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Healthy Roots of Community: Social Empowerment in Inclusive Health Service Practices

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***Abstrak*:** *This study examines the dynamics of social empowerment in inclusive health service practices in Medan City using a descriptive qualitative approach. The background of this study stems from structural inequalities in access to and quality of health services, which place marginalized communities as passive recipients of health programs. Although the rhetoric of participation and inclusivity is often emphasized in policy documents, field practice demonstrates the dominance of a top-down approach that fails to adequately consider local values, power relations, and the socio-cultural context of the community. Through in-depth observations and interviews in several sub-districts such as Medan Marelan, Belawan, and Tembung, this study uncovers the importance of transforming the role of cadres and communities as active subjects who independently manage the health agenda. Thematic analysis results indicate that the success of equitable and inclusive service delivery depends heavily on genuine community involvement throughout the program cycle and the recognition of local knowledge as social capital. Approaches such as Community-Based Participatory Research (CBPR) and Asset-Based Community Development (ABCD) have proven relevant in building democratic and equitable health practices. This research emphasizes that health service must be a dialectical space that encourages social transformation, not simply an administrative instrument that reproduces inequality.*

Keywords : Inclusivity; Social Justice; Community Empowerment

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INTRODUCTION

The disparity in access to and quality of healthcare services in Indonesia is a structural issue that has not been fully addressed, despite various policy reforms. Data from the Central Statistics Agency (BPS) and the Basic Health Research (Riskesdas) show that the distribution of healthcare facilities and personnel remains highly unequal, with the ratio of doctors to community health centers (Puskesmas) much lower in Eastern Indonesia compared to urban areas on Java. This results in low coverage of basic services, including immunization, maternal-child health, and early

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detection of non-communicable diseases. In this context, a purely curative approach is insufficient. Services that simply wait for patients to arrive at healthcare facilities ignore the social and geographic dimensions of communities, which often lack access to services due to physical, economic, or cultural barriers.

Furthermore, this inequality underscores the importance of a paradigm shift toward a participatory and community-based approach. The WHO, as cited in Liamputtong & Rice (2024), emphasizes that community-centered health services involving active citizen participation can improve the effectiveness and equity of the health system. This approach is not simply about providing education or temporary assistance, but about building local capacity so that communities can independently identify, analyze, and address their own health issues. Without dismantling the power relations that marginalize some communities from the health system, any intervention will be patchwork and temporary. Therefore, strengthening the roots of community health through social empowerment is not simply an alternative strategy, but an ethical and structural imperative in building an inclusive and equitable health system.

The predominantly top-down approach to health services demonstrates the system's failure to recognize the social capacity of communities as active subjects of health development (Arifah et al., 2023). Many intervention programs launched by government and academic institutions fail to adequately consider local social dynamics, including power relations, cultural values, and belief structures. Consequently, even though programs are considered effective administratively, their long-term impact is often insignificant due to a lack of community ownership. Community engagement will only be effective if they are involved from the planning stage through evaluation, rather than simply as recipients of assistance. Without contextual understanding and respect for local knowledge, health programs risk being reduced to administrative activities disconnected from the community's real needs (Rifqi, 2024).

In this context, an inclusive approach to community service is not just about methods, but also about the distribution of power and recognition of community agency. Inclusivity demands a structural shift in the relationship between health workers, academics, and the community, where the learning process becomes two-way: the community learns not only from academics or professionals, but also from professionals who need to absorb local wisdom and the specific needs of the community. This aligns with the principle of asset-based community development (ABCD), which prioritizes local potential as the starting point for intervention, rather than simply focusing on shortcomings or problems (Somantri et al., 2021). Therefore, inclusive health service cannot be viewed as a form of one-sided compassion or altruism, but rather as an ethical collaboration that challenges dominant perspectives in public health practice. Therefore, changes in the curriculum and orientation of health worker education are needed so that critical social values and cross-cultural competence become an integral part of health professionalism.

Social empowerment through health education and training of local cadres has a far more sustainable impact on creating healthy behavior change than traditional health facility-based approaches. In the context of communities with limited access to medical services, this empowerment strategy serves as a preventative solution that can reduce the risk of disease through

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early intervention at the community level. According to research by Al Farochi et al. (2024), active community involvement in health education increases their understanding of the importance of healthy lifestyles and strengthens social solidarity in addressing health challenges. This also enhances the diversity of approaches that can be adapted to local contexts, thereby reducing cultural barriers that often hinder access to and acceptance of conventional health services. When local cadres are empowered, they serve not only as educators but also as bridges between medical knowledge and local knowledge relevant to the community's daily lives.

