# Herbal Health Communication Patterns in the Family to Improve Capacity Family Health Empowered Facing COVID-19 Pandemic

#### Bangun Suharti<sup>1</sup>, Nanang Trenggono<sup>2</sup>, Fri Rejeki Noviera<sup>3</sup>, Ahmad Riza Faizal<sup>4</sup>, Abdullah Wildan Ulhaq<sup>5</sup>

<sup>1,2,3,4</sup>Communication Science, Faculty of Social Science and Political Science, Lampung University <sup>5</sup>Communication Science, Faculty of Communication and Business, Telkom University

#### ABSTRACT

This research is important to do, because Indonesia is a very abundant and potential source of medicinal plants (herbs). Herbalbased medicine that is communicated and socialized, will be able to empower people in overcoming their health problems, especially during the Covid-19 pandemic. This is in line with the spirit of the community to return to nature, where people realize that the use of chemical drugs in large quantities and in the long term is actually harmful to health. This research is a qualitative research. Data collection methods were carried out by interview, observation and literature study. Interviews were conducted with 10 families, especially mothers who actively use herbs in Bandar Lampung city. The results of this study prove that herbal-based family health communication carried out using networks between friends, between environmental activist communities, herbal activists and herbal consultations using whatshap media and telegram groups, is very effective as a means of promoting family health, so that families are health independent. The role of mothers is very important in opening opportunities for promotion and family awareness, on the importance of herbs, as a solution to family health problems. This is supported by the right moment, when the whole world is hit by problems, crises, and major challenges in the health sector, namely the Covid-19 pandemic.

Keywords: Covid-19; Herbal; Independent and empowered family with health

# Pola Komunikasi Kesehatan Berbasis Herbal untuk Meningkatkan Kapasitas Keluarga Mandiri dan Berdaya Menghadapi Pandemi Covid-19

#### ABSTRAK

Penelitian ini penting untuk dilakukan, karena Indonesia merupakan sumber tanaman berkhasiat obat (herbal) yang sangat berlimpah dan potensial. Pengobatan berbasis herbal yang dikomunikasikan dan disosialisasikan, akan mampu memberdayakan masyarakat dalam mengatasi masalah kesehatannya, terutama di masa pandemi Covid-19. Hal ini sejalan dengan semangat masyarakat untuk back to nature(kembali kealam), dimana masyarakat menyadari bahwa penggunaan obat-obatan kimia dalam jumlah besar dan jangka panjang justru berbahaya bagi kesehatan. Penelitian ini adalah penelitian kualitatif. Metode pengumpulan data dilakukan dengan wawancara, observasi dan studi literature. Wawancara dilakukan kepada 10 keluarga, terutama pada informan ibu-ibu yang aktif menggunakan herbal di kota Bandar Lampung. Hasil penelitian ini membuktikan bahwa komunikasi kesehatan keluarga berbasis herbal yang dilakukan menggunakan jaringan antar teman, antar komunitas pegiat lingkungan, pegiat herbal dan konsultasi herbal menggunakan media whatshap dan telegram group, sangat efektif sebagai sarana promosi kesehatan keluarga, gaar keluargamandirikesehatan.Peranan ibu sangat penting dalam membuka peluang promosi dan penyadaran keluarga, pada pentingnya herbal, sebagai solusi masalah kesehatan keluarga. Hal ini di dukung oleh momen yang tepat, saatseluruhdunia dilanda masalah, krisis, dan tantangan besar di bidang kesehatan, yaitu pandemi Covid-19.

Kata-kata Kunci: Covid – 19; herbal; Keluarga mandiri dan berdaya kesehatan

Korespondensi: Bangun Suharti, M.I.P. Universitas Lampung. Jl. Prof. Dr.Ir. Sumantri Brojonegoro No.1, Gedong Meneng, Kec. Rajabasa, Kota Bandar Lampung, Lampung 35141. Email: bangun.suharti@fisip.unila.ac.id

#### **INTRODUCTION**

Family is the smallest unit of society, consisting of father, mother and children. The family, therefore, is the basis of society. If the family is good, prosperous, independent, has high resilience, is tough and strong, then society and the nation as a whole will be good. On the other hand, if the family is weak and powerless in dealing with socio-economic problems, it is not harmonious, it will have a major effect on the disharmony of society and the nation - the state at large. Such families are referred to as vulnerable families. Vulnerable families are families who are unable to provide services and protection and are unable to meet the needs of family members, especially the needs of (Nudin et al., 2021). A real effort is needed, so that families can increase their internal capacity in all aspects, so that the nation and state are also helped by their capacity for independence and resilience (Satriani et al., 2011).

