

## Policy Analysis of Healthy Community Movement (Germas) during Pandemi COVID-19 in Yogyakarta

Tri Siswati,<sup>1</sup> Fahmi Baiquni,<sup>2,3</sup> Riadini Rahmawati,<sup>2</sup> Herni Endah Widyawati,  
<sup>1</sup> Ratri Kusuma Wardhani,<sup>4</sup> Supriyati<sup>2,3</sup>

<sup>1</sup>Politeknik Kesehatan Kemenkes Yogyakarta, Indonesia

<sup>2</sup>Department of Health Behavior, Environment, and Social Medicine, Faculty of Medicine, Public Health and Nursing, Universitas Gadjah Mada, Yogyakarta, Indonesia

<sup>3</sup>Center of Health Behavior and Promotion, Faculty of Medicine, Public Health and Nursing, Universitas Gadjah Mada, Yogyakarta, Indonesia

<sup>4</sup>Health Demographic Surveillance system, Faculty of Medicine, Public Health and Nursing, Universitas Gadjah Mada, Yogyakarta, Indonesia

Email: tri.siswati@poltekkesjogja.ac.id

Tanggal submisi: 21 Maret 2023; Tanggal penerimaan: 30 Juni 2023

### ABSTRACT

*The social environment, including policies, promotes health and COVID-19 prevention. The Healthy Community Movement (Germas) and COVID-19 prevention in Yogyakarta were analyzed for content, method, and policy actors. We apply a-qualitative research of policy. We apply rapid assessment procedures (RAP) using focus group discussion (FGD) and desk review to observe various of policy from the government website. Research conducted in Yogyakarta from March to May 2021. Data was analysis by qualitative content analysis based on content, process, context, and actor categories. Germas policies were found at all levels—national, provincial, and district/city. According to policy content, Germas was a movement to promote healthy living based on community empowerment, with 7 points: physical activity, eating fruits and vegetables, not smoking, not drinking alcohol, early detection and medical examination routine, clean lifestyle, and using the toilet. Process-based policies were national, provincial, and municipal. Local government, universities, Corporate Social Responsibility (CSR), and community were policy actors. The Special Region of Yogyakarta has several policies encompassing many sectors of life to assist the implementation of Germas in the pandemic era, carried out by stakeholders, CSR, universities, and all of people.*

**Keywords:** Healthy Community Movement; COVID-19, prevention; control; transmission

### ABSTRAK

Lingkungan sosial, termasuk kebijakan, mendukung upaya kesehatan dan pencegahan COVID-19. Penelitian ini bertujuan untuk mengetahui kebijakan Gerakan Masyarakat Sehat (Germas) dan pencegahan COVID-19 di Yogyakarta. Penelitian ini dilakukan dengan analisis kebijakan secara kualitatif dengan metode Rapid Assessment Procedures. Data dikumpulkan dengan focus group discussion (FGD) dan desk review. Penelitian dilakukan di Yogyakarta pada bulan Maret hingga Mei 2021. Data dianalisis dengan analisis content kualitatif berdasarkan kategori isi, proses, konteks, dan aktor. Hasil penelitian menyatakan bahwa kebijakan Germas ditemukan di semua tingkatan, baik di level nasional, provinsi, dan kabupaten/kota. Menurut kontennya, Germas mempromosikan hidup sehat melalui pemberdayaan masyarakat, dengan 7 poin: aktivitas fisik, makan buah dan sayuran, tidak merokok, tidak minum alkohol, deteksi dini dan pemeriksaan kesehatan rutin, pola hidup bersih, dan menggunakan toilet. Berdasarkan proses, Germas merupakan kebijakan nasional, provinsi, dan kabupaten/kota. Pemerintah daerah, perguruan tinggi, CSR, dan masyarakat adalah aktor kebijakan. Daerah Istimewa Yogyakarta memiliki beberapa kebijakan yang mencakup banyak sektor kehidupan untuk membantu pelaksanaan Germas di era pandemi COVID-19 yang dilakukan oleh para pemangku kepentingan, CSR, perguruan tinggi, dan seluruh masyarakat

