COMMUNICATION IN MEDICAL PERSPECTIVE
IN COASTAL COMMUNITIES

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ABSTRACT; North Aceh Regency which consists of 27 sub-districts, 852 Gampong with a population of 629,780 people, Aceh's coastal area covers 18 districts/cities Some data show that poverty and policies in North Aceh's coastal areas are still far from reach. Promising natural resources cannot improve the standard of living of coastal communities. From the data above, it can be ascertained that the average coastal community of Aceh is still in the lower economic class and has a primitive mindset, so that in the field of health, a group of coastal communities is still ambiguous about understanding what personal hygiene and proper and proper environment are. healthy. The role of communication science in the health sector emphasizes the importance of human autonomy. Health communication also includes the use of communication services to convey messages and influence decision-making processes related to efforts to improve and manage health by individuals and communities.

KEYWORDS: health communication, coastal communities.

1. INTRODUCTION

Coastal areas are transitional areas between sea and land. As an illustration, Aceh province has a coastline of 2,666.27 km and the sea area has an authority of 43,339.83 km2 or is the largest coastal area on the island of Sumatra, Indonesia. Unfortunately, as much as 25% of the coastal population in Aceh still lives below the poverty line or is not yet prosperous.

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The professions of the coastal communities of North Aceh in general are fishermen, pond farmers, salt farmers, marine tourism businesses, traders, breeders, palawija farmers, state civil servants, artisans and others. However, in general, they are coastal fishermen who work as catchers, cultivators, traders, and a small part, namely the bench geckos, who also process them. The community's routine lifestyle is followed throughout the year, if fish resources are abundant, they will automatically reap profits through traditional fishing, cultivation and processing.

However, when there is a famine or crop failure, they have no source of livelihood. The shortcut is that they owe money to the skipper, moneylender or toke bench, and also subscribe to basic food shops. As a result, people never move up from poverty. The community has no alternative source of life during famine and crop failure. The luckiest parties are the large-scale fish traders, toke benches or middlemen. These traders are actually the economic rulers in the villages or villages of coastal communities. Such conditions continue to happen without having to know how to end it. Thus, the coastal community is categorized as a vulnerable community which is always attached to *image* of the poor.

However, promising natural resources cannot improve the standard of living of coastal communities. From the data above, it can be ascertained that the average coastal community of Aceh is still in economic class and has a primitive mindset, so that in the field of health, a group of coastal

communities is still ambiguous about understanding what personal hygiene and proper and proper environment are. healthy.

Communication is the process of operating stimuli (stimulus) in the form of symbols or symbols of language or motion (non-verbal), to influence the behavior of others (Rahmadiana, 2012). The role of communication science in the medical or health field emphasizes the importance of human autonomy or human freedom, which means that health sciences should also pay close attention to human autonomy and human interests in their daily lives. Health communication also includes the use of communication services to convey messages and influence decision-making processes related to efforts to improve and manage health by individuals and communities (Saleh, 2019).

In addition, health communication also includes activities to disseminate information about health to the public in order to achieve healthy living behaviors, create awareness, change attitudes and motivate individuals to adopt healthy behaviors that are recommended as the main goals of health communication (Prasanti, 2017).

2. DISCUSSION
2.1. Health

Communication Health communication is the art of informing, influencing and motivating individuals, institutions, and communities about important issues in the health sector in improving the quality of life and health of individuals in society (Endrawati, 2015). According to Cline, R. in Liliweri (2009), health communication is also a field of theory, research and practice related to understanding and interdependence affecting communication (symbolic interactions in the form of messages and meanings) and health-related beliefs, behaviors and outcomes.

According to Metta Rahmadiana in his research, health communication includes information about disease prevention, health promotion, health care policies, business regulations in the health sector that as far as possible change and update the quality of individuals in a community by considering scientific and ethical aspects. Based on the research of Metta Rahmadiana, the important role of health communication is reflected in the introductory title "*The Healthy People 2010 Information*" which states "*use communication strategically to improve health*". That is, there is no other way to succeed in the health of individuals and communities except by utilizing communication services. Based on this consideration, all analyzes and efforts to improve the quality of human life must include the role of communication science, especially communication strategies, to disseminate information that can influence individuals and communities in order to make the right decisions regarding their health (Rahmadiana, 2012).