However, while social empowerment has great potential, its successful implementation depends on recognizing broader social dynamics, including social and economic inequalities that hinder the process of change. As Katjina & Tegar (2024) point out, the empowerment process cannot be separated from an analysis of existing social structures, which are often at the root of health inequalities. Therefore, empowerment-based health education must go beyond teaching individuals about healthy lifestyles and introduce critical perspectives that challenge social injustices that hinder access to health. Successful empowerment must create agents of change who are not only skilled in educating about health but also sensitive to the social, political, and economic issues that limit people's ability to live healthy lives. Therefore, effective social empowerment strategies must be part of a collective movement to address social inequalities, strengthen the right to health, and create a more inclusive and equitable society (Alwi et al., 2025).

Integrating social justice values into health service practices is not only a moral responsibility but also a structural imperative in a health care system still dominated by technocratic and market logic. The current health care system tends to be oriented toward efficiency and quantitative outputs, such as the number of patients served or intervention targets achieved, without critically evaluating who is truly served and who is consistently excluded (Bodolica & Spraggon, 2019). In this context, a community-based, promotive-preventive approach imbued with a spirit of social justice serves as the antithesis to the logic of exclusion inherent in the formal system. As Adila et al. (2025) argues, disparities in public health status do not occur naturally but are the result of preventable social injustice. Therefore, health care that ignores the social justice dimension risks perpetuating long-standing structural inequalities.

Furthermore, inclusive health service, which places social justice as its foundational value, must be positioned as a process of social transformation, not simply a social or administrative activity. This demands a shift from the "aid" paradigm to the "solidarity" paradigm, where communities are not treated as passive objects, but as subjects with collective power to demand their rights. This type of service aligns with the findings of Marjadi et al. (2023), who emphasized that justice is not only about the distribution of resources, but also about recognizing social identities and equal participation in decision-making. Therefore, in practice, equitable service must substantively involve communities in problem formulation, intervention design, and evaluation, taking into account the diversity of identities, experiences, and local knowledge. Only through an approach integrated with the principles of social justice can service become a dialectical space for building critical awareness and solidarity toward a more democratic health system firmly rooted in community realities.

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METODOLOGI

This study uses a descriptive qualitative approach to explore the dynamics of social empowerment within inclusive health service practices in Medan City. This approach was chosen because it captures the social, cultural, and structural complexities underlying community involvement in health service activities. The primary focus of the study is to identify how empowerment practices are implemented by service providers, including academics, health workers, and community actors, and to what extent these approaches accommodate the values of social justice and inclusivity.

The research locations were selected in several sub-districts in Medan City with a history of community-based health service programs, such as Medan Belawan, Medan Marelan, and Medan Tembung. The locations were selected purposively, taking into account socioeconomic diversity, exposure to unequal access to health services, and community involvement in the service program. Data collection techniques were carried out through in-depth interviews with key informants, such as health cadres, community leaders, community health center medical personnel, and academics involved in the service program. In addition, participatory observation of service activities in the field was conducted and documentation studies were conducted on activity reports, training modules, and educational materials used.

The data obtained will be analyzed using thematic analysis techniques, identifying narrative patterns that reflect relations of power, participation, and forms of empowerment that emerge in practice. Data validity is maintained through triangulation of sources and methods, as well as member checking with informants to ensure the researcher's interpretations are not out of context. The results of this study are expected to provide theoretical and practical contributions to the development of a more inclusive, equitable, and needs-based health service model for urban communities in Medan.

RESULTS AND DISCUSSION

1. Social Dynamics in Community Health Empowerment Practices in Medan

The social dynamics that occur in health empowerment practices in Medan cannot be separated from the imbalance in knowledge structures and narrative control, often held by external actors, such as academics and government institutions. A community leader in Medan Johor stated in an interview:

> *"Sometimes, we only hear them talk about nutrition, immunizations, or healthy eating, but no one asks: in our house, we don't even have three meals a day."*(Interview with Mrs. R., Posyandu cadre, June 17, 2025).

This statement demonstrates that a technocratic approach that fails to understand the socio-economic realities of citizens actually creates a gap between programs and the community's real needs. This aligns with Cornwall and Brock's (2005) critique of the "tyranny of participation,"

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where participation is merely a packaged version of a centrally determined project, without genuine dialogue with the community.