Family communication is very necessary in an effort to increase the capacity of this family's independence and resilience (BKKBN, 2017). Good communication, healthy and harmonious, equal and accommodating, is certainly expected to create a conducive atmosphere to resolve existing problems. If the communication atmosphere is not conducive, quality and undirected, then family members can divert and look for a communication atmosphere outside the home that supports their emotional and social needs. These emotional needs include feelings of pleasure, sadness, anger, disappointment, happiness and others. While psychological emotional needs, among others, the feeling of wanting to be appreciated, supported, understood, understood and accepted. This is also related to how families talk about things that are good for the harmony and happiness of all family members.

One of the important things in family communication is health communication. Health communication is communication in an effort to convey health messages to influence individuals, families and community groups in making healthrelated decisions. Health communication can use assembled media to convey health messages, including in this case for health promotion. Health promotion, therefore, is an effort to provide awareness to resolve health-related conditions, which are delivered through an effective means of influencing health decisions, either individually or in groups.

The government through the Ministry of Health also launched GERMAS, namely the Healthy Community Movement. Germas began to be encouraged with a family approach, so that the healthy paradigm took precedence over the sick paradigm. So far, Health efforts are still centered on curative-rehabilitative efforts (healing diseases), so through the healthy community movement, the focus on maintaining health is prioritized over treating the sick(Kertapati, 2019). Approaches to empowering healthy communities, starting and involving families and communities (Nurmala et al., 2018).

Thus, family instruments and family communication forums are very important and will continue to be developed in family-based public health efforts. Healthy condition, becomes the starting point for all family activities (Euis Sunarti, Rahma Nur Praptiwi, 2011).

If the family is healthy, all will be comfortable in studying, working, earning a living and worshiping. However, if the family is sick, the dynamics of the family will be very disturbed, both physically and psychologically. Economic resilience can be subject to shocks, as financing for addressing health problems is usually quite large. If a sick family member has to get medical treatment and is hospitalized, then the family's expenses will swell drastically. The mental burden and busyness of caring for a sick family takes up a lot of time, energy and thought. This is also exacerbated by the fact that sick people cannot be abandoned or handed over to the hospital, while most or even all other family members work in offices and seek other sources of income. This causes the family's mental burden to be heavy. The mental burden of seeing the reality of the family being sick, the mental burden of leaving work with the threat of layoffs and reducing the financial allotment needed for the family's economic life.

Sick family dilemma, quite difficult. Waiting for a sick family and leaving work is impossible, because they will face licensing problems from the office. Working continuously, not taking care of or leaving the sick, becomes a mental burden for those who work and those who are sick. While other family members, do not necessarily have time to look after and take care of the sick. Thus, a healthy family is the key to smooth search for fortune and one of the keys to happiness, prosperity and resilience of an independent and empowered family.

Efforts to prevent illness, or it is better to prevent illness than to treat illness, therefore become very important for today's families (Nurmala, Ira; Rahman, Fauzie; Nugroho, adi; Erlyani, Neka; Laily, Nur; Yulia Anhar, 2018). Urban families, which in general most of their family members work in offices, need to pay attention to preventive (disease prevention) efforts rather than curative and rehabilitative efforts. This is to increase the family's resilience capacity in dealing with various health problems. If the family is healthy, then the family's resistance to shocks due to illness can be avoided.

Health communication is communication that contains elements of communication, but is based on health (Harahap & Putra, 2019). Health communication also involves health communicators, health messages, health message distribution media, health message recipients and the effect of deciding the best thing regarding the health problems faced (Hikmawati, 2020). Herbalbased family health communication is one solution in increasing the capacity of families to be empowered and independent in their health. Herbal-based family communication has been widely practiced by modern urban and rural families. Various preventive efforts are carried out in order to increase family immunity against various possibilities of contracting disease outbreaks that hit the world, namely the Covid-19 virus with various variants.

