



2nd ICHMS & 2nd LSC

PROCEEDING

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The 2nd International Conference of Medical and Health Sciences (ICMHS) and The 2nd Life Sciences Conference (LSC) 2016

*"Towards a Better Quality of Life
through Interdisciplinary Research"*

Yogyakarta, 9th-10th December 2016
The Alana Hotel and Convention Center

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**The 2nd International Conference of Medical & Health Sciences
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**Chair person of The 2nd International Conference of Medical and
Health Sciences and The 2nd Life Sciences Conference 2016**



Welcome to Jogja, sugeng rawuh!

For the second time, the Faculty of Medicine and Health Sciences Universitas Muhammadiyah Yogyakarta is going to conduct the 2nd International Conference of Medical and Health Sciences (ICMHS) this December in vibrant Yogyakarta, Indonesia. This year we are going to collaborate with the Life Sciences Society of Pakistan for their 2nd Life Sciences Conference (LSC) with Dr. Zahid Iqbal as the general secretary.

This year's conference theme "Towards a better quality of life through interdisciplinary research" will be celebrating an era of seamless interdisciplinary integration and collaboration in scientific innovations with the involvement of more extensive topics and disciplines in the conference. We aim to exhibit the products of that kind of approach in solving challenges, improving the quality of life, and creating sustainable developments. We are happy to announce that our conference is filled with Invited speakers from Pakistan, United States of America, Uni Emirates Arab, Malaysia and Indonesia. Presentations will be conducted in oral as well as poster that covers topics from medicine, public health, dentistry, pharmacy, biomedical to agriculture. To put more credibility to the conference we are collaborating with Isra Medical Journal and the Asian Journal of Agriculture and Biology to publish selected papers from the event. Other paper will be published in the ISBN Proceeding book.

The last but not least, enjoy the conference, start networking and sharing ideas, and let immerse yourself to the heritage cultural ambient of Jogja, sumonggo!

Yogyakarta, 1st December 2016

dr. Iman Permana, M.Kes, Ph.D.

**The 2nd International Conference of Medical & Health Sciences
and
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**Dean of Faculty of Medicine and Health Sciences,
Universitas Muhammadiyah Yogyakarta**



Assalamu'alaikum Wr. Wb.

Science, especially in the areas of health and life growing more rapidly. We need to work together in the research of various disciplines to the advancement of science and to provide benefits to human life.

After successfully organized international scientific meeting last year, the Faculty of Medical and Health Sciences Universitas Muhammadiyah Yogyakarta, held the second scientific meeting ICMHS along with "2nd Life Sciences Conference". In this second scientific meeting, FKIK UMY collaborates with various researchers, among others from Pakistan, Malaysia, and the United States. Taking the theme "Towards a better quality of life through interdisciplinary research" we hope to establish cooperation with various parties to be able to contribute ideas to the civilization of human life.

Finally, we congratulate the scientific meeting in the city of Yogyakarta Indonesia. Enjoy the beautiful city of Yogyakarta with priceless historical relics. We hope that this meeting can run smoothly and provide benefits to the advancement of knowledge.

Wassalamu'alaikum Wr. Wb.

Yogyakarta, 1st December 2016

dr. Ardi Pramono, M.Kes, Sp.An.

**The 2nd International Conference of Medical & Health Sciences
and
The 2nd Life Sciences Conference 2016**

Rector of Universitas Muhammadiyah Yogyakarta



Assalaamu'alaikum Wr. Wb.

Ladies and Gentlemen,

Welcome to the 2nd International Conference on Medical and Health Science in conjunction with the 2nd Life Sciences Conference 2016

Welcome to Yogyakarta City of Tolerance

Our Faculty of Medicine and Health Sciences has been doing such international conference almost every year for the last ten years. This and other previous conferences are the things that supporting our vision as an excellence and Islamic university, a young and global university. We will always try to keep monitoring the development of science through sending more lecturers to do the sabbatical leave overseas, doing international research collaborations and also the international conference. Each department should do this strategy of internationalization so that each department has its own network. Faculty of medicine and health science is one of the most progressive units in implementing this strategy by inviting international experts on a regular basis. This program will certainly strengthen our vision.

International conference on medicine and health sciences is a smart choice to offer our lecturers access to the most recent development of the subjects. The participants will also gain the same knowledge and latest information on medicine and health sciences. As everyone knows that the development of science and technology are faster today compared to the previous period. Information technology, computer, and other development havefastened the transformation of medicine and health science into the different and more complex stage.

