

**Communicating Health Through Community Radio:
Making the Local Community Healthy by Empowering Community
Radio**

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ABSTRACT

This article is about community radio in Indonesia, and highlighting the huge potentiality as a medium for health communication relevant with the context of local community. The main focus is to community radio stations in the region of Pantura, West Java. Through field observation and interview with the management of the community radios, this article shows the community radio's strategy and operation to struggle in their daily local community activities. When traditional communities are dying destroyed by the excesses of free market liberalism, community radio becomes the space to maintain the sense of local closeness, and when liberalization in health can be seen to local levels, community radio promises spaces to share, to make dialog, that grows self-awareness and joint perception concerning local reality appears from inside the community itself. The involvement of community in the management and programs put forward the communal point of view, overcoming government's point of view, which is very needed to deliver complexity of the programs and promotions related with community health issues in a language comprehensible by poor and low-educated communities. Theoretical discussions concerning health communication explain that the existence of community radios is supposed to encourage health intervention models to be more democratic and sensitive towards the communities. Therefore, in the efforts to make the heterogeneous Indonesian people healthy, the empowerment of community radios and health communication perspective with local culture basis are important agenda.

Keywords: community radio, local community, health communication, empowerment, convergence, culture-centered perspective

INTRODUCTION

If in the context of democratization in Indonesia by the 21st century, alternative media are regarded as playing an important role in enlightening the marginal communities, will 'Rakom'(radio komunitas) or the

community radio be able to make the poorest and the most vulnerable communities towards disasters and diseases healthy? A simple answer is perhaps that community radio must be previously empowered and self-empowered before making their

community healthy. Unfortunately the answers have not yet answered the most basic health problems faced by Indonesian people lately.

Indonesian government is facing a quite serious challenge in realizing the targets of Millennium Development Goals (MDGs) in 2015. As we all know, half of the eight MDGs points are related with health issues for poor communities. A free health service program for poor families through Health Insurance Program for Poor People (*Asuransi Kesehatan untuk Rakyat Miskin/Askeskin*) has not yet proven an impressive result. Moreover, it leaves debts in various state hospitals. In this condition, there are anxieties that a more popular and pro-poor community health service management will not be sustained.

The small amount of health budget adds the complexity of the matter. Health sector budget in the last five years is only 1.5 – 2 percent of Indonesia's National Budget (*Anggaran Pendapatan dan Belanja Negara/APBN*). According to World Health Organization (WHO) standard, the minimum budget for health sector of a country is 5 percent. The allocation of health budget in APBN is 2.1 percent; it is far smaller than the allocation for debt payment of 10 percent (*Kompas*, January, 15, 2013: 2).

West Java also faces health problems as is described by an influential newspaper as 'death race between mothers and babies' (*Kompas*, February 6, 2013). The West Java Province Health Office registers, the death of laboring mothers until November 2012 is 689 cases of 412,702 live births.

Of 26 regencies/cities in West Java, the highest number of maternal death cases is in Sukabumi Regency (60 cases), followed by Cirebon Regency (53 cases). Furthermore, Tasikmalaya Regency, Bogor Regency, Karawang, Majalengka, Bandung Regency, Indramayu, Cianjur and Garut. Moreover, there is also a high number of infant deaths. Until November 2012, the number of infant death aged 0-8 months old is 4,189 cases. It means that in every month there are more than 12 babies die in West Java. This health problem is also noted by West Java AIDS Prevention Commission (*Komisi Penanggulangan AIDS/KPA*), that the total number of people with HIV/AIDS in 1999-2012 is 7,315 persons. Until June 2012, 406 new cases have been found. This number places West Java in the 4th rank of 33 provinces in Indonesia with the highest HIV/AIDS case.

Generally, Health Department of the Republic of Indonesia has identified a number of problems in health, which covers: (1) the quite distanced range of health status among socio-economic levels, (2) a quite high level of the people's mobility, (3) a still low environment condition, (4) a still low living healthy behavior of the people, (5) the limitedness of health services, (6) the uneven number of health workers, (7) the utilization of the existing health facilities is not optimum, (8) community access to reach the existing health facilities is not optimum, (9) the quality of health services in Community Health Centers (*Pusat Kesehatan Masyarakat/Puskesmas*) and the

networks is still low, (10) the low performance of human resources in health, and (11) the cross-sector roles in health is not optimum (Health Department of the Republic of Indonesia, 2008).