Even before the outbreak of this highly contagious disease, family health communication had been carried out for a long time. This is because, the use of herbs is more for the improvement of the body's health system, vitality or endurance. The way these herbs work is very much in line with efforts to prevent disease rather than treat disease. In fact, herbs can still be used to treat people's diseases, by increasing the dose and continuously for a certain period of time. The use of herbs has traditionally been known from generation to generation by the people of Indonesia. Herbal medicine is an ancestral heritage that is widely known in almost all ethnic groups in Indonesia. Various herbs that are commonly used as spices in the kitchen, have even been able to be used as medicine and an antidote to viruses. Garlic, ginger, turmeric, kencur and lemongrass are herbal ingredients that have been used as immune boosters to deal with viral attacks. This medicine has been known for generations as a spice for cooking as well as a family medicinal plant. (TOGA) (Peneliti BB Pascapanen, 2020).

The use of herbs by the whole family, is not necessarily accepted by all family members. This is because the background knowledge and experience of extended family members are different. Educational background, personal experience, group knowledge and sharing sessions with colleagues and the community, can make a difference in implementing the use of herbs for family health. If a family member has a lot of friends with people who use herbs, or has a family history of hereditary use of herbs and herbs, join a study group on herbs; and thibun Nabawi (medicine of the prophet Muhammad SAW for Muslims), it is easy to accept herbal treatment. On the other hand, if there are members of a large family who are medically educated, are not accustomed to using herbs, and have little knowledge of herbs, it will be quite difficult to accept the use of herbs as a means of supporting family health.

This study wanted to find out how herbs are used as a trigger for family health communication in order to increase the capacity of families to become independent and empowered in health in Bandar Lampung city. How is the family health communication pattern, so that herbs can be accepted and used to increase the family's capacity to be empowered and independent.

This research is important, because a wide variety of viruses have spread uncontrollably. The current disease outbreak will quickly spread to all corners of the world because human movement is very fast and is made possible by the existence of sophisticated and fast means of transportation. Viruses can only be fought by the body's immune system, increasing the body's resistance can be done, one of which is the use of herbs which are very easy to find around. On the other hand, herbs can also be used to treat viruses, so increasing the capacity of empowered and independent families in herbal-based health is very important during this Covid-19 pandemic.

This research uses in-depth interviews, observation and documentation methods. Interviews were conducted with families of herbal users to address family health. Observation is possible in families who have TOGA as a means of preparing families to face their health problems. The validity of the data used triangulation of data from the 3 data sources, namely: results of in-depth interviews, observation and documentation.

This study wanted to find out how the pattern of herbal health communication in the family was carried out in order to increase the capacity of the family to be independent and empowered to face the Covid-19 pandemic in the city of Bandar Lampung.

#### **RESEARCH METHOD**

This research is a post-positivist paradigm research, with a qualitative approach. This research is a case study research in Bandar Lampung city. Data were obtained through interviews, observations and literature studies. Informants in this study were mothers from herbal-using families, who had used herbs to overcome health problems before and during the Covid-19 pandemic in Bandar Lampung. The city of Bandar Lampung was chosen as the research location due to the accessibility and availability of data in accordance with the needs of this research. The people of Bandar Lampung city are familiar with the benefits and use of herbs as a solution to family health problems.

Data analysis techniques start from data collection, namely by conducting interviews, observing and searching for references. Furthermore, the data were verified, collected and grouped based on the identification of research needs, namely about: herbal health communication model in the family, messages and media used in health communication. Data validity was carried out by data triangulation, namely crosschecking data from interviews, observations and related literature studies.

# RESULT AND DISSCUSION RESULT

The results of this study indicate that mothers play an important role in family health communication, especially in dealing with family health problems during the Covid-19 pandemic.