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Cellular technology, for instance, can be used for several functions including those that directly impacts our daily life. There is no long distance call anymore today because cellular phone can do everything we need to contact other people far from where we stand anytime anywhere. People will finally innovate cellular phone for the sake of personal health services. We will in the future using our simple cellular phone to detect our body temperature, blood pressure, even how much fat we have in our body and how much it is supposed to be. We may also be able to check the health of our body without leaving our house and order medicine without going into the drug store. Everything is almost possible as long as we think hard for the better of people in the future. Enjoy the conference and don't forget to visit our rich tourist destinations, mountains, beaches or caves (underground waterways).

Thank you

Wassalaamu'alaikum Wr. Wb.

Prof. Dr. Bambang Cipto, MA

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Keynote Speech

**by Head of Provincial Health Office Special Region of Yogyakarta
in International Conference
of Medical and Health Sciences and Life Sciences Conference**

The Alana Hotel and Convention Center, Yogyakarta, December 9-10, 2016

The honorable:

- Rector of Muhammadiyah University of Yogyakarta,
- The Dean of Medical and Health Sciences Muhammadiyah University of Yogyakarta,
- The chairman of organizing committee of the international conference of medical and health,
- Distinguished guests and colleagues.

Assalamu'alaikum Warahmatullahi Wabarakatuh,

First of all, we thank God for His blessings that today we may attend the International Conference of Medical Health Towards a Better Quality of Life Through Interdisciplinary Research in Yogyakarta.

My distinguished colleagues,

In Indonesia National Long Term Development Plan (2005-2024), the Indonesian Ministry of Health have determined a paradigm shift that have governed health services in health development plan. There has been a shift from Curative Health Services to Preventive and Promotive Health Services.

Recently, Indonesia suffers from a triple burden of diseases as health development challenges. The triple burden of diseases are: 1) the backlog of common infections, undernutrition, and maternal mortality; 2) the emerging challenges of non-communicable diseases (NCDs), such as cancer, diabetes, heart disease; and 3) mental illness, and the problems directly related to globalization, like pandemics and the health consequences of climate change.

Dear colleagues,

Here are some data that show several health problems in Indonesia:

1. Maternal mortality rate in 2015 is 4,809 cases, infant mortality rate in 2015 is 22,267 cases;
2. Regarding to children under the age of five, the national stunting rate is 37.2% which consists of 18% for very short dan 19.2% for short (Risksedas 2013);

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3. HIV testing coverage is 14% dan antiretroviral (ARV) therapy coverage is 65.58% (Directorate General of Disease Control and Prevention Ministry of Health, 2015);
4. Tuberculosis (TB) notification rate in 2015 is 73.5% and tuberculosis treatment success rate is 72% (Directorate General of Disease Control and Prevention Ministry of Health, 2015).

Distinguished guests,

Indonesia Health Development Program in 2015-2019 strengths in improving human quality life through Health Indonesia Program with family approach. The Indonesian Ministry of Health issued The Minister of Health Regulation (Permenkes) No. 39 Year 2016 as a Guideline of Implementation of Health Indonesia Program with Family Approach. This program has 12 main indicators as markers of a family health status. Currently, many health programs have been implemented by Indonesian Ministry of Health, Provincial Health Offices, and District Health Offices. However, many health problems, some as mentioned above, still become health burdens. We may ask a question whether the programs that we conducted have answered the health problems we have in Indonesia.

It would be better if all health programs that we implement based on scientific health research, especially interdisciplinary research. The research should be related to detection, prevention, and treatment of diseases or problem solving for better health.

My dear colleagues,

Being a province with speciality, Special Region of Yogyakarta placed Traditional Medicine as one of the priority programs in Provincial Medium Term Development Plan (2017-2022). We still encounter many challenges in developing Traditional Medicine, especially in providing services which are based on scientific evidence.

Distinguished colleagues,

We look forward to results of interdisciplinary research which would support health problem solving, especially by developing traditional medicine in Yogyakarta. We believe that collaboration in interdisciplinary research would improve quality of human life.

Finally,

Thank you for your attention. We wish you a successful conference.