**Kata kunci:** Gerakan Masyarakat Sehat; COVID-19, pencegahan; menguasai; Penularan

### INTRODUCTION

The pandemic status of COVID-19 has been announced by the World Health Organization (WHO) as of March 2020. And now, this pandemic is regularly monitored and responded to by the World Health Organization(1). It was followed by Indonesia through the President of the Republic of Indonesia's declaration, that COVID-19 is a National Disaster that needs comprehensive intervention(2). Expertise predicts that COVID-19

will continue for up to 4 or 5 years(1). When it comes to dealing with COVID-19, the most important thing to do is break the chain of transmission(3). GERMAS (Healthy Living Community Movement), including washing hand(4) regularly is a feasible and effective effort to prevent and break the chain of transmission of COVID-19. Government regulations and policies are social factors that greatly determine the individual practice of GERMAS(5). Continuous implementation of policies and changes in

community behavior of GERMAS guidelines can provide better results in controlling COVID-19 in order to facilitate a decrease in the total number of cases (6)(7).

The optimization of GERMAS nationally has been started in 2017 through Presidential Instruction No. 1 of 2017(8). We need multi-sectoral collaboration to prevent and control of COVID-19 transmission, as has been proven in China and The America(9) dan Ethiopia(10). In this new normal era, it is imperative to broaden the scope of GERMAS optimization to include not only the prevention and control of infectious diseases, but also the promotion of public awareness in response to the COVID-19 outbreak. Previous research show that perception are the determining factor in a person's compliance to health protocol, proven at Indonesia (11), South Korea(12), and among health worker in India(13).

Regulation and policy is a reinforcing factor to encourage people's behavior in making efforts to tackle and break the chain of transmission(14) (15). The purpose of this study is to describe the content, process, context, and actor dimensions of the Germas policies and programs implemented in the Special Region of Yogyakarta during the COVID-19 pandemic.

## METHOD

This was a policy analysis using primary and secondary data. We apply a-qualitative data using rapid assessment procedures design and Focus Group Discussion to collect primary data. The informants were all the providers and local administration in DI Yogyakarta, Indonesia. While the secondary data was conducted by document review sourced from government website in Yogyakarta. The data collected includes content, content, process, context, and actors aspects of policies related to Germas during the COVID-19 pandemic in March-May 2021, in Yogyakarta.

The conceptual framework of this research was below, see Fig 1.

Document studies were carried out on the documents of Germas activities in Yogyakarta. The document study was conducted to determine program achievements, and other data related to Germas activities. Data analysis was carried out descriptively, a combination of desk review results, document studies, and also the results of primary data analysis. The ethics committee of the Faculty of Medicine, Public Health, and Nursing at Universitas Gadjah Mada No. KE/FK/0310/

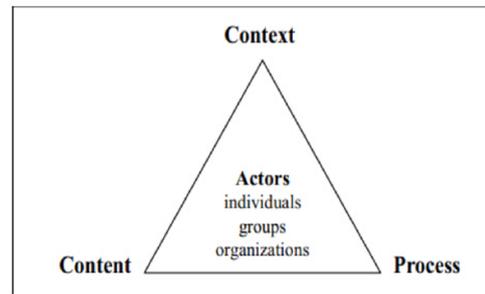


Figure 1. Policy analysis triangle (adapted from Walt and Gilson 1994)

EC/2021 has given their approval for this study. All participants provided their informed consent.

## RESULT AND DISCUSSION

Germas promoted healthy living through community empowerment and seven points: physical activity, eating fruits and vegetables, not smoking, not drinking alcohol, early detection and medical examination routine, clean lifestyle, and using the toilet.. This aspect of Germas content is very appropriate for dealing with COVID-19. Germas is a fairly optimal prevention method when people are obedient. In its development, several local regulations were issued to encourage efforts to break the COVID-19 chain, such as restrictions on gatherings, weddings, restaurants, breaking the fast, religious holidays, and others.