In general, of the 10 respondents interviewed, they said that during the pandemic they were more active in seeking information about disease management using herbs. This is because herbs are considered not only cheap and easy to obtain, but can even be grown at home. Herbs also provide the best solution when hospitals become a worrying thing and a place to avoid during this pandemic. Informants prefer to deal with sick cases or care for sick families at home. This is more comfortable because hospital care will be an obstacle, where the sick and the caregiver experience limitations in all aspects, such as having to maintain distance, maintain cleanliness but inadequate facilities, and psychologically as well as materially heavy due to the very high cost of patient care during the pandemic. Conditions like this lead to the decision to treat and care for sick families at home as the best alternative. Caring for patients, regardless of their illness, in their own homes causes a feeling of comfort because they are close to their families. Even if, for example, you have been positively exposed to the Covid-19 Virus, home is definitely more comfortable than in the hospital, more peaceful because you are close to family and get support from big family.

Herbs can be provided by every family, even herbal medicine, which of course is made from herbs, has been recognized by some Indonesians as ancestral heritage. Indonesian herbs in the form of empon-empon and kitchen spices such as ginger, shallots, honey, habbatus sauda', are certainly very familiar and commonly available in the informants' homes. Herbs like these have long been used as ingredients for flavoring dishes and endurance herbs. Although it is hereditary or has become a tradition, its use as a medicinal ingredient during a pandemic needs to be strengthened based on experience, testimony and scientific research results. Things that strengthen the belief that the benefits of herbs are very good for health, especially in efforts to increase the immune system and treat Covid-19 disease, are obtained through sharing in WA groups and telegrams. Informants confidence and certainty by sharing get information, even health webinar activities are often held to find out the benefits of herbs for health. Calling health figures, doctors and herbal experts as resource persons in webinars, further strengthens the belief to utilize herbs in overcoming health problems during the Covid-19 pandemic.

Informants utilize WA groups and telegram groups as a means of communication. They form an environmental activist community group, which automatically also activates the use and utilization of herbs in everyday life. The health consultation group, which is moderated or commanded by an admin from the herbal producer, is one of the groups that is crowded with chat sharing about health and consultation on disease management with herbs. The herbal activist community and environmental activists consistently support each other and share information about the benefits of herbs. Reliable reference sources are shared in the group, even how to mix herbs, drinking composition to how to concoct your own and how to make your own fruit enzymes which are very good for health and body power to face the Covid-19 pandemic. These are the key messages in herbal groups.

After obtaining adequate information, getting reinforced information about the benefits of herbs for health, informants usually then post or share this information with their nuclear family and extended family. Informants also utilize WA groups as a persuasive tool to influence and convince nuclear family members and extended family, on the benefits of herbs for health. Through posting information about health testimonials, consultation results and herbal consumption on sick people and then recovering, it makes it easier for families to believe that herbs are good for health. This activity can be considered as a health promotion activity, to promote various things related to healthy living with herbs. The concept of maintaining health is better than cure, is a concept that continues to be voiced in the group, so as not to get sick easily and the immune system remains fit with herbs and light exercise (body movement) during the Covid-19 pandemic.

### DISCUSSION

This research focuses on how communication forms a steady pattern, which is carried out to form an independent and healthempowered family during the Covid-19 pandemic with herbs. Matters related to the concept of this research include the concept of herbs, health communication and independent and healthempowered families.

Research conducted by Bangun Suharti et al (2020), shows that the presence and use of herbs (TOGA) by the community can increase family independence. In families who have a business in the herbal field, they are able to increase family finances and are able to empower the surrounding community. The surrounding community, family or friends from the study group, also work in the herbal field and earn adequate income from working in the herbal business sector. This study also revealed, most of the herbal users, know the benefits of herbs through family communication. Families for generations, families making friends introducing herbs, and the experience of pain that is not cured by doctors and conventional medicine, are one of the arguments why families switch to herbal medicine (Suharti, Kartika, & Sugiyanta, 2021).

Sharing sessions with the participants were carried out by the community service team (abdimasy/PKM), from the participants it was known that they were familiar and used to use herbs for the treatment and prevention of family diseases. Family diseases such as coughs, colds, colds and even diabetes mellitus. Empons such as turmeric, ginger, kencur and aloe vera plants, lemongrass are types of herbs that are commonly used for family health (Suharti, Kartika, Noviera, et al., 2021). It is necessary to conduct further research and studies, how the herbal-based family health communication pattern is carried out by families in the city of Bandar Lampung. Especially when facing the Covid 19 pandemic. This is so that it can be a reference for other families, to make efforts to promote family health, so that families can be empowered and independent in their health. Independent and health-enabled families can reduce dependence on hospitals, reduce large expenditures from the health sector; for example, medical expenses, doctor fees and hospitalization costs (Mamis et al., 2024)