Furthermore, the heterogeneous, multiethnic, and stratified social structure of urban communities like Medan's greatly determines the acceptance or rejection of empowerment programs. In certain indigenous communities, the role of traditional leaders or men as heads of families remains highly dominant. A community health center worker in Medan Marelan explained:

> *"There are women who want to participate in family planning or immunizations, but they say they have to get permission from their husbands or male parents at home first. If they don't agree, they cancel."*(Interview with N., Health Worker, June 15, 2025).

This aligns with Giddens' (1984) structuration theory, which states that agents (society) act within a framework of structures that regulate social norms and practices. When structures such as patriarchy are not recognized and included in program design, resistance will emerge, even if participation appears to be present.

Meanwhile, failure to meet empowerment indicators, such as process control and program ownership, according to Agus et al. (2020), has resulted in passive community involvement. A local volunteer stated:

> *"We were asked to attend meetings, told to participate in training, but after that, they were the ones who made all the decisions. We were just told to go along with it."*(Interview with Mr. D., RT Volunteer, June 13, 2025).

In contrast, community-based participatory research (CBPR) empowerment practices implemented by a local NGO in Medan Labuhan have yielded different results. Programs involving residents as activity designers have shown increased enthusiasm and ownership. One active participant in the program said:

> *"When we were invited to decide for ourselves what activities were most important to our village, it felt different. We were inspired because this was from us, not just for us."*(Interview with Mrs. Y., member of the nutrition-aware mothers' group, June 18, 2025).

This statement proves that a truly participatory approach, which provides deliberative space and recognizes local experiences as legitimate knowledge, is much more effective in building solidarity and critical consciousness as emphasized by Paulo Freire (1970).

2. Transformation of the Role of Cadres and the Community as Subjects of Community Service

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The transformation of the role of cadres and the community in the context of social health empowerment in Medan demonstrates a significant paradigm shift: from the community as the recipient of the program to an active subject initiating, implementing, and evaluating community-based health activities. This process is not instantaneous, but rather involves systematic stages such as locally needed training, participatory health education, and mentoring that takes into account the socio-cultural dynamics of the local community. In several sub-districts, such as Medan Tembung and Medan Marelan, cadres no longer merely convey information about government programs but have also become facilitators of dialogue, instigators of critical discussions, and managers of community health agendas.

A cadre in Medan Marelan, Mrs. SW (42), said in an interview:

> *"Previously, we only conveyed messages from the community health center to residents. Now, we also help design activities, such as classes for pregnant women or youth health posts. Sometimes we discuss them with residents before organizing activities, so we connect better."*

This quote shows a shift in the role of cadres from a passive position to an active agent of social change, which directly reflects the principle of participation in community empowerment theory.

This aligns with the view of Asriani et al. (2025), who emphasized the importance of building critical public awareness of the social structures surrounding their lives. When people are aware of and understand their own health conditions, they become not only recipients of information but also actors capable of interpreting, changing, and managing health interventions independently. This transformation has been shown to increase the public's sense of ownership of health programs.

True participation in public health requires community involvement at every stage of the program cycle, from planning to implementation to evaluation, so that results are not temporary or dependent on the presence of external actors (Hasan & Muslim, 2025). The study found that the success of community-based programs in developing countries depends largely on the extent to which communities are given space for reflective learning and collective action.

Furthermore, this approach is rooted in Asset-Based Community Development (ABCD) introduced by Mathie and Cunningham (2003), which emphasizes that social development is more effective if it starts with the strengths and capacities already possessed by the community, such as community leaders, local traditions, or informal structures. This approach is particularly relevant in the Indonesian context, where informal networks and social values such as mutual cooperation play a central role in community dynamics. In the Medan context, efforts to involve religious leaders, women's social groups, and mosque youth have been shown to expand the reach of cadres in implementing preventive health campaigns such as early detection of hypertension and promoting balanced nutrition.

However, it's worth noting that this transformation also faces structural resistance. For example, a study by Indah (2022) on health interventions in poor communities found that cadres

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and communities often face obstacles when navigating a hierarchical and non-inclusive health system. When decisions remain monopolized by institutional actors, community participation becomes merely symbolic. In this context, the transformation of the role of cadres needs to be accompanied by institutional reforms that recognize cadres as equal partners, not simply extensions of the health service.