For the West Java case, health facilities are not evenly distributed that not all of the citizens obtain proper service. Generally, until now Indonesia has limitedness in medical workers to reach all of the citizens. Indonesia is one of the six countries in Southeast Asia which lacking of trained health workers. The six countries (Bangladesh, Bhutan, India, Indonesia, Nepal and Myanmar) have less than 23 trained health workers (doctors, nurses and midwives) per 10,000 populations (*Kompas*, September 10, 2012). Meanwhile, the policy in health of the regional government of West Java has not in the basis of community necessities. West Java Health Office is only oriented to provide health facilities without asking for the people's needs. The government's orientation is only to medicate, the perspective is from up-to-bottom, and not from bottom-to-up, therefore it is difficult to empower the people's health, let alone to perform 'health literacy' programs needed mostly by the local community. Therefore, it is time for the government to change the paradigm of its health communication.

Literature Review

Health Communication Research: A State of the Art

Health communication research encompasses many different contexts of

communication (Wright, Sparks, & O'Hair, 2013). Communication researchers have taken a scientific approach to studying communication within health contexts for decades (Atkin, & Marshall, 1996; Rogers, 1996). According to Berger (1991), communication phenomena occurring within health contexts are so distinctive that they merit their own context-specific theories. Simpkins and Brenner (1984) propose the need of a more holistic health communication research, which must include synergistic functions of interpersonal, intrapersonal and mass media communication towards the cognitive, affective and conative conditions. Scherer and Juanillo, JR (1992) see the importance of bridging between theories and practices in studying public health communication. A handful of scholars have integrated health communication theories to assess their applicability to public health issues (see Snyder & Rouse, 1995).

Kreps and Bonaguro (2009), provides a broad overview of this form of scholarship, explaining the development of health communication as an important and vibrant area of applied communication study, examining recent advancements in such inquiry, and offering suggested directions for future health communication inquiry. According to Kreps and Bonaguro (2009), health communication inquiry today is concerned with the important influences on people's health of both face-to-face communication (in activities such as health-care interviews,

counseling sessions, health-education efforts, care coordination and the provision of social support) and mediated communication (including the many uses of printed media, television, film, radio, computers and other kinds of technology).

Following Kreps and Bonaguro's discussion, in broad terms, two areas of health communication inquiry can be identified: First, *Health-care-focused communication research* typically examines issues associated with the influence of communication on enhancing the quality, accuracy and effectiveness of diagnoses, treatment decision making, treatment follow-up care, support and end-of-life care; and second, *health-promotion-focused communication research*, most often focuses on the design and evaluation of health-education and promotion campaigns through analysis of message design, communication channels and other campaign strategies and practices (Kreps & Bonaguro, 2009: 381).

Researches on health communication have resulted in the various theoretical and methodological perspectives in explaining issues related with health (see Thompson, Dorsey, Miller & Parrot, 2003; Zoller & Kline, 2008). In their article which describes theoretical contributions of critical and interpretive researches in health communication, Zoller & Kline (2008: 90) quote Teresa Thompson (1989) who notes 'the need for health communication research to be more socially relevant and useful to practitioners.' In order to achieve

this goal, for Zoller & Kline, health communication studies must develop culture-centered models and participatory methodologies which are more sensitive with their research context. Dutta-Bergman (2004) articulated the culture-centered approach to health communication. According to Zoller & Kline (2008: 113), the culture-centered approach treats culture as dynamically constitutive of health meanings, 'with an emphasis on speaking from the margins, on building epistemologies from the margins, and on creating alternative discursive spaces for the conceptualization of health' (p. 1108). The perspective foregrounds agency by 'acknowledging marginalized people's capacity to determine their own life course, model their own behaviors, and develop epistemologies based on self-understanding' (p. 1108).