In 2020-2022, the graph of the Covid-19 pandemic case is still experiencing ups and downs, families must have resilience and the ability to be independent in terms of health (Adio et al., 2020). If not, then the family as the power base of society will experience great shocks, be easily infected and become dependent on health facilities and services in hospitals (Kertapati, 2019). Resilience is the family's ability to be economically and socially empowered, including in terms of health (Paramasari & Nugroho, 2021). Family resilience and independent family health are very important at this time (Adio et al., 2020).

Euis Sunarti et al (2011) mentions that families who have resilience, the indicators are as follows:

good family communication patterns, family belief systems (thinking positively about problems and spirituality), able to solve problems, because they have adequate economic and social resources, and have healthy communication (collaborative, cooperative, open communication expression). Thus, good health communication, open and transparent, in an effort to solve family health problems is one element of family resilience in solving family health problems (Euis Sunarti, Rahma Nur Praptiwi, 2011).

Previous research did not aim at the specific objectives of health communication during the pandemic, which had an effect on family health empowerment. In this study, it prioritizes how families communicate by using existing media to promote the potential and efficacy of herbs. Herbs can be used as a means of increasing endurance while overcoming health problems facing the Covid-19 pandemic. This is useful, so that families do not depend on existing health facilities, are more empowered, independent in overcoming health problems, which are psychologically and economically more comfortable and profitable.

### **Family Health Communication**

Health communication is an effort to use communication to convey health messages to influence decisions to take action related to the health condition of both individuals and groups (Endrawati, 2015). Family health communication, can be understood as an effort to communicate related to health problems in an effort to take steps that are deemed necessary and appropriate regarding family health conditions. Like communication, health communication involves all and or part of family members. Family members in conducting health communication can take the form of discussions, family group media communication, or sharing situations in handling a health condition experienced by each family member.

communication is Family health more egalitarian/equal, so it is easier to accept herbal health promotion efforts. An egalitarian nature is needed in an effort to solve this health problem, namely the existence of shared perceptions, equal interests, shared sense of fate and shared responsibility in family unity. On the other hand, it must be recognized that each individual family member, has a different experience in health problems. This is because each individual is unique, especially in receiving chemical stimuli or influences related to disease treatment. This situation causes family health communication to become more dynamic, no one is the most dominant and will seek the best way to solve health communication) problems together (open (Sukmono et al., 2019).

Family health communication will also take into account the age, psychological state and finances / economy of the family. Age, related to the use and method of treatment, because at a certain age the dose of treatment will be different. Considering psychological factors, because in an unhealthy situation, a person feels more in need of other people to be served and accompanied. The support of the closest people is very important when someone is sick. Decisions for handling family health are also strongly influenced by the socio-economic conditions of the family. Families with limited economic circumstances, of course, choose treatment using methods that do not need to cost a lot. On the other hand, families who have excessive finances often do not really care and do not take into account the problem of medical costs. This is often what motivates upper-middle-class economic families to take the easy way to overcome health problems to a doctor or hospital (Suharti, 2020). Along with the development of information and the closeness of the community or family to the thibbun Nabawi treatment community, now many families have taken advantage of Nabawi medicine (medicine of the prophet Muhammad SAW / herbal-based Islam). This trend of herbal medicine or thibbun Nabawi treatment is obtained through various communication activities. Some of them started from sharing knowledge about overcoming health problems with the Nabawi tibbun pattern through talking between mothers while waiting for their children to go to school, attending recitations of the Prophet's thibbun treatment to the introduction of herbal medicines due to family experiences that have been passed down from generation to generation (Suharti, Kartika, & Sugiyanta, 2021).

