	Publicity through events The extension program has been mapped for every year

Purpose orientation /	Increasing the value of the Human Development Index (HDI)	Changes in community lifestyle Prevention of infectious diseases
Challenge	The dynamics of rapid lifestyle changes Access to online and social media is increasing	The low level of education The character of transitional community in the use of social and online media
Performer/Actor	SKPD: Health Service, Government Hospital and Private Hospital	District Health Office Hospital: Health Promotion Section Community Health Center: Dokumentation and Information System
Strategic Issues (Message content)	Health program being launched by the government The issue of handling infectious diseases	Disasters after floods Increased the role of Integrated Service Post (Posyandu) cadres Health development program
Media	Leaflet, radio, banners, newspapers, online media	Leaflet, radio, banners, newspapers, online media
Sustainability	Still partial per health case	Annual program

Source: Research results (2015 to 2017)

Publicity and media relations refer to the Health Development strategy, which leads to an increase in the value of the Human Development Index (HDI) consisting of 3 (three) components, namely: health, education and people's purchasing power.

Specifically the design of health publicity by related agencies is carried out in collaboration with the media. The challenge faced is the dynamics of changing lifestyles and patterns of society in accessing information, which rely more on social media than on mass media or online media. Social media is considered prone to hoaxes that can mislead people's perceptions and behaviour when facing health problems. An interesting phenomenon is that health promotion managers in government agencies and hospitals generally do not have media relations procedures and standardize the implementation or publication of publicity. Planning is generally available in several agencies, but it is not yet detailed and has not been rejected.

Publicity designs and strategies carried out by the health department and hospital, which are then implemented at the district and urban level in urban areas, include: a) Advocacy is an activity to convince policy makers / decision makers in various sectors and at various levels, in order to support the desired health program; b) Social support strategy is an activity to seek social support through formal and informal figures. The main purpose of this activity is to make community leaders to be a liaison between the health sector as a health program implementer and the community who receive the health program. c) Empowerment is a health promotion strategy aimed at the community directly. The main purpose of empowerment is to realize the ability of the community to maintain and improve health for themselves.

As for Health Promotion Practices, there are three levels of activity types, depending on the problem or issue to be

launched to strategic audiences in urban areas, firstly, health promotion at promotive level, the targets of health promotion at the promotive service level are groups of healthy people, with the aim that they are able to improve their health. Secondly, health promotion at preventive level, the targets of health promotion at this level are not only healthy people but also health risk groups. For example, pregnant women, smokers, sex workers, diabetes offspring and so on. The main purpose of health promotion at this level is to prevent these groups from becoming ill (primary prevention). Thirdly, health promotion at curative level. The targets of health promotion at this level are sufferers of diseases, especially those suffered from chronic diseases such as asthma, diabetes mellitus, tuberculosis, hypertension and so on. The purpose of health promotion at this level is to prevent this group from becoming more severely ill (secondary prevention).

The next finding is the types of health publicity used by hospitals. Where every type of publicity is launched, the content still tends to be formal and standard. Creativity in publicity in the health sector, by the health promotion manager is still considered an important thing, or even considered to be able to cause misperceptions of health messages that are more substantial than the creative packaging itself. The first type of publicity is conventional publicity, namely publicity using conventional media (radio, television, newspapers, and in-house magazines), by sending out activity releases, articles, and through press conferences. The second type of publicity is online publicity, which is publicity using online media and social media, which consists of websites: 100%, instagram: 60% and online media coverage: 78%.

**V. DISCUSSION**

Referring to the results of the study, there are several types of publicity content designed by managers of health promotion for people in urban areas, namely: a) publicity that contains the message of education about various health issues; b) publicity containing the message advice to healthy life; c) publicity with the message of prevention of certain diseases; d) publicity around other health issues which are part of the health promotion program to embed health literacy in the general public; and e) publicity that contains persuasive messages for a healthy life movement.