The context of the Germas policy is regulated in stages from the center to the regions. The Healthy Living Community Movement (Germas) is regulated at the national level by Presidential Instruction No. 1 of 2017. The next derivative of the rule is the Regulation of the Minister of National Development Planning/PPN of the head of Bappenas No. 11 of 2017 concerning General Guidelines for the Implementation of Germas. At Yogyakarta, the regulation on Germas is poured into Pergub DIY number 44 year 2017 concerning the Regional Action Plan for the Healthy Living Healthy Yogyakarta Community Movement. Other regulations that are in synergy with the contents of Germas where Regulation of the Governor of the Special Region of Yogyakarta Number 80 year 2016 concerning the Regional Action Plan for Food and Nutrition for 2015 – 2019, Regulation of the Governor of the Special Region of Yogyakarta Number 88 year 2012 concerning Instructions for the Implementation of the Movement for the Acceleration of Diversification of Food Consumption Based on Local Resources, Regulation of the

Governor of the Special Region of Yogyakarta Number 92 year 2020 concerning Regional Action Plans for Prevention and Handling of Stunting in the Special Region of Yogyakarta Year 2020 – 2024: Regulation of the Governor of the Special Region of Yogyakarta Number 123 of 2018 concerning Policies and Strategies of the Special Region of Yogyakarta in the Management of Household Waste and Similar Waste Household waste. While regional regulations regarding Germas: Yogyakarta City Number 50 year 2017, Bantul Regency Number 35 year 2018, Sleman Regency Number 69/Kep. KDH/A/2018 concerning Germas 2018-2020, Kulon Progo Regency Number 100 year 2017, Gunung Kidul Regency Number 40 year 2018.

Locally, some policies regulate special context on COVID-19 preventing and controlling to increase awareness of the risk of transmission of COVID-19 infection in Yogyakarta. Some provincial policies to combat COVID-19: instruction of the Governor of DIY Number 2/INSTR/2020 Concerning Increasing Awareness of the Risk of Transmission of Corona Virus Disease (COVID-19), Circular Letter of the Governor of DIY Number 433/4956 Regarding Adjustment of the Work System of State Civil Apparatus to prevent COVID-19 within the local government Special Region of Yogyakarta, Circulated Letter of the Governor of DIY Number 800/5316 Regarding Adjustment of the Employee Work System in the emergency response status of the COVID-19 disaster in the special region of Yogyakarta, Regulation of the Governor of DIY Number 44 year 2020 concerning Guidelines for the Work Procedure of State Civil Apparatus in the DIY Regional Government and Regency/City Governments throughout DIY in the New Normal Order, Governor Regulation (PERGUB) of the Special Region of Yogyakarta Number 12 year 2021 concerning Amendments to Pergub DIY Number 44 year 2020. Regarding the Guidelines for the Work Procedure of ASN in the DIY Regional Government and the Regional Government of Yogyakarta City in the New Normal Order, the Governor of the Special Region of Yogyakarta Regulation Number 77 year 2020 concerning the Implementation of Discipline and Law Enforcement of Health Protocols as an Effort for Prevention and Control of COVID-19.

Regulation of the Governor of the Special Region of Yogyakarta Number 24 year 2021 concerning the Implementation of Discipline and Law Enforcement of Health Protocols as an Effort for Prevention and Control of COVID-19. Special Region of Yogyakarta, Instruction of the Governor of

DIY Number 14/2021 Concerning the Enforcement of Restrictions on Community Activities based on Micro DIY, Circular Letter of the DI Yogyakarta Health Office Number 441/05350 dated August 4th 2020, concerning Implementation of Health Screening in 2020, Circular Letter of the Governor of DIY No. 2/SE/III/2020 Concerning Increased Awareness of Risk Transmission of COVID-19 infection from immigrants to DIY, Circular Letter (SE) of the Governor of DIY Number: 27/SE/V/2021 concerning Provisions for Homecoming for Eid Al-Fitr in 1442 Hijrah in the Greater Yogyakarta Agglomeration Area in Efforts to Control the Spread of COVID-19.

Decree of the Governor of the Special Region of Yogyakarta Number 99/KEP/2021 concerning the Determination of the Emergency Response Status for the COVID-2019 Disaster in the Special Region of Yogyakarta, Regulation of the Governor of the Special Region of Yogyakarta Number 20 year 2021 concerning the Working Mechanism of the Task Force for Handling COVID-19 Special Region of Yogyakarta, Decree of the Governor of the Special Region of Yogyakarta Number 78/ Kep/2020 concerning Amendments to Decree of the Governor of the Special Region of Yogyakarta Number 64/Kep/2020 concerning the Establishment of the Task Force for Handling COVID-19 for the Special Region Yogyakarta Governor, Decree of Special Region of Yogyakarta Governor Number 3/ Kep/2021 concerning the Establishment of the Task Force for Handling COVID-19 at Special Region Yogyakarta, Decree of the Governor of the Special Region of Yogyakarta Number 15/KEP/2021 Regarding the Appointment of Coordinator for Distribution of Health Facility Assistance for Community for Handling COVID-19 in the Special Region of Yogyakarta, Decree of the Governor of the Special Region of Yogyakarta Number 13/KEP/2021 concerning the Establishment of a Working Group for the Implementation of Vaccination for COVID-19 in Yogyakarta.