Wassalamu'alaikum Warahmatullahi Wabarakatuh,

On behalf of
the Head of Provincial Health Office
Special Region of Yogyakarta

Drg. Pembajun Setyaningastutie, M.Kes

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**SPEAKER OF
INTERNATIONAL CONFERENCE**

Zahid Iqbal

Al-Nafees Medical College Isra University Islamabad Campus Islamabad, Pakistan
“One Health Program for Public Health Benefit”

Prof. Dr. Abdul Khaliq

Professor, Department of Agronomy, University of Agriculture, Faisalabad
“Role of Agriculture in Poverty Alleviation of Rural Areas”

Fitri Arofati

Universitas Muhammadiyah Yogyakarta, Indonesia
“Continuing Professional Development of Practicing Nurses in Indonesia”

Tri Wahyuliati

Universitas Muhammadiyah Yogyakarta, Indonesia
“Diabetic Neuropathy - A Chance Towards A Better Treatment”

Mohammad Khalid Ashfaq

University of Mississippi, USA
“Natural Products –Use or Misuse”

Muhammad Mukhtar

American University of Ras Al Khaimah, United Arab Emirates
“Emerging Biotechnologies and Genomic Medicines in Human Health and Well-Being”

Muhammad Sasmito Djati

Brawijaya University Malang, Indonesia
“Herbal Medicine a Holistic Approach: in case of food supplement formulation of Sauropusandrogynus and Elephantopuscaberto modulate immune and hormonal system in pregnant Salmonella typhi infected mice”

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REVIEWER

1. Dr. Zahid Iqbal, Ph.D (Isra University, Islamabad, Pakistan)
2. Prof. Dr. Abdul Khaliq (University of Agriculture, Faisalabad)
3. Dr. Mohammad Khalid Ashfaq, DVM, DTVM, MS, Ph.D (University of Mississippi, USA)
4. Dr. Muhammad Mukhtar, Ph.D (American University of Ras Al Khaimah, United Arab Emirates)
5. Dr. Ir. Muhammad Sasmito Djati, MS. (Brawijaya University Malang, Indonesia)
6. Fitri Arofiati, S.Kep., Ns., MAN., Ph.D (Universitas Muhammadiyah Yogyakarta, Indonesia)
7. Dr. SN Nurul Makiyah, S.Si., M.Kes (Universitas Muhammadiyah Yogyakarta, Indonesia)
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15. Dr. Elsy Maria Rosa, M.Kep (Universitas Muhammadiyah Yogyakarta, Indonesia)
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19. Dra. Lilis Suryani, M.Kes (Universitas Muhammadiyah Yogyakarta, Indonesia)
20. Drh. Tri Wulandari K, M.Kes (Universitas Muhammadiyah Yogyakarta, Indonesia)
21. Dr. dr. Wiwik Kusumawati, M.Kes (Universitas Muhammadiyah Yogyakarta, Indonesia)
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**SPEAKER OF
INTERNATIONAL CONFERENCE**

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ICMHS-O-1-21

**Health Promotion Program for Disaster Eruption of Mount Merapi
Refugee in Youth Centre Sleman Distric,
Yogyakarta Special Province, Indonesia**

Novitasari Ratna Astuti

Dental School, Faculty of Medicine and Health Sciences

Universitas Muhammadiyah Yogyakarta, Indonesia

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Abstract

This paper discusses the health promotion for refugees natural disasters, such as volcanoes disaster in the district of Sleman in Yogyakarta province. Damage caused by natural disasters, such as volcanic eruption, tsunami, earthquake, flood, resulting in the loss of health and dwellings damaged so as to make people evacuate. On October 26, 2010 of Mount Merapi in Sleman district, Yogyakarta province erupted, causing people to flee in the youth centre in Sleman, as time goes by health problems began to emerge in the camps among other things ISPA, diarrhea, fever, Cephalgia and others, so as to prevent or minimize disease arising from unhealthy behaviors in the environment around the Youth Centre. The goal of health promotion is to create a conducive environment for the refugees to stay healthy and volunteers are aware and understand the action plan supports the formation of a youth center manager for health promotion for refugees. The method is in-depth interviews with key informants, need assessment conducting focus group discussions, observation and community forum approach. Health promotion media is a poster of clean healthy lifestyle and rules information in camps. Consultation with media experts and conducted trials were needed before making the media health promotion. The results of this health promotion program are a joint agreement between the camp manager and volunteers health promotion programs and the establishment of an action plan with health promotion activities, namely posters and action programs. The conclusion of these activities are, health promotion activities for refugees of Mount Merapi in the Youth Centre performing well with good results, as well as refugees understand and implement health promotion programs.