Health communication scholarship also examines practical attempts at dialogue such as community health planning (Zoller, 2000) as well as evaluates discourse and interaction such as provider-patient interactions by comparing it to the ideals of dialog (Geist & Dreyer, 1993; Zoller & Kline, 2008: 97). Research from a dialogic perspective investigates the co-construction of meaning through the flow of ongoing interaction (Cissna & Anderson, 1994). Dialogue is rooted in voicing otherness and acknowledging differences, and it involves genuine listening and willingness to be changed in interaction (Bakhtin, 1981; Cissna

& Anderson, 1994). In the context of studying the potentiality of community radio as the medium of health communication among local communities, this article sees the relevance of this participatory and culture-centered approaches and dialogical perspective.

Health Communication in Indonesia

Practically health communication has been applied in Indonesia since a long time ago, but theoretically it is a relatively new scientific study. Compared to the complexity of health problems faced in Indonesia in the last decade, there are only a few literatures being published under the health communication rubrics. Mulyana (2012) records that there are only two communication study programs which have offered health communication courses. Meanwhile there is only a small number of Indonesian communication experts who have written about health communication, namely Liliweri (2007) and Mulyana (2012). Mulyana (2012) sees the importance of qualitative research and cross-cultural health communication in the context of heterogeneous Indonesian people's culture.

Among the small amount of studies, we must record two studies, namely Chib, Lwin, Ang, Lin and Santoso (2008) concerning the use of communication and information technology (ICTs), namely cellular telephone among the midwives to improve health services among poor communities in Aceh Besar. Then, the study

performed by Lee, Chib and Kim (2011) who develop and test theoretical models explaining the process which bases the use of cellular telephone in order to facilitate the capacity of community health service workers in developing regions. The study shows implications towards technology intervention strategies targeted for health service workers in rural communities.

This article is meant to fill the limitedness of health communication study in Indonesia, by emphasizing the community radio potentiality. It reminds us that community radio stations are not only be able to be used to promote cultural programs (Oline, 2013), but also to see their capacity as an effective health information source for the local community (Smith, Menn & McKyer, 2011).

Research Setting and Method

The Pantura region is a northern part region of the West Java Province with a quite rapid development of community radio station; for example, the Cirebon region has its own community radio network called the Cirebon Region III Community Radio Network (*Jaringan Radio Komunitas Wilayah III*, abbreviated as Jarik III). It is registered that there are nine community radio stations in the region III of Cirebon which establishments are initiated by Fahmina Institute. Those radios are actively voicing their local social problems. According to Ahmad Rofahan, Jarik III coordinator, the network is meant as communication, hospitality and

learning media from community radio stations in Cirebon region. Then, the Indramayu Regency also has a quite large number of community radio stations, which are 29 community radio stations. Meanwhile in Karawang region there are three community radio stations (interview, 9 May 2013).

The methodology of this article is qualitative prism, based on field research from January to July 2013 and interviews with the practitioners of the three community radio stations, on 4 & 11 April, 9 May and 3 July 2013. The data of this article is based on field observation and direct interviews with the practitioners of community radio stations in the Pantura region. The key informants are the broadcast chiefs, community radio chairmen, the broadcasters, and the coordinator of Jarik III of the Cirebon region. As a case study, we center our observation to the following three community radios:

1. Arya FM (Address: Jl. Pramugari Blok Kebon I, Eretan Kulon, Kandanghaur, Indramayu).
2. QLAN FM (Address: Jl. Kiyanti RT 15/04 Klayan, Gunung Djati, Cirebon).
3. NHfm (Address: KM. 4 Telagasari RT 05/02, Pasir Mukti, Telagasari, Karawang).

The management of these three community radios is based on the spirit of voluntarism, because community radios do not give financial benefits and it is realized that financial factor is not their orientation in their involvement in community radios,

and because they already have professions in other fields. In community radio, they have orientation far beyond profit matters; they give orientation more to joint interest and try to fulfill their listeners' need or social capital oriented.

Small Media, Big Potentiality

Community

communication is existed in all regions in the world. Communities can be understood 'either as geographic entities or as groups that share a special interest or identity as functional communities' (Weil, Reisch, & Ohmer, 2012: 11). Sociologically and geographically, community can be meant as a social horizontal organization basic unit. Community media is a medium designed to encourage a wide participation, cross-sector, which represent socio-economic levels, organization and minority or subculture groups in a community (Mowlana, 1989).