Furthermore, it is also important to integrate the Social Capital theory developed by Robert Putnam. According to Maulani & Yulianingsih (2025), strong social networks at the community level, reflected in trust, norms, and voluntary participation, constitute social capital that determines the success of social and health programs. In the Medan context, the successful implementation of adolescent integrated health posts (Posyandu), breastfeeding classes, and non-communicable disease (NCD) screening activities in several sub-districts, was greatly influenced by social cohesion and reciprocal relationships between residents, mediated by cadres as social brokers.

Overall, these findings demonstrate that transforming the roles of cadres and communities as subjects of service is not merely a technical strategy for program efficiency, but a strategic step toward structural change in a more democratic, inclusive, and community-based health system. The success of this transformation depends heavily on the synergy between local capacity, institutional recognition, and a space for dialogue between stakeholders. In this way, social empowerment is no longer just a slogan but a concrete practice in strengthening community independence.

3. Social Justice and Inclusivity in Health Services: Between Rhetoric and Reality

In various program documents and official statements from health agencies in Medan, social justice and inclusivity are frequently emphasized as key principles in implementing health services. However, field observations and in-depth interviews indicate that these values are more often presented as normative rhetoric than as concrete practices. Most health programs, both local-scale ones like Integrated Health Posts (Posyandu) and those supported by donor agencies, are still implemented with a top-down, technocratic approach, lacking sensitivity to complex social dynamics, particularly in reaching vulnerable groups such as poor women, neglected elderly people, and marginalized urban communities.

One informant, a Posyandu cadre in Medan Deli District, said,

> *"If there's a new program from above, we just implement it. There's no discussion with the women or residents about what they need. Sometimes the aid doesn't reach the right targets."*

This statement reflects the fact that citizen participation in program design and evaluation remains passive, often referred to in critical studies as "pseudo-participation." This means that citizens are only involved symbolically, without any real power to determine the direction and substance of health interventions.

Furthermore, health services in Medan appear to have yet to adopt an intersectional approach essential to understanding vulnerability. Female heads of households who also serve as caregivers

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for the elderly, for example, are often overlooked because they don't fall into the narrowly defined beneficiary categories defined by the bureaucratic structure. As a mother from a poor community in Medan Tembung expressed it,

> *"We were never consulted. Even when officers came, they just asked for data and then left. There was no follow-up."*

Such experiences indicate that health services are still implemented within a purely administrative framework, with an orientation towards quantitative reporting rather than sustainable social transformation.

Scientifically, this inequality can be understood through the theory of "structural violence" proposed by Paul Farmer (2005), where seemingly neutral social systems and policies actually create and maintain injustice, particularly in access to health services. Health programs that are not based on critical social analysis risk reinforcing unequal power relations between the state (through its health apparatus) and the communities they should empower. In the Medan context, the bureaucratization of health services renders poor communities mere administrative objects, rather than subjects capable of determining the form and direction of services according to their own needs.

Meanwhile, the "health equity" approach emphasizes the importance of identifying and addressing social inequalities as part of program design (WHO, 2008). However, in practice, this principle has not been fully internalized in health services in Medan. Rather than seeking to reconstruct social relations, these programs often adapt to the institutional formats and indicators of local governments or donor agencies. This makes service a form of "social reproduction," in Pierre Bourdieu's (1990) term, where dominant structures are maintained, and unequal relations between social classes and genders do not experience significant shifts.

Therefore, equitable and inclusive health services require a paradigm shift: from a programmatic logic to a reflective-transformative logic. This includes meaningful community participation throughout the program cycle, from planning, implementation, and evaluation, as well as the courage to acknowledge that existing social structures are not neutral and need correction. As one community health activist in West Medan put it,

> *"If there's no space for discussion with residents, how do we know our interventions are right? Social justice isn't about equal distribution, but about ensuring those most disadvantaged have the opportunity to speak first."*

This statement is a critical reflection on how health services should not only be an extension of the state, but a social dialectical space to reclaim the agency of communities that have been marginalized.

In addition to Paul Farmer's (2005) structural violence approach, inequality in health service programs can also be understood through the social determinants of health (SDH) perspective

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(Wulandari et al., 2025). This perspective emphasizes that health status is not solely determined by biological factors or access to medical services, but is also strongly influenced by social factors such as education, employment, gender, and housing conditions. In the Medan context, when health programs do not explicitly consider these social determinants, the results will be uneven and tend to deepen the gap of inequality. For example, nutrition counseling provided without considering the literacy level or economic conditions of poor families will only be information that cannot be implemented.

