

Community Empowerment Model to Develop Civic Virtue Towards Communal Health as an Effort to Tackle the Spread of Pandemic (A study on School Program 'Siaga Covid' at SMAN 7 Bandung)

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ABSTRACT

The rapid spread of the Covid 19 pandemic cases and the high number of victims who have died have had an impact on the structure of human life in the world. To overcome this problem requires a high awareness of the citizens to participate, work together in breaking the chain of the spread of this pandemic. One of the ways to develop civic virtue for public health is through counseling inviting students as young citizens to always maintain health and cleanliness. In order to break the chain for the sake of common health and safety, various efforts are needed that can involve community members including school residents. Education is the most strategic effort that can be made to students, especially through counseling about social distancing in the surrounding environment. Of course, this extension must use certain models in order to reach the community, and the community can immediately implement it, one of which is by using a community empowerment model.

Keywords: Civic Virtue, Communal Health, Community Empowerment Model

1. INTRODUCTION

At this time, the world is faced with the spread of a pandemic that has claimed many victims. The existence of the corona virus pandemic or Covid-19 is one of the pandemics that must be faced by all citizens of the world. This pandemic certainly has a negative impact on all aspects of life. Apart from having an impact on the health sector, this pandemic also has an impact on the social sector, the economic sector, and even the education sector. Apart from being affected by the spread of the pandemic, the education sector can also play a role in tackling the spread of the pandemic. Because in this condition, education for all levels of society is needed. This education can increase the social responsibility of the community as citizens. Breaking the chain of pandemic spread is a shared responsibility that is very influential for communal health, therefore, this social responsibility must be carried out by all levels of citizens because this includes responsibility and social care that must be owned by these citizens, including the one aspect of the elements of citizen civility.

Civic Virtue or citizen civility is the willingness of citizens to place public interests above personal interests, Civic Virtue has one element, namely:

Civic Disposition, is the attitude or habit of thinking of citizens that encourages the development of healthy social functions and guarantees the public interest of democratic system. It includes a number of characteristics of personality namely politeness that includes respect and human interaction, individual responsibility, self-discipline, concern for society; open-mindedness which includes openness, skepticism; compromise which includes the principles of conflict and the limits of compromise, tolerance for diversity, patience and persistence, compassion, generosity, and loyalty to the nation and all its principles.

Based on this background, the reality is becoming increasingly worrying because of the rapid spread of the pandemic and the high number of victims who have died as a result of this pandemic. Therefore, it requires a high level of awareness from citizens to participate, work together to break the chain of spreading this pandemic. To support the increase in the civility of these citizens, one of them can be through counseling to invite students as young citizens to always maintain health and hygiene, for example by diligently washing their hands, and to break the chain of distribution, counseling can be carried out

about social distancing in the surrounding environment. Of course, these counseling must use certain models in order to reach the community, and the community can directly apply them, one of these models is to use the community empowerment model.

Empowerment is defined as a process of enabling people to increase control over the decisions and actions that affect the public health, aims to mobilize people and vulnerable groups by strengthening the basic skills of life and increase the influence of the things that underlying social and economic conditions [1]. Meanwhile, according to the Indonesian government and the United Nations International Children's Emergency Funds, community empowerment is any non instructive facilitation effort to increase the knowledge and capacity of the community so that they are able to identify problems, plan, and solve them by utilizing local potential and available facilities. available, both from cross-sectoral agencies as well as NGOs and community leaders [2].

There are several models of community empowerment in the health sector and in their relation are formulated as follows. First, the local development model, namely community empowerment in line with the local development model as an effort to solve community problems through community participation by developing local potential and resources [3]. Second, the health promotion model is carried out through four approaches, namely health persuasion (persuasion / belief), personal health counseling, legislative action, and community empowerment. Third, a multidisciplinary perspective health promotion model considers five approaches including medical, behavioral, educational, empowerment, and social change [4]. Fourth, the community service-based primary health care model according to Ife, the community must be responsible for identifying needs and setting priorities, planning and providing health services, and monitoring and evaluating health services. [5]. Fifth, the community empowerment model includes participation, leadership, skills, resources, values, history, networks, and community knowledge. [6]

Sixth, the community organizing model, namely the relationship between empowerment, partnership, participation, cultural responsiveness, and community competence. Seventh, the model of socio-economic determinants of health includes education, employment, income, and capital or wealth which are related to health [7]. Eighth, the model of community health and ecosystem interactions between society, the environment, and the economy with health [8]. Ninth, the determinant model of the individual and community health environment determinants of the individual health environment include the psychosocial environment, the micro-physical environment, the race / class / gender environment, the behavioral environment, and the work environment [9].

Meanwhile, the determinants of the public health environment include the political / economic environment, the macro physical environment, the level of social justice and justice in society, as well as the expansion of community control and cohesiveness. Ninth, coping model, family-based namely health care is carried out

independently and independently by families through awareness raising, increasing knowledge, and health maintenance skills. Tenth, the village community health development model (PKMD).

2. METHOD

This research is an explanatory study, which seeks to explain the influence and relationship between variables based on empirical facts and provides an explanation of qualitative analysis. Thus, this research method uses a mixed methods approach, which combines quantitative and qualitative approaches. The quantitative approach is more dominant, while the qualitative approach is used as a support (dominant quantitative less qualitative) [10]. Quantitative research is conducted through survey research, while qualitative research is carried out by means of case studies. The unit of analysis is the Covid Alert School of SMAN 7 Bandung, while the unit of observation is the students of SMAN 7 Bandung. Hypothesis testing is carried out by means of path analysis which first standardizes the standardized path coefficient estimator as a notated path regression coefficient. with β value, which shows the direct influence of an exogenous variable on the endogenous variable.