Community radio in Indonesia experiences a dramatic development by the end of 1990s especially after *Era Reformasi* (the Reformation Era) and rapidly grows to the whole country by the 2000s. It shows up from below, orienting on specific issues in local community level and generally has voluntary management form and participatory communication. A number of crucial studies highlighting the rise of community radio in democratization context as an alternative public sphere for marginal and ordinary people to give their voice (see Birowo, 2011; Gunawan, 2012; Ibrahim, 2005; Laksmi, 2012; Laksmi &

Haryanto, 2007; Jurriëns, 2013, 2011, 2009, 2006 & 2003; Maryani, 2010; Usodo, Rachman, Saputra, Sutarna & Abda, 2008; Chaerowati, Rochim, & Yuliaty (2013 & 2016).

In Indonesia, radio has been used as a media to support development program since a long time ago (Jahi, 1988: 131). In the 1970s and 1980s, radio has a high priority as a medium for agricultural counseling and Family Planning campaigns. Based on observation on the Indonesian Rural Broadcast Forum (*Forum Siaran Pedesaan di Indonesia*), Albert Hilbrink argues that radio can grow awareness and stimulate the sense of involvedness (Hilbrink, 1976: 119).

According to the earliest survey performed in West Java, rural broadcast programs are very popular among listeners in rural areas because the broadcasters have succeeded in creating the image of radio as trustable information medium. Many listeners think that style of presentation and the communicator's personality are very important for a broadcast to succeed (Hilbrink & Lohmann, 1974; Hilbrink, 1976: 123). This article sees how community radio re-enlivens its community trust.

A culture-oriented health communication considers local culture values and community involvement in health matters. It is in accordance with what Manfred Oepen says, more than twenty years ago, that 'communication must be integrated directly with what is being considered as local population cultural conditions' (Oepen, 1988: 9), therefore

community radio is appropriate for this strategy.

We find that community radio has great potentiality to build synergy in delivering and discussing health-related issues in community levels. In this case, a community radio is 'a scant (people) media with big potentiality' if it is developed and is made use for health communication and health literacy for local community.

The West Java regional government has once asked a number of community radios to cooperate in relaying the broadcasts of provincial government programs. The first step is to sign cooperation between West Java Health Office and Farmers Voice Radio Network (*Jaringan Radio Suara Petani/JRSP*) in the socialization of population health in order to face A-H1N1 virus. The National AIDS Prevention Commission (*Komisi Penanggulangan AIDS Nasional/KPAN*) has also the commitment to change the course of AIDS epidemic in Indonesia by preventing 1 million people from being infected by HIV in 2020. On May 2012, the National KPA affirms the need of synergy among the government, private sector and community (public-private-community partnership) (KPAN, 2012). Then newsletters and community radio stations in 10 Provinces are established. Training materials for community radio discuss the theories for community radio and how to manage community radio, especially in socializing HIV and AIDS issues (KPAN, 2009; Ibrahim, 2009). In 2010, it is listed

that around 50 community radios and dozens of private radios have become KPA's partners in campaigns to prevent and eradicate HIV/AIDS in West Java.

The involvement of community radio in campaigning the prevention of HIV/AIDS is admitted to be able to reach listeners to West Java remote areas. Therefore, important information about HIV/AIDS prevention and eradication can also be acknowledged by rural population.

Unfortunately the efforts in utilizing community radio as health socialization facilities are still too government-oriented. It often creates differences in point of view in seeing health issues faced. For community radio practitioners, what they need is dialog and synergy between the government and community members about which community health matters that are the most urgent. Radio can be the 'bridge' and 'facilitator' of community health communication. It indirectly enlivens trusts and grows sense of community which starts to disappear by the various changes occurred due to liberalization policy seen in remote areas.

Community radio can trigger the facilitating of local people forum. It strengthens previous studies, that community radio station in one village in West Java may be the place for *Posyandu (Pos Pelayanan Terpadu)* (Integrated Health Service Post) for mother and children's health.