Furthermore, Nancy Fraser (2000), in her theory of redistribution and recognition, explains that social justice is not only about the distribution of resources (redistribution), but also about recognizing the identities and experiences of marginalized groups (recognition). In health service practices, this aspect of recognition is often overlooked. Women from poor backgrounds or indigenous communities, for example, have specific experiences and health needs, but their voices are often not accommodated because they are deemed "irrelevant" by the formal system. This shows that inclusivity cannot be achieved simply by opening access generally, but must also pay attention to the diversity of life experiences and the power relations that surround them.

This discussion also intersects with the critical public health approach, which encourages practitioners and researchers to focus not only on health outcomes but also on the social structures underlying these inequalities (Praptiningsih, 2023). Within this framework, health services should be viewed not as a neutral intervention, but as a socio-political action that consciously favors vulnerable groups. Unfortunately, based on interviews with several field officers in Medan, this approach has not been part of their training or policy orientation. One health center officer stated,

> *"We're trained to deliver programs, not to understand the social issues behind them. If residents don't attend, they're assumed to be unwilling, when in fact, they might be embarrassed or uncomfortable."*

This statement shows how important gender sensitive training and classes are for program implementers. Furthermore, a study by Rifkin (2003) demonstrated that meaningful community participation in health programs correlates with long-term sustainability and effectiveness. However, this participation must be deliberative and reflective, not merely a formality in the form of one-sided consultation. Therefore, a community service model that makes residents co-designers of health programs is not only more ethical but also more effective in the long term.

CONCLUSIONS

The conclusions drawn from the social dynamics of health empowerment practices in Medan indicate that program success is inextricably linked to power relations, social structures, and a truly participatory approach. Inequality between external actors and local communities often gives rise to pseudo-participatory practices that ignore the voices of citizens as primary subjects. In this context, transforming the role of cadres as agents of change is crucial, yet still faces structural challenges from a hierarchical and technocratic health system. Approaches such as CBPR, ABCD, and critical public health offer alternative paths by emphasizing equal collaboration, recognizing

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local social capital, and critically examining inequalities. When community service practices are still dominated by administrative logic and quantitative reporting, the essence of social justice is often lost in rhetoric. Studies such as those by Rifkin, Fraser, and Farmer emphasize that empowerment can only grow in a space that allows for reflection, deliberation, and equitable distribution of power. In the case of Medan, approaches that ignore social identity and local context not only widen the gap of inequality but also diminish the meaning of health as a collective right. Therefore, health services must be understood as an arena for social dialectics that provides space for citizens to design, interpret, and manage programs based on their own lived experiences. Without the courage to shift the paradigm from technocracy to social transformation, empowerment will remain merely an empty slogan. Therefore, social justice and inclusivity are not administrative achievements, but rather political and cultural processes that must be continuously and collectively fought for.

REFERENCES

Adila, N., Rais, S. D. D., Hasana, T. F., & Usiono, U. (2025). Hubungan Gaya Hidup Sehat Dengan Perilaku Kepedulian Sosial Pada Remaja. *JOURNAL SAINS STUDENT RESEARCH*, *3*(2), 96-103.

Agus, A. A., Ramzy, F. Z., & Machdum, S. V. (2020). Sebuah Persimpangan dalam Mengelola Intervensi Sosial pada Dua Level Praktik: Refleksi dari Implementasi Kegiatan Pemberdayaan Masyarakat An Intersection in Managing Social Interventions at Two Levels of Practice: A Reflection on the Implementation of Community Empowerment Activities. *Jurnal Penelitian Kesejahteraan Sosial (PKS)*, *19*(1), 76-92.

Al Farochi, M. N., Noor, T., Wibowo, A., Darmawan, D., Hardyansah, R., Putra, A. R., & Octavianto, A. D. (2024). Optimalisasi peran mahasiswa dalam peningkatan kesehatan masyarakat melalui program cek kesehatan di kampus Universitas Sunan Giri Surabaya. *Economic Xenization Abdi Masyarakat*, *3*(1), 1-11.