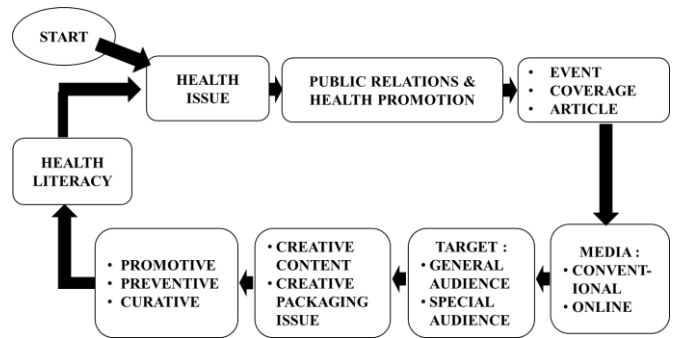
The research findings also show a comparison between online publicity carried out by government hospitals and private hospitals, which can be illustrated in the following chart:

Based on the research findings, as a whole can be mapped a model of creative health publicity that has been designed by health promotion managers, and is often carried out and implemented operationally by hospital health educators and health services in urban areas:

Government Hospital	Private Hospital
<ul style="list-style-type: none"> <li>• Information source: Public relations &amp; health promotion section</li> <li>• Form of Activities: seminars, workshops, outreach and media coverage</li> <li>• Media : Hospital website, internal magazine &amp; mass media.</li> <li>• Publicity intensity / frequency: moderate once a month on average</li> <li>• Target Audience : general public</li> </ul>	<ul style="list-style-type: none"> <li>• Information source: Public relations &amp; health promotion section</li> <li>• Form of Activites: seminars, workshops, socialization dan media coverage</li> <li>• Media : Hospital website &amp; internal magazine dan mass media</li> <li>• Publicity intensity / frequency: high, on average, three times a month</li> <li>• Target Audience : general public and khusus &amp; special public depending on the topic and issue</li> </ul>

Source: Research results (2015 to 2017)

Fig. 1. Comparative analysis: Publicity through online media government hospitals and private hospitals.



Source: Research results (2015 to 2017)

Fig. 2. The creative publicity health model.

**VI. CONCLUSION**

The conclusion are: There is a publicity effort in health promotion conducted by government and private hospitals with moderate intensity, which tends to be high, through conventional media and online media. Publicity content about healthy life movement, actual health issues and prevention of infectious diseases, specific issues according to the hospital concerns. Sources of publicity are the Public Relations and Health Promotion sections through events and coverage as well as interviews. There is no significant difference between the publicity of public hospitals and private hospitals. The form of publicity being carried out is promotive, preventive and curative.

**ACKNOWLEDGMENT**

The researcher greatest appreciation for Kemenristek Dikti who be the sponsor of this research, and also LPPM Universitas Islam Bandung, Public Health Office of West Java Province, Public Health Office of Bandung District, who have helped this research.

## REFERENCES

- [1] A. Yuningsih and Y. Yuniati, Potret kesadaran kesehatan (health literacy) aktual masyarakat pesisir dan masyarakat pegunungan di Jawa Barat. Bandung: Universitas Islam Bandung, 2015.
- [2] Available at: <http://www.ama-assn.org> 2012
- [3] P.A.R. Dewi, Urgency Included Local Wisdom in Health Promotion. Indonesian Communication to Building Civilization. Jakarta: Universitas Mercu Buana, 2013.
- [4] A. Yuningsih and Y. Yuniati, Fungsi Media Konvergen dalam Membangun Reputasi Profesi Kesehatan di Masyarakat. Bandung: Universitas Islam Bandung, 2012.
- [5] S. Notoatmodjo, Health Promotion: Theory and Application. Jakarta: PT. Rineka Cipta, 2005.
- [6] S.C. Ratzan, "Health Literacy: Communication for the publicgood," Health Promotion International, vol. 16, no. (2), pp. 207-214, 2001.
- [7] N. Doug, T.J. Vanslyke, and K. Dean, This is PR, The Realities of Public Relations. Canada: Wadsworth, 1996.