# Herbs

Herbs are generally called herbs. Herbs are plants that contain properties for treatment and maintaining health. Herbs are usually planted in the yard by the community as family medicinal plants. The function of Toga, or this family medicinal plant, is already able to meet the urgent needs of the family, namely making it easy to be immediately available without having to look for a shop. TOGA (family medicinal plant) which means it is an herbal plant, has 3 functions, namely: a preventive function, which prevents the onset of disease and can often be used to repair damaged cells, a promotive function, which is an effort to improve the health status (body resistance) of the family and a curative function, namely function to treat family diseases (Bebet & Mindarti, 2015)

From the description it is known that herbs have a dual function, because the substances they contain are very diverse. Herbs are not only a means of treating disease, but also to prevent disease, increase body resistance and can repair and nourish damaged cells. Herbs to repair damaged cells, for example, gotu kola leaves, gingko biloba leaves, and gingko biloba. Herbs have advantages over chemical drugs, which are specifically made to treat certain diseases. Herbs have the general characteristics of a plant, which contains many nutrients, according to the place where it grows. However, the main elements of herbs still exist, as innate herbs with certain characters. Herbs included in turmeric (turmeric, temulawak) have dominant levels of curcumin, even though they are grown under any conditions. The use of herbs often has to be combined with other herbs. This is to mutually strengthen the substances needed in treatment and or to weaken / suppress the strength of certain substances so that they are not dominant in the treatment of a disease.

# **Enhancement Capacity Family**

Increased family capacity is the ability of a family to be able to meet the needs and solve family problems. The family must be able to carry out at least 8 main family functions, namely: 1). Religious Functions, 2). Socio-Cultural Functions, 3) Charity Functions, 4) Protection Functions, 5) Reproductive Functions, 6) Socialization and Education Functions, 7) Economic Functions, 8) Development Functions. Environmental An empowered family must be able to fulfill the 8 functions of the family. Family empowered Health, is a function that includes many family functions, namely the function of protection, the function of love and the function of reproduction and the function of socialization (health promotion) and socio-cultural functions. The use of TOGA herbs also includes the function of environmental development. If the treatment uses the principle of thibbun Nabawi, then it can be classified into the function of the family playing the function of religion and love. So, the aspect of family health communication, has broad dimensions, includes and fulfills the elements / values contained in almost all aspects of the main functions of the family.

The function of the family and the values contained in it are described as follows: 1) Religious function. The values contained in religious functions include, faith, piety, worship, courtesy, diligent, likes to give alms / help others as well as sincere and grateful. 2) Socio-cultural function. The values that exist in social functions include caring, compassion, mutual cooperation,

deliberation, tepo seliro / tolerance, love for the homeland. 3) The function of love. The values contained include courtesy, caring, compassion, fairness. forgiveness, loyalty, responsibility, sacrifice. 4) Protection Function. The values contained in it, among others, are safe, caring, forgiving, responsible, steadfast, responsive. 5) Reproductive Function. The values contained include: responsibility, health, strength and determination. 6) Socialization and Education Function. The values in it are, confident, flexible, proud, diligent in studying and working, creative, cooperation, and responsibility. 7). economic function. The values contained include, tenacious, disciplined, responsible, thrifty, caring, thorough. 8) Environmental development function. Its values include, clean, disciplined, caring, sustainability, and preservation (BKKBN, 2017).

# **Health Independent And Empowered Families**

Independent and empowered in terms of health, means that the family has been able to overcome family problems and responsibilities, has carried out family functions independently. This family does not really or minimally reduce their dependence on other people or parties to solve their problems. Family functions in family health problems include identifying family health, seeking information and deciding ways to overcome them, as well as providing adequate, appropriate and fast health care for families with health problems (Kertapati, 2019).

The principle of independent and healthenabled families is in accordance with and in line with the PHC (Primary Health Care) principles or the main principles of health care proclaimed by the Alma Alta conference (1978). The PHC concept has been adopted by Indonesia, which includes:Equity effort health Public

1. Equitable distribution of public health efforts.

2. Emphasis on preventive rather than curative upaya.

3. The use of simple, affordable and effective technology in health efforts.

4. Community participation in the spirit of independence (Kholifah & Widagdo, 2016)

The use of herbs by the family has fulfilled the PHC concepts. This concept requires an even distribution of public health efforts, an emphasis on preventive rather than curative efforts (there are 3 functions of TOGA/herbs), the use of simple and affordable technology (the use of herbs is enough to be boiled or eaten raw, easily rubbed), and the spirit of community independence.