Keywords: health promotion, natural disasters, refugees, volunteers, clean healthy lifestyle

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INTRODUCTION

The eruption of Mount Merapi on October 26, 2010 to make the population around the volcano to evacuate to a safe area, for coordination refugees, Sleman district government set up 3 places used as shelter refugees that Maguwoharjo Stadium, Stadium Pangukan and Youth Center in Sleman district in Yogyakarta, because these three places have a huge capacity

Live in barracks change the lives of the refugees. Live with the limitations and sharing facilities with other refugees. The refugees began stricken with diseases including respiratory disease, fever, diarrhea and cephalgia. The health center was established to serve the refugees who need health care. In addition to its curative services that are needed preventive health care through health promotion activities.

THE PROBLEMS

Youth Center has full amenities (sanitation, beds, electricity) but it is not adequate for many refugees. Capacity Youth Center is only able to accommodate about 2,000 people displaced. Facilities are limited, so many refugees that cause health problems.

Besides treatment, health promotion activities are needed to prevent or minimize disease arising from unhealthy behaviors. Health promotion programs for refugees in the Youth Center should be more organized involving all components ie refugee managers, volunteers and refugees themselves in order to create a conducive environment not only enjoyed by refugees but also by volunteers and managers of refugees.

THEORY OF HEALTH PROMOTION

Health promotion is the process of enabling people to repair and improve health.¹ In health promotion, primary goal setting is the ultimate goal of health promotion programs to be achieved at the end of the program, in order to achieve the program is necessary to establish short-term goals, medium and strategy.¹

According to WHO (1984) health promotion strategies including advocacy, social support, empowerment, Notoatmodjo (2007),² is a health advocacy activities aimed at decision makers or policy makers in the health sector, which have an influence on the public, there are two approaches in advocating that a formal approach and informal approaches to decision makers that affect public health.

Fertman and Allenswort (2010),³ Some advocacy strategies that discuss issues directly, conveying the message through the media and strengthen the ability of local organizations to advocate. Notoatmodjo (2007),² The community empowerment addressed to the public directly as primary or main target of health promotion, so that people have the ability to maintain and improve their health.

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Method is a tool or means of health promotion is done, can the media or health education individually or in groups. The method of health promotion.⁴ include: Audiovisual, Changes in behavior, mass media, community development, Discussion-Lecture.⁵ Consideration of the selection method of health promotion is to evaluate the strength of the evidence that has been collected (observation, interviews), using the approach to problems, concepts and theories or evidence that is common to address and resolve issues. According Dignan and Carr (1992),⁴ a data collection, interview (Indepth Interview) with a key informant, Assessment with group/groups (focus groups, community groups, participant observation), observation.

According Kusrianto (2007),⁶ media is a tool, that can be used kompilatif and complex. The print media is media that is static and prioritizing the delivery of visual messages produced by a printed. In the media, the message should be consistent, have keywords as well as an effective message. Kinds of print media: posters, newspapers, banners, newsletters, magazines (periodic), newspaper. Media based on the ability of reaching audiences that Above the line is a type of advertising that is disseminated through means of mass communication media (Internet, TV, radio), Below the line is a type of advertising that is spread not through mass communication media (print : posters, flyers, banners; Electronics: neon sign, light box)

HEALTH PROMOTION ACTIVITY

Placement of refugees living in the Youth Center has occurred in the second period. The first period is October 26 - November 21, 2010 and the second period from November 25 until the time is not yet known. Refugees were accommodated in the first period reached about two thousand people, while in the second period of refugees at the Youth Center about three hundred people.

Health promotion activities for refugees Merapi eruption at the Youth Center focuses on strengthening the refugee management system which has been implemented by the manager of refugees at a youth center in the first period with an increase in services.

Health promotion activities at the Youth Center will be conducted in three phases: preparation, implementation and evaluation of activities. 1. Preparation Stage, the preparatory phase activities include health promotion material briefing during the disaster and making of volunteer identification, needs assessment and planning of health promotion activities. 2, Implementation Phase, phase in the implementation of the program in cooperation with the manager of Refuge Youth Center involving volunteers and ultimately empower the refugees

The stages of health promotion activities at the Youth Center is. 1. The collective agreement that the manager Refuge Youth Center and volunteers are aware

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of and understand the importance of health promotion in the refugee camps and to support health promotion activities at the Youth Center. 2. The action plan of health promotion activities that will be organized by the manager of Refugee Youth Center and implemented by the Youth Center of refuge managers and volunteers. 3. The signing of a joint agreement between the manager form of Refuge Youth Center volunteers. 4. Refugee Youth Center manager and volunteers conduct health promotion at the Youth Center. 5. The volunteers conduct health promotion activities in the barracks at the Youth Center.