Quantitative research data were obtained through closed questionnaires with student respondents at SMAN 7 Bandung. The case study was conducted in class X MIPA 4 and MIPA 5. The case study data was collected through in-depth interviews, participatory observation, and document review. In-depth interviews were conducted with 107 informants (n = 107). Participation observations were carried out in two classes. Document reviews were carried out on the guidelines, policies, planning, and results of the Covid Alert School program.

3. RESULT AND DISCUSSION.

3.1 Ability to identify Communal Health Problems

Respondents' perceptions indicate that the ability to identify communal health problems is around 72.67% which is sufficient, access to health information is around 82.92% which is good, leadership is around 67.5% which is sufficient, and the Introspective Survey is around 67.22% is classified as sufficient with more than 80% categorized as good, between 64% _ 80% is categorized as sufficient. The effect of the four exogenous variables shows that one variable is not significant, namely level education. Furthermore, hypothesis testing is carried out with path analysis. Based on the results of hypothesis testing, various factors that have a significant relationship

with the ability to identify communal health problems in the Covid Alert School program include access to health information, leadership, and the Self-Awareness Survey (SMD). The contribution of access to information on the ability to identify health problems was 29.48%, leadership 41.86%, Introspective Survey 40.07%, simultaneously 53.2% (Table 1).

Table 1. Analysis of the Ability Pathway to Identify Health Problems in the School Program of ‘Siaga Covid’

Independents Variable	Bound Variable	
	β	Value p
Education Level	0,02	0,838
Access to Health Information	0,23	0,049*)
Leadership	0,33	0,013*)
Self-awareness survey	0,31	0,017*)

Information:

β (path coefficient value) = Standardized path coefficient (standardized regression coefficient)
 p value = significance *)
 = Significantly related

Factors related to the ability to identify health problems based on case studies include level of education, knowledge, awareness, care, habits, access to information health, the role of health workers, the role of facilitators, leadership, social capital, and self-survey.

3.2. Results of the Empowerment Model Implementation in Building Civic Virtue Toward Communal Health

Respondents' perceptions show that the ability to solve local health problems is around 73.38%, social capital is around 75.7%, student deliberation is around 66.92%, and school citizen participation is 64.08% , everything is classified as sufficient, but 61.94% of local resources are classified as lacking.

Analysis of the effect of the six exogenous variables found that one variable that was not significant was the level of education. Furthermore, the results of hypothesis testing with path analysis based on the results of hypothesis 2 test concluded that the factors that were significantly associated with the development of civic virtue toward communal health in the Alert School program included social capital and school community participation. Contribution of social capital to problem-solving abilities 58.98%, school community participation 51.69%, 64.2% simultaneously (Table 2).

Table 2. Results of Path Analysis for Independent Variables on the Ability of Health Problem Solving in the School Program of ‘Siaga Covid’

Independent Variable	Bound Variable	
	β	P Value
Level Education	-0,14	0,288
Leadership	0,04	0,704
Income level	0,03	0,743
Social Capital	0,41	0,014*)
SchoolCommunity Participation	0,72	0,1*)
School Local Resource	-0,02	0,891
SchoolCommunity Deliberation	0,19	0,296

The data above shows that the process of community empowerment, especially students at school, needs to be accompanied by a facilitator who plays a role in influencing the decision-making process carried out by schools in adopting innovation [11]. Social capital is related to the ability to identify communal health problems through the exchange of information such as between friends or between classes giving advice to one another, providing advice or information to get health services, health information and tips for living in a pandemic era [12].

According to the method, building consensus such as the introspective survey increases the awareness and determination of the school community both students and education personnel to carry out transformation, enabling citizens to respect and understand the point of view and experience of each member of the community. [13]. Education provides life skills and opens up opportunities for solving health problems [14]. Local communities / students from regions have knowledge, wisdom, and expertise [15] Awareness raising or civic virtue toward communal health is one of the principles in community empowerment [16] The leadership of principals or teachers is effective in developing community / student groups at least if it has four prerequisites namely reliable, competent, communicative, and has a high commitment to cooperation [17]. Increasing the competence of community leadership must be focused on participatory decision making, planning for social change, the process of planned change must be understood and implemented widely by the community, and the potential for leadership capabilities to be extended to the population. Leadership is one of the keys to successful community empowerment. If the school leadership is caring, honest and sincere, responsible, trustworthy, and responsive, then the

community empowerment program in the health sector in school will be successful.

Research shows a significant relationship between social class and health and knowledge of communal health [18]. The relationship between income and health is in the form of a linear curve, which illustrates the diminishing return where students who come from families with high and middle economic levels are more aware of communal health [19]. Cross-country research found a strong association between inadequate income and health. The study found that in community empowerment at school in an effort to tackle the spread of a pandemic, the most important thing is participation, in addition to knowledge, skills, resources, shared vision, community sensitivity, and communication [20].

4. CONCLUSION

Community empowerment models, especially in schools, are able to develop student civic virtues toward communal health in an effort to overcome the spread of a pandemic. Factors that influence the ability to identify communal health problems in the Covid Alert School program include access to health information, leadership, social capital, and self-awareness surveys. The contribution of access to health information to the development of civic virtue toward communal health and the ability to identify communal health problems was 29.48%, leadership 41.86%, introspective survey 40.07%, simultaneously 53.2%. The factors that affect the ability to solve local health problems in the Desa Siaga program include social capital and community participation. The contribution of social capital to the ability to solve health problems was 58.98%, school community participation was 51.69%, and simultaneously 64.2%.

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