To develop the sense of community, the three community

radios use local language in their broadcasts because it makes them feel more intimate and the audience likes it. For community radio management, local language is needed to guarantee that the radio message can be effectively delivered to the audience. 'The point is, daily language but in a polite way,' says Rofahan from Jarik III (interview, 9 May 2013). The reason is that most of their audiences are labors, farmers and fishermen who, according to Karim from Arya FM, 'listen to the radio in fish markets, or some take radio while sailing.' (interview, 11 April 2013).

Community radio can bridge communication gaps between members of the community and the regional government. Karim sees community radio 'as hospitality facility among the people to strengthen fraternity bond' and 'to become information facility from the village to its residents and vice versa' (interview, 4 April 2013). According to Karim, most information broadcasted by Arya FM is resourced from community, mostly farmers, which often know more of their local problems. The information is often being delivered through text messages (SMS) via cellular telephone.

Unfortunately, the local government does not see this reality. Karim, for example, delivers the audience's complaints about the lack of aid and community health service from local government. It is ironic because Indramayu region is one of the remote areas to supply for Indonesian Workers (*Tenaga Kerja Indonesia/TKI*).

Although being critical to the local government, QLan FM (Cirebon) community radio is willing to open the space if it is related with the people's health interest. This radio builds cooperation with Ministry for Women's Empowerment and Children Protection for health, gender and economy issues. 'We have the awareness towards health, and we will always be together visiting the ills,' therefore, 'we also deliver people's voice related with government programs,' says Maman from QLan FM (interview, 9 May 2013).

Maman admits the effectiveness of community radio for the residents' health information starts to attract government's attention, such as BKKBN (National Family Planning Coordinating Board), which starts to use community radio as health socialization media. If there are still many women die during child birth because the lack of information access given, why don't we use community radio? That is what being asked by community radio management. 'Why don't we just use local potentialities around us?' The potentialities are community radio. NHfm (Karawang) community radio which born from organic farmer group also asks for the lack of interest of the local government in responding community radio. 'It is supposed to be at least the local agriculture office gives counseling about organic farming,' says Omo Ahmad from NHfm (interview, 3 July 2013).

Maman confirms, 'Our goal is at least the people know that there are important issues for them to acknowledge.' However, because community radio comes from the people, it is truly the people's voice, and if it depends too much to the government, 'we are worried if someday their alignment is more leaned to the village's official voices.' For him, radio which is useful for the people is not only about entertainment, but 'there must be information for the people' and give 'specific spaces directed to the people information education' and open 'public service ads' orientating towards local people's interest (interview, 9 May 2013).

The potentiality of community radio should be a health information forum through dialogs in audience meetings or interjecting health messages directly related with health matters being faced by the community from the local point of view. If it can be done not only community radio will stay alive, but also health campaign will become cheaper and more effective and therefore public health communication will be more democratic because it is based on community and local culture perspective.

The Future of Community Radio: Strategy to Survive

Whatever operation it is, community radio station often faces financial difficulties for their operation such as for electricity, maintenance and repair costs if there are broken equipments. In order to survive, they rely on money collected from their loyal

listeners who are joined in a group they called 'members' or fans. From a dialogic perspective, listening to a radio in a community group is an important thing to build closeness among the community members. Community radio brilliantly promotes the people to regularly meet at certain times that they will always feel involved. This becomes an important part to maintain continuation of support and vitality of community radio.

The community participation for community radio operational funding in Pantura region is in the form of: 1) voluntarily donation from community radio management, both in the form of fund, broadcast equipments, food and drinks, and also nonmaterial; 2) community contributory, for example through fans social gathering, fans recitation and song request; and 3) public service ad (Iklan Layanan Masyarakat/ILM), which usually done by local traders who want to promote their goods by being made ILM by radio management. As for the ILM cost, some of it is specified by radio with very cheap tariff but will be broadcasted as much, or voluntary fees from the people putting up their ILM.