Health promotion activities at the Youth Center will be supported by healthy behaviors poster placed in a strategic location and disciplinary barracks stationed in each barrack. The contents of the disciplinary barracks to support a clean and healthy environment in the barracks with the emphasis that the order is able to be implemented by the refugees

Table 1. Health Promotion Program Activity Plans For Disaster Refugees Merapi Eruption at the Youth Center in 2010

No	Activities	Goals	Objectives	Implementation	Schedule
1	Advocacy: Lobby	General Coordinator of refugee manager at youth center	<ul style="list-style-type: none"> • Information about health promotion programs for refugees in the youth center in 2010 • Make a schedule for the presentation and dissemination of health promotion programs for refugees of Merapi eruption at the youth center 	MPPK student class of 2010	27 November 2010 at the youth center
2	Relationships with refugees: Presentation and dissemination to manager refuge youth center	Manager refuge youth center	Describe the health promotion program for refugees of Merapi eruption 2010 <ul style="list-style-type: none"> • The action plan health promotion program organized by manager refuge youth center 	MPPK student class of 2010	30 November 2010 at the Youth Center

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No	Activities	Goals	Objectives	Implementation	Schedule
3.	Negotiations health promotion into tupoksi refuge manager and volunteers	Manager refuge youth center	Health promotion programs into the duties and functions of refuge youth center manager and volunteers	MPPK student class of 2010	Will be determined after the presentation
	The meeting between the manager refuge youth center and volunteers	Refuge youth center manager and volunteers	<ul style="list-style-type: none"> • Refugee Youth Center managers and volunteers are aware and understand the importance of health promotion in the main refuge in shelters youth center and to support health promotion activities at the youth center • The action plan of health promotion activities that will be organized by the manager of refuge youth center and in cooperation with volunteers 	Refuge youth center manager and volunteers	Will be determined after the presentation
4.	The signing of a joint agreement between the manager form of refuge youth center volunteers	Refuge youth center manager and volunteers	Agreement signed by the manager of refuge youth center and the volunteers that health promotion is an essential task for those in charge at the youth center	MPPK student class of 2010 , the manager of refuge youth center and volunteers	Will be determined after a meeting between the manager refuge youth center and volunteers
5.	Community empowerment movement: Health promotion is done by the manager of refuge youth center and volunteers	Refuge youth center manager and volunteers		Refuge youth center manager and volunteers	Will be determined after signing the agreement

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No	Activities	Goals	Objectives	Implementation	Schedule
6.	Health promotion is done by volunteers to the refugees in the barracks	Volunteers, chairman of the barracks	Discussions with the refugees to the action plan of health promotion activities	Volunteers, chairman of the barracks	Will be determined after signing the agreement
7.	Implementation of health promotion at the Youth Center	Refugee	<ul style="list-style-type: none"> • Refugee health promotion such as the plan of action • Mentoring by volunteers and managers of refugee Youth Center 	<ul style="list-style-type: none"> • Refugee • Refugee Youth Center manager and volunteers 	Will be determined after signing the agreement

EVALUATION

Health promotion activities for refugees eruption of Mount Merapi in the headquarters of Refugee Youth Center needs assessment, to see the results. The dynamics in the fast evacuation, the number of refugees has changed, volunteers are always changing will affect the health program for refugees

In general, the activities can take place according to plan thanks to the good cooperation with the Refugee Youth Center manager, volunteers and refugees. Awareness of the importance of clean and healthy living behavior and the spirit and the willingness of all parties to support this activity has been progressing

The evaluation was done on the process and implementation. Observations on December 5, 2010 at the Refugee Youth Center services have improved: 1. There is already a track information entry of refugees and plans barracks. 2. Placement of refugees by sex, age (elderly, infants, adults). 3. There is already a schedule for cleaning toilets. 4. Poster healthy lifestyle and regulations have been installed in barracks and lobby. 5. Refugees have activities that take sand for working men and women make a doormat of a patchwork. 6. The training will be made with the Department of Agriculture to train refugees planting in pots. 7. Smoking is only allowed outdoors, on the terrace in front of the barracks and the entrance lobby.

There is information that the Environmental Board of local government asked for some healthy living posters for use in health centers Mlati Sleman. Healthy living posters made by students better than those made by local governments. General Coordinator of Refugee Youth Center, Mr. Agus will reproduce the healthy life poster to be displayed on the information boards village, a mosque and school in the Getas village

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Referring to the objectives set, the evaluation process is done the result is that. Managers and volunteers are aware and understand the importance of a good environment for refugees in the Youth Center in order to stay healthy

After the process approach and socialization with the managers of Refuge Youth Center reached an agreement about the importance of health promotion programs are clean and healthy behaviors at the headquarters of Refuge Youth Center.