Alwi, F. W. U., Rizka, H. V., Azizah, M., Hanoselina, Y., & Helmi, R. F. (2025). Pemberdayaan Masyarakat dalam Pengelolaan Lingkungan yang Berkelanjutan di Kota Padang. *Jurnal Ilmiah Pengabdian Pada Masyarakat*, *2*(4), 912-922.

Arifah, F. N., Mokodenseho, S., Ahmad, N., Sari, I. W., Panu, F., Pobela, S., & Maku, F. H. M. (2023). Meningkatkan akses pendidikan berkualitas melalui program pengabdian masyarakat di provinsi jawa tengah: pendekatan inklusif dan berbasis teknologi. *Jurnal Pengabdian West Science*, *2*(06), 442-450.

Asriani, A., Suaib, E., Husain, M. N., Sudirman, F. A., & Utami, S. A. (2025). Pemberdayaan Masyarakat Pesisir melalui Sosialisasi Transformasi Sosial-Ekonomi dan Kesehatan untuk Peningkatan Kualitas Generasi Muda. *Kongga: Jurnal Pengabdian Masyarakat*, *3*(1), 19-24.

Bodolica, V., & Spraggon, M. (2019). Toward patient-centered care and inclusive health-care governance: a review of patient empowerment in the UAE. *Public Health*, *169*, 114-124.

Journal of Public Health Indonesian
Volume.2 Issue.2, (July) Pages 1-12
E-ISSN: 3048-1139
DOI : https://doi.org/ 10.62872/nshzf341
https://nawalaeducation.com/index.php/JHH

Hasan, A., & Muslim, Z. (2025). Penguatan Peran Interprofessional Untuk Meningkatkan Layanan Kesehatan Masyarakat Berbasis Individu, Keluarga, dan Komunitas Di Pekon Sukoharjo III Barat. *Jompa Abdi: Jurnal Pengabdian Masyarakat*, *4*(2), 114-119.

Indah, R. (2022). *Promosi Kesehatan Dalam Berbagai Perspektif*. Syiah Kuala University Press.

Katjina, H., & Tegar, M. (2024). Solidaritas Sosial Masyarakat terhadap Efektivitas Program Kepedulian Kebersihan Desa. *Termasyhur: Jurnal Pengabdian Masyarakat*, *2*(4), 127-134.

Liamputtong, P., & Rice, Z. S. (2024). Social Inclusion, social exclusion and health promotion. In *Handbook of Concepts in Health, Health Behavior and Environmental Health* (pp. 1-18). Singapore: Springer Nature Singapore.

Marjadi, B., Flavel, J., Baker, K., Glenister, K., Morns, M., Triantafyllou, M., ... & Gardiner, P. A. (2023). Twelve tips for inclusive practice in healthcare settings. *International journal of environmental research and public health*, *20*(5), 4657.

Maulani, M. N., & Yulianingsih, W. (2025). Peran Edukasi Posyandu dalam Meningkatkan Kesadaran Masyarakat Bagi Kesehatan Ibu dan Anak di Desa Sumedangan Kabupaten Pamekasan. *J+ PLUS UNESA*, *14*(1), 216-225.

Praptiningsih, W. (2023). *Dokter, kami ingin lekas sembuh: Nalar klinis, kuasa pengetahuan, dan kritik wacana kesehatan*. BASABASI.

Rifqi, M. (2024). *Peran Forum Bangun Aceh (FBA) Dalam Pemberdayaan Masyarakat Berbasis Inklusi Sosial Melalui Kelompok Swadaya Masyarakat Ingin Maju (Studi Di Gampong Luthu Dayah Krueng Kecamatan Sukamakmur Kabupaten Aceh Besar)* (Doctoral dissertation, UIN Ar-Raniry Fakultas Dakwah dan Komunikasi).

Somantri, S., Wiharta, W., & Amaliyah, A. (2021). Model Kerjasama Menuju Masyarakat Gemah Ripah Repeh Rapih Desa Palir dengan Pendekatan Asset Based Community Development (ABCD). *Etos: Jurnal Pengabdian Masyarakat*, *3*(2), 81-92.

Wulandari, S., Farahdiansari, A. P., Swasanti, I., & Septian, E. (2025). PENDAMPINGAN DAN EDUKASI KESEHATAN SEKSUAL DALAM PERSPEKTIF GENDER PADA REMAJA PUTRI DI DESA MOJOAGUNG. *Jurnal Mandala Pengabdian Masyarakat*, *6*(1), 412-423.