2.2. Health Communication Objectives Health

communication objectives are divided into two, including:

Strategic objectives

In general, programs related to health communication designed in the form of program packages or modules can function to:

1. Relay information, which is to forward health information from one source to another. other parties in sequence (hunting).
2. Enable informed decision making, is to provide accurate information to enable decision making.
3. Promote peer information exchange and emotional support, which is to support the first exchange and emotionally support the exchange of health information.
4. Promote healthy behavior, information to introduce healthy living.
5. Promote self-care, namely introducing self-care.
6. Manage demand for health services, which is to meet the demand for health services (Liliweri, 2008).

Practical Objectives; According to Taibi Kahler in Liliweri (2009:53-54) practically the specific purpose of health communication is to improve the quality of human resources through several educational and training efforts in order to.

1. Increase knowledge which includes:
- Principles and processes of human communication
- Become a communicator (who has ethos, pathos, logos, credibility and others).
- Develop verbal and non-verbal messages in health communication.
- Choose media that are appropriate to the context of health communication.
- Determine the appropriate communication segment in the context of health communication.
- Manage feedback or the impact of health messages in accordance with the wishes of communicators and communicants.
- Manage barriers to health communication.
- Recognize and manage Improve your ability and skills to communicate effectively.

2. Forming communication attitudes and behaviors, such as:

- Communicating in a pleasant, empathetic way.
- Communicate with confidence in yourself.
- Creating public trust and public empowerment.
- Make the exchange of ideas and information more enjoyable.
- Appreciate the formation of good communication. health communication context.
- Research principles.

2.3. Benefits of health communication

The benefits of studying the science of health communication according to Alo Liliweri. (2009: 56-69) are:

1. Understanding the interaction between health and individual behavior.
2. Increase our awareness of health issues.
3. Implement intervention strategies at the community level.
4. Facing disparities in health care between ethnic or racial groups in a society.
5. Displays an illustration of skills, describing various types of skills for maintaining health, prevention, advocacy or health care systems to the community.
6. Responding to requests for health services (knowing and conducting needs analysis).
7. Strengthening public health infrastructure in the future for results that satisfy the general public.

   Renew the role of health professionals, for example increasing the knowledge and skills of medical workers, strengthening health infrastructure, building partnerships, developing accountability, and developing evidence of service.

2.4. Forms of Health Communication

Based on Metta Rahmadiana's research, Health Communication in Everyday is divided into 3, namely:

1. Health communication with patients / sufferers

Health communication with patients or sufferers includes information related to individual health conditions, information on how to maximize care and how to provide therapy. Health communication to patients / sufferers is more therapeutic which means it facilitates the healing process (Damayanti, 2008).
Therapeutic health communication has the following objectives:

a. Help patients reduce the burden of feelings and thoughts and help patients take action to change the existing situation when needed by the patient.

b. Help reduce patient doubts and help patients take effective action.

This therapeutic health communication can be provided by the family, medical experts and people who are around the patient/patient by taking into account several principles in therapeutic communication itself, namely:

a. Therapeutic communication must be characterized by mutual acceptance, mutual trust and mutual respect.

b. The family, medical experts and people around the individual must be aware of the patient's physical and mental needs

c. Understand the true meaning of empathy as a therapeutic action. *2. Health communication with the family*

Health communication with patients and their families is an important part of medical care. Effective communication is essential because the patient can understand his situation and the family can understand the condition of their sick family member. Failure to communicate health information to patients and their families can result in patient misunderstanding of the test results (McBride, 2002).

3. Health communication for the community

Health communication for the community is more directed at the form of health promotion. Health promotion is not only a community awareness process in terms of providing and increasing knowledge in the health sector. Health promotion is a health program designed to bring about improvement in the form of behavior change, both in society and in the organizational environment.

2.5. Barriers to health communication

In every communication process, sometimes there are obstacles or communication disturbances (noise of communication), namely things that hinder the smooth transfer of information messages from the source to the recipient. Disturbance in the communication system is something that makes the message delivered different from the message it receives, can be sourced from the elements of communication. For example, from communicators, communicants, messages, or media that reduce the meaning of the message (Graeff, Judith A., John P. Elder., 1996).

Communication barriers that occur to the recipient or communicant are internal disorders (psychological and physiological), attentional power, anxiety, fear, incompetence or lack of competence, lack of oral and written communication skills, not or lack of credibility in education, experience, power and authority and etc.

3. Coastal Communities

Based on Dewi Fatmasari's research, the coast is a meeting place between land and sea; towards the land covers the land part, either dry or submerged in water, which is still influenced by the characteristics of the sea such as tides, sea breezes, and infiltration of salt water; while towards the sea includes the part of the sea that is still influenced by natural processes occurring on land such as sedimentation and fresh water flow, as well as those caused by human activities on land such as deforestation and pollution.