Regulation of the Governor of the Special Region of Yogyakarta Number 48 year 2020 concerning Guidelines for Compiling Guidelines for the Implementation of Public Service Activities and Community Economics in the Special Region of Yogyakarta in the Prevention and Control of COVID-19, Instructions of the Governor of DIY Number 4/INSTR/2021 concerning the Policy for Restriction of Community Activities, then Officer of Education, Youth and Sports in Yogyakarta number 421/02280 Learning at Home for School Children in

the context of preventing COVID-19, Circular Letter of the Governor of the Special Region of Yogyakarta Number 421/5598 year 2020 concerning Extending Learning at home/or Online for Students During the COVID-19.

Base on the process, there were national, provincial, and local policy levels. At the national level, there were presidential instructions, regulations of the minister of national development planning, while the governor's, regent's policy at the province and region level respectively. Some policies at the local government and the districts/cities in DIY have the same scope of content, namely the Regional Action and Plan (RAD/Rencana Aksi Daerah) which includes: 1) Increasing physical activity; 2) Improvement of clean and healthy living behavior, 3) Provision of healthy food and acceleration of nutrition improvement, 4) Increased prevention and early detection of disease; 5) Improving the quality of the environment; 6) Improved education on healthy living.

The policy actors were all agencies both government, universities, private sectors, corporate social responsibility (CSR). The officer of Mental Spiritual Development Bureau as a coordinator on implementation and evaluation Germas plan. The universities have role play as health educators to help improve public health literacy related to COVID-19 so that people can make these decisions in new life adaptation. The COVID-19 pandemic drives universities to be the more active transfer of information, education, and communication-related to COVID-19 and take a role as agents of change healthy lifestyle. Moreover, the COVID-19 pandemic is accompanied by an infodemic. The sense of social responsibility of higher education has encouraged the campus community to play its role in helping the surrounding community to be able to adapt better(16). Stigma is one of the side effects of COVID-19 which is accompanied by an infodemic. Stigma is one of the problems that need special attention in addition to physical activity and diet as well as mental health problems that are heavily affected by the pandemic.

Based on Lawrence Green's Theory-Precede Proceed Health Behavior Change Model, the behavior of a person or society is influenced by predisposing, enabling, and reinforcing factors. Predisposing factors are factors that enable a person/society to behave, such as age, gender, knowledge, attitudes, beliefs, espoused values, perceptions, motivation of a person/society to act. Enabling factors include the skills and resources

to perform health behaviors, such as funding, transportation, communication stuff, and others. Reinforcing factors such as attitudes and behavior of health workers, community leaders, religious leaders, parents, policies, and regulations(16). It is also implemented in the COVID-19 context.

Several policies related to Germas have been issued in Yogyakarta before Presidential Instruction Number 1 of 2017. These issues include control smoking behavior, increase physical activity, healthy eating patterns, measure body weight, and medical check-up regularly, and stress management. Many regulations support Germas, both at the provincial and district/city levels. However, previously Indonesia had a Clean and Healthy Life Behavior (PHBS) program which then the points from PHBS were used as a movement for healthy living communities. COVID-19 was a monumental time to sharpen the practice of clean and healthy life behavior.

The process of policy seems to be a hierarchical national-provincial-local regulation. At least there are 168 regulations both issued by the provincial and district/city governments in DIY the COVID-19 context until May 2021. This shows the attention of the DIY government to controlling COVID-19.