It is interesting that in the middle of new media invasion with the various social media favorite by Indonesian people lately, we find that community radio in the Pantura region is still alive, and it is even stronger and more solid. It is because the ability of its management in performing media convergence on community radio. The use of media convergence related with the objective

orientation of the establishment of community radio itself, is based on three perspectives:

1) *Local culture gatekeeper perspective*, which is performed if community radio is only oriented as entertainment and conservation media for local languages and arts, therefore the simplest media convergence performed is only to make computer equipments as broadcast equipments;

2) *Innovative community perspective*, which is performed if the community radio is oriented towards the improvement and development of the people's livelihood and profession, therefore media convergence has already used Internet, especially social media for innovative information socialization; and

3) *Information-literate community perspective*, which is performed if the community radio has used media convergence by using Internet as a new media with network with the objectives to widen the people's thinking orientation by educating to create an information-literate community and to promote the pioneer of civil society.

Conclusion

Globalization and deregulation policy in Asian countries including Indonesia have given dramatic effect both in national and local level and have changed the relationships of local level actors (see Antlov, 2003 & 2003; Aspinall & Fealy, 2003; Hadiz, 2010). After the collapse of the New Order regime in 1998, the climate of freedom has resuscitated communication

democratization potential of the local community. The space to give opinion is spread to all Indonesian regions. Although not all of the local political development move towards a positive direction, as is seen from 'localization of corruption' (Ibrahim & Iriantara, 2003), the people's political awareness in local levels is even better than in the previous era.

It is marked by the rising of the people's participation in political processes and the appearing of critical attitude against the various policy of the local government which are regarded as undemocratic. The development of democratic climate in local levels is also marked by the appearance of a number of alternative media, including community radio, which becomes an alternative channel for marginal and lower communities in voicing their interests.

Based on the Indonesian Community Radio Network (*Jaringan Radio Komunitas Indonesia/JRKI*) database, nowadays community radios are found in 20 provinces. There are 680 community radios per June 2007. The province with the largest number of community radios is West Java, there are 348. It shows that the development of community radio in West Java is so rapid compared to the other regions. In fact, in West Java there are numerous of other radio networks, such as Farmers Voice Radio Network (*Jaringan Radio Suara Petani/JRSP*) or fishermen's which have 280 radio station members and Indonesian Agriculture Reconciliation Radio

Network (*Jaringan Radio Kerukunan Tani Indonesia/JRKTI*) which have 30 radio station members. This reality shows the people's enthusiasm and strong will, mostly the farmers' and fishermen's, to establish their own community radio. Therefore, the development of community radio cannot be separated from the dynamics of political climate and culture of the people where the radio operates.

If the rotation of historic wheel can be pulled onward, will the future of community radio be brighter? What can be enacted in making its community healthy? After the freedom climate is opened and media regulation is looser, the three community radios in Pantura, West Java, is continuing to survive and trying to improvise among their communities.

The future of the three community radios will be dependent towards their ability in bargaining and guaranteeing the balance between the obligation to build cooperation with the local government and the will to maintain their independence. The strong tendency shows that despite being always critical or taking the resistance position, community radio starts to see the importance of building cooperation with other sectors. It doesn't have to be seen as the lost of independence and critical attitude, but as a strategy to negotiate in the efforts to dialog with the powers taking roles in local levels.

If the managements of the three community radios are able to do this, we will see a brighter future of community radio in these

regions. We will also see grass-roots radio which enlivens trust and community participation. The three community radios have shown spirit of the managements and involvement of their audiences to maintain what they feel as the sense of community and awareness to maintain local culture (Maryani, 2010; Birowo, 2011), such as by routine meeting of listener members, broadcasts in local language and by not abandoning local arts.

However, the problem is that whether local government in Indonesia has become more capable in making policies in health which involve the role of community radio to deliver and dialog the policies among the people who are aware of the importance of a healthy life quality of the community. If only the health providers and participants are able to catch this development, we will see how the potentiality of community radio be developed to create health promotional programs and campaigns to a more democratic health communication perspective and local culture-oriented.

This will place community radio as an important part of national policy in health in a country with a large number of populations, heterogeneous and spread as Indonesia, and also to enliven community radio and its community life to become smarter and more literate. By helping empowering community radio, in West Java context, it means we have helped to educate local community of the importance of media literacy and also health literacy.

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