The establishment of an action plan with health promotion activities at the headquarters of Refuge Youth Center, which is the aspiration of the manager based on observation and experience them for caring for refugees, managers and volunteers supported the creation of a healthy environment for refugees in the Youth Center.

The managers and volunteers willing to be part of the health promotion program behavior of clean and healthy at the Youth Center and engage in these activities. The managers have a meeting after the presentation of the program to follow up on commitments and action plans health promotion activities that have been designed. In the future need to be confirmed to have no written agreement between the manager and the evacuation of the tasks and functions of volunteers in conducting health promotion activities at the headquarters of Refuge Youth Center

The establishment of an action plan manager Refugee Youth Center to support a conducive environment at the Youth Center to stay healthy. Managers and volunteers create an action plan for health promotion programs are clean and healthy behaviors at the headquarters of Refuge Youth Center. Toilet hygiene activities schedule has been created and has been implemented by the refugees. The refugees have had activities that make money. The volunteers conduct health promotion to the refugee camps which they are responsible.

The managers and volunteers invite the refugees conduct clean-up activities and mutual cooperation, refugees are involved putting up posters of healthy living, refugees follow discipline of the barracks, creating schedules toilet hygiene and environment, refugees participate in creating a conducive environment for the refugees at the Youth Centre in order to stay healthy, refugees are involved in the manufacturing schedule of cleanliness in the barracks, refugees are involved in clean-up activities in accordance with the agreed schedule

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Table 2. Types of Activities During in Refugee Youth Centre

No	Type of Activity	Time	Required	Person in Charge	Who Need to be Informed
1	Localization clothesline	Immediately	The exact location, mine, clamp cloth, towel bars and hanger, wooden poles	Barak coordinator	Cleanliness coordinator, Coordinator of the barracks and Logistics coordinator
2	Competition clean the barracks	Weekly	Gifts, cleaning tools for cleaning floors	Coordinator of cleanliness	Coordinator of cleanliness
3	Recycling of plastic waste	Daily	Sewing machine	Coordinator of the program	Distributor
4	Clean up waterways	Every 3 days	Hoe, shovel	Coordinator of cleanliness	Coordinator of barracks
5	Make regulations in bathroom	1 time	Sticker and poster	Secretariat	Coordinating secretariat
6	Trash receptacles, and camphor in the Bathroom	1 times	Place waste bins, camphor	Coordinator Cleanliness	Coordinator of hygiene and logistics coordinator
7	Buy camphor to barracks	Every 7 days	Camphor and nails	Coordinator barracks	Coordinator barracks and logistics coordinator
8	Buy hygiene kits to barracks	1 time	Broom, shovel garbage, duster and mop	Coordinator logistics	Coordinator of hygiene and logistics coordinator

CONCLUSIONS

Activities of health promotion programs clean and healthy lifestyle behaviors for refugees eruption of Mount Merapi in the Refugee Youth Center performed well and showed encouraging results

Although the overall plan of action has not been done all, but the goal of the program is reached, the manager of the refugees at the Youth Centre, volunteers and refugees involved actively create a healthy environment physically through joint activities, cleaning bathrooms and barracks

Gradually the refugees began to have activities that generate added value. Aspects of mental health began to be taken seriously. The managers began working with various elements in society to empower refugees.

The managers and volunteers understand the importance of health promotion and healthy hygienic behavior and engage actively support these activities, by

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applying the rules do not smoke in the room and maintain cleanliness in the command headquarters and lobby

The refugees knew the importance of the program clean and healthy living behaviors and practice them in their daily lives in the barracks. They are actively involved in activities to clean the barracks and cleanliness around the barracks. Some of the planned activities have not been implemented

RECOMMENDATIONS

Made an agreement between the manager refugee Youth Center volunteers need to be followed to produce a joint agreement that health promotion activities is one of the main tasks and functions for their work in the Refugee Youth Center

Need to continue other activities that have been planned such as monitoring and evaluation by the refuge manager at the Youth Center in cooperation with volunteers

Implementation of this program can be improved to get the right program for refugees from the disaster in the future, so we need a few improvements such as creating a policy brief and module health promotion program for refugees in particular natural disasters Merapi eruption.

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