Based on the policy triangle, the content of policy such as 6 main aspects: 1)Increasing healthy living behavior; (2) Provision of healthy food and acceleration of nutrition improvement; (3) Environmental quality improvement; (4) Increasing education on healthy living; (5) Increased physical activity; and (6) Increased prevention of early detection of disease. However, there was much regulation to support healthy leaving behavior to support and control COVID-19 transmission; increased awareness of the risk of transmission of COVID-19 infection, tighten and enforce health protocols, postpone mass mobilization and visits, spray disinfectants, increase body immunity, health protocol for opening school, monitoring and evaluating the implementation of health protocol by physical or social punishment, warning for using masks every time, COVID-19 task force at the level of local circumstances level, Restricting Micro-Based Community Activities, 3M, 4M, and 5M movements, guidance on mass activities such as worship, the celebration of religious holidays, weddings, offices, schools, shopping, traveling, etc. For further, We also use telehealth, tele counseling, and other applications to decrease people contact and crowd. There are regulations for employees by shifting or Work From Home (WFH) and Work

Form Office (WFO), prevention of transmission by restriction of traveling especially for the civil servant on long weekends, Eid and other national holidays, prohibition on fasting break, regulation for market opening hours, malls, supermarkets, recreation areas, restaurants, and so on.

The actors' aspect shows that many officials involved and support Gernas implementation to prevent and control COVID-19 spreading. The government, CSR, and universities commit to combat COVID-19. Universities play the role to control COVID-19 by implementing healthies campus, learn from home, restricting the mobilization, volunteer of the COVID-19 task force, shelter for COVID-patient, and also tracking and tracing, agent of change healthy lifestyle and educator or health promotor(16).

Thus, the provincial and district government in Yogyakarta have shown their commitment to prevent and control COVID-19. This is evidenced by the fact that there are many different rules and initiatives that are being carried out for the purpose of preventing and controlling COVID-19. Prevention and control efforts are carried out through the implementation of policies such as 3M, 5M, and 3T and also refocusing some budget allocation. All region organizations also pay attention to the COVID-19 prevention and control program in DIY. Thus, both the health and non-health sectors are moving to overcome this pandemic.

Besides the government, universities, local organizations, Corporate Social Responsibility (CSR) also care to the implementation of Gernas. For example, they provide handwashing facilities, physical activity facilities, pedestrians, and others. They also give health service support: such as COVID-19 referral hospital, provide ambulances; control support such as socialization and education throughout media (television, newspapers, posters, flyers, standing banners, billboards, online campaigns through social media accounts, and holding online talk shows with topics around COVID-19, c) socio-economic assistance: managing donations and distributing various aids to affected communities who have not received assistance from the government, d) development support: working with academics creates innovations(17).

There is an important thing in Gernas regulation implementation and tackle COVID-19, it is a social capital(18). Yogyakarta has a good social capital, a quite reliable effort to alleviate the problem of the COVID-19 epidemic. For example,

several social actions carried out in community social units, cooperation holding consumption for patients who are self-isolating at home/shelters, spraying, or independent shelters(18)(19). Another activity initiated by the community is the Jogja Food Solidarity (SPJ). Activities carried out are by distributing masks, food, and vitamins. This group consists of students, NGOs, community organizations, and individuals. Until now, there are 11 Jogja Food Solidarity posts throughout DIY. In addition to the social capital, Sonjo (Sambatan Jogja) is a form of social action that is by following the local wisdom of DIY.

## CONCLUSION

A comprehensive policy to encourage and strengthen the implementation of a synergistic, harmonious, Gernas implementation. It needs socialization, policy enforcement, IEC using many media and methods to literate people, have a positive attitude and behavior in carrying out Gernas practices to address the pandemic of COVID-19. For example, with online physical activity competitions, literacy with tiktok, campaigns through twibbone and others.

## ACKNOWLEDGEMENT

We would like to thank all of the informants and Bappeda DIY for funding.

## REFERENCES

1. WHO. Corona virus diseases (COVID-19) [Internet]. 13 May 2021. 2021 [cited 2021 Dec 3]. Available from: <https://www.who.int/news-room/questions-and-answers/item/coronavirus-disease-covid-19>
2. Presiden RI. Peraturan Pemerintah Republik Indonesia Nomor 21 Tahun 2020 tentang Pembatasan Sosial Berskala Besar Dalam rangka Percepatan Penanganan Covid-19 [Internet]. 2020. Available from: <https://covid19.go.id/p/regulasi/pp-no-21-tahun-2020-tentang-psbb-dalam-rangka-penanganan-COVID-19>.
3. WHO. Coronavirus disease (COVID-19): How is it transmitted? [Internet]. 23 December 2021. 2021 [cited 2022 Oct 20]. Available from: <https://www.who.int/news-room/questions-and-answers/item/coronavirus-disease-covid-19-how-is-it-transmitted>
4. Supriyati S, Baiquni F, Siswati T, Widyawati HE, Rahmawati R, Wardani RK. Social determinants of health protocol adherence among adults