According to research conducted by Faizal (2002), people in coastal areas have low education, productivity that is highly dependent on the seasons, limited business capital, lack of supporting facilities, poor market mechanisms and difficulties in transferring technology and communication which result in uncertain incomes for coastal communities.

Coastal communities are people who live and carry out socio-economic activities related to coastal and ocean resources. Thus, in a narrow sense, coastal communities have a fairly high dependence on the potential and conditions of coastal and ocean resources. The coastal community is a group of people (fishermen, fish cultivators, fish traders, and others) who live together inhabiting the coastal area to form and have a distinctive culture related to their dependence on the use of coastal resources.

Coastal communities are people who are still underdeveloped and are in a marginal position. In addition, there are many dimensions of life that are not known by outsiders about the characteristics of coastal communities. They have different ways in terms of knowledge, beliefs, social roles, and social structures. Meanwhile, behind the marginalization, coastal communities do not have many ways to overcome the problems that arise.

3.1. Specific Conditions of Coastal Communities

Based on data from Hanson et al., the following are specific conditions of coastal communities: Ecological and Geographical.

a. Extensive ecological zone with relatively narrow managed area. b. The physical aspect of the ocean causes high productivity in the activities of a shipping day.

b. There are limitations in sea transportation, ports or alternatives to get land parts.

c. Faced with dangerous natural conditions such as wind, water currents, and various problems: malaria, water shortages, floods, droughts and storms.

Economics

a. Revenues are generally below national standards.

b. The income gap is caused by differences in resources, type of fleet, fishing gear and market access.

c. Fluctuating resources and market availability lead to income variation and uncertainty.

d. Isolated community locations create high costs in building and maintaining infrastructure.

e. Investment is rather difficult to do, and excess capital in some levels of society.

Social

a. Access to social services is limited, such as health and education services.

b. There is intervention from outsiders to form organizations for self-help that empower fishing communities such as fishery cooperatives, fishing groups, and others.

c. The closeness of relations in society is quite high.

d. Independent of positive law, generally the community has local rules for utilizing local resources.

The existence of crimes by certain people in the form of piracy, beatings and other acts that the government does not pay attention to.

3.2. Problems for Coastal Communities

Problems that are often faced by coastal communities include poverty levels (economic uncertainty), damage to coastal resources, and environmental health, as well as utilization of marine areas for fishermen (open access and limited open access). There are four main problems faced by coastal communities, namely the level of poverty, damage to coastal resources, and the low independence of village social organizations, as well as the lack of infrastructure and environmental health in village settlements.

Mapping of problems in an area can be one approach to develop a strategy for solving problems in that area. The complexity of the problems of coastal communities needs to be mapped, so that it is known what problems occur, what and which problems need to be resolved immediately, and how to solve the problem.

4. Conclusion

Communication is a science that exists when humans are born, and the application of communication science is found in various fields, one of which is in the health sector, communication from a medical or health perspective, is a health supporting factor, and plays a very important role in changing the mindset of coastal communities. Health communication in the form of health promotion, can shape attitudes and change individual behavior by increasing awareness and adding knowledge about health issues, health problems and health solutions with the aim of improving and maintaining the health status of coastal communities.

In order to implement effective communication, it is necessary to have a common understanding in communicating and the same communication goals, namely to support the success of the health of coastal communities. When this is done well, the perspective of the non-coastal community and the government regarding coastal communities will certainly turn into a positive thing, because cleanliness and health in an area can be a benchmark for the progress of a region's development.

REFERENCES

Damaiyanti, M. (2008). *Therapeutic Communication in Nursing Practice*.

Endrawati, E. (2015). Application of Health Communication for the Prevention of Leptospirosis in the Village Community of Sumberagung, Moyudan District, Sleman, Yogyakarta. *Journal of Communication*, *7*(1), 1 ± 25.

Graeff, Judith A., John P. Elder., & EMB (1996). *Communication for Health and Behavior Change (translation)*.

Liliweri, A. (2008). *Basics of Health Communication*.

Prasanti, D. (2017). Portrait of Health Information Media for Urban Communities in the Digital Age. *IPTEK-KOM*, *19*(2), 149–162.

Rahmadiana, M. (2012). Health communication: a review. *Journal of Psychogenesis*, *1*(1).

Saleh, G. (2019). The effect of doctor's communication on the recovery of outpatients. *Journal of Communication Studies*, *8*(1), 12–17.