- during COVID-19 pandemic in Yogyakarta, Indonesia. *Med J Malaysia*. 2022;77(July):5–9.
5. Kemenkes RI. Jaga Diri dan Keluarga dari Covid-19 dengan Germas [Internet]. 2020. Available from: [https://promkes.kemkes.go.id/download/enjq/files33511jaga\\_diri\\_dan\\_keluarga\\_dariCOVID19\\_dengan\\_GERMAS.pdf](https://promkes.kemkes.go.id/download/enjq/files33511jaga_diri_dan_keluarga_dariCOVID19_dengan_GERMAS.pdf)
  6. Prem K, Liu Y, Russell TW, Kucharski AJ, Eggo RM, Davies N. The effect of control strategies to reduce social mixing on outcomes of the COVID-19 epidemic in Wuhan, China: a modeling study; 2020. 261–70 p.
  7. Mayr V, Ai D, Chapman A, Persad E, Klerings I, Wagner G. Measures to control COVID-19 : a rapid review. 2020.
  8. President Republic Indonesia. Presidential Regulation no 1 year 2017. Healthy People Movement [Internet]. 2021. Available from: <https://peraturan.bpk.go.id/Home/Details/77301/inpres-no-1-tahun-2017>
  9. Chen Z, Cao C, Yang G. Coordinated multi-sectoral efforts needed to address the COVID-19 pandemic: lessons from China and the United States. *Glob Heal Res Policy*. 2020;5(1):22.
  10. Ali AA, Usman AM, Badebo FB, Tilahun SH. Exploring the patterns of multisectoral approach in fighting COVID-19 Pandemic in SNNPR, Ethiopia: A qualitative case study approach. *PLoS One*. 2022;17(2 February):1–18.
  11. Siswati T, Benita S, Paramita I, Susilo J, Waris L, Paramashanti BA. Risk perception of behavioural adaptation recommendations towards COVID-19 and its related factors in Indonesia. *Int J Community Med Public Heal*. 2021;8(11):5157.
  12. Lee M, Kang B-A, You M. Knowledge, attitudes, and practices (KAP) toward COVID-19: a cross-sectional study in South Korea. *BMC Public Health*. 2021;21(1):295.
  13. Limbu DK, Piryani RM, Sunny AK. Healthcare workers' knowledge, attitude and practices during the COVID-19 pandemic response in a tertiary care hospital of Nepal. *PLoS One*. 2020 Nov 6;15(11):e0242126.
  14. Bolislis WR, de Lucia ML, Dolz F, Mo R, Nagaoka M, Rodriguez H, et al. Regulatory Agilities in the Time of COVID-19: Overview, Trends, and Opportunities. *Clin Ther*. 2021;43(1):124–39.
  15. Roziqin A, Mas'udi SYF, Sihidi IT. An analysis of Indonesian government policies against COVID-19. *Public Adm Policy*. 2021;24(1):92–107.
  16. Walt G, Gilson L. Review article Reforming the health sector in developing countries : the central role of policy analysis. *Heal Policy Plan*. 1994;9(4):353–70.
  17. Listya Dewi S, Setyaningsih H, Kedokteran F, Masyarakat dan Keperawatan K, Gadjah Mada U. Peran Sektor Swasta Dalam Respon Terhadap Covid-19: Studi Kasus Di Yogyakarta the Role of Private Sector in Response To Covid-19 : a Study Case of Di Yogyakarta. *J Kebijak Kesehat Indones JKKI*. 2020;09(04):218–24.
  18. Alizadeh H, Sharifi A. Analysis of the state of social resilience among different socio-demographic groups during the COVID-19 pandemic. *Int J Disaster Risk Reduct*. 2021;64:102514.
  19. Bertogg A, Koos S. Socio-economic position and local solidarity in times of crisis. The COVID-19 pandemic and the emergence of informal helping arrangements in Germany. *Res Soc Stratif Mobil*. 2021;74:100612.