PHC standards will also automaticly be owned by resilient families who are independent and empowered with health. Families that have a level of resilience can be measured by their high ability to change and adapt to circumstances. Resilience (resilience / resilience) of a person or a family, can be observed from its ability to: emotional regulation, self control and mastery, self control, ability to analyze problems, empathy achievement / success and self-reliance. Resilience and independence are also influenced by many factors: gender, ethnicity, intelligence, age. Families that have been formed for a long time (adult families) have more opportunities to be independent and have a better level of resilience, because they have longer experience and adaptability to the environment and circumstances (Nudin et al., 2021)

## **Health Communication Scope**

The scope of health communication includes: disease prevention, disease rehabilitation and health promotion. Disease prevention can include efforts to prevent disease before it occurs. Examples of these efforts include providing healthy food, exercise, regular clean living and discipline in maintaining health. Illness rehabilitation includes efforts to treat illness, assistance and treatment of disease, recovery from illness. Health promotion includes efforts to make people, individuals, or families understand various ways to decide on appropriate and appropriate actions in the event of a health problem. Providing information about the 3 M, efforts to support the healthy living movement, promoting the use of masks, strengthening the immune system by drinking herbs, eating healthy balanced nutritious foods, are health communications in the health promotion sector. Health promotion is more directed so that the community, individual or family can improve their health status (Harahap & Putra, 2019).

Based on the literature review above, this research aims to:

find out how the pattern of health То communication carried out by families of herbal users in order to solve family health problems. in Bandar Lampung. This study will find out how families of herbal users are able to be independent in health, maintain their health and when facing health problems. This can strengthen the family's financial resilience because it saves expensive health costs and the family can still carry out daily activities without significant health problems. Even when facing serious illness, the family has good independence, resilience and through the availabilityofherbs (TOGA).

From the results of the research studies it can be seen that the pattern of family health communication during a pandemic, in order to increase family health can be described. This pattern refers to the basic pattern of communication, namely S-M-C-R-E.

S = Source, message source or communicator M = Message, or message or information content C = Channel, or media or means for communication

R = Receiver, or the recipient of the message or communicant

E = Effect or the influence of the message communicant

The scope of family health communication has also included: efforts to prevent disease, rehabilitation of disease (treating disease) and promoting the use of herbs as a means of overcoming family health problems.

Through the Covid-19 illness that can be overcome using herbs, it will indirectly convince

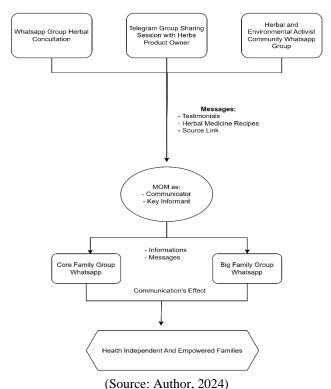
families to consistently use herbs as a means of overcoming family health problems.

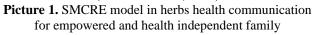
Families who consistently use herbs, can be independent and empowered when sick, are not completely dependent on health services because hospital facilities are also limited because the hospital is full of Covid-19 patients.

This family also has high resilience during the Covid-19 pandemic, is not too dependent on hospital facilities, often exchanges information, consultations and testimonials in WA family groups, WAG community groups and health consulting groups. Herbs have been used as a preventive tool (preventing disease, strengthening the immune system, improving the body's health system), curative (treating disease when attacked by Covid-19 so that it does not depend entirely on doctors and hospitals) and as a means of promoting family health. Family Health Promotion occurs indirectly or directly. When family members are attacked by the Covid-19 virus, and recover by consistently drinking herbs, both instant herbs and the availability of TOGA at home, this is a health promotion effort that can be accepted by all family members.

Families who use this herb, continue to consult with their doctor to receive advice and obtain chemical prescriptions or multivitamins that support the immune system. Health facilities such as hospitals, health centers are still needed to receive advice and obtain laboratory test results. This family, feels more comfortable being able to take care of the family at home, because the atmosphere is maintained, all families can accompany and meet the needs of the sick by continuing to consult with doctors virtually or using HP communication media. This situation can of course increase happiness, comfort, a better sense of calm and the possibility that families can take turns accompanying and doing homework and office work more flexibly. Communication and interaction with the whole family is maintained properly, neighbors and distant relatives can still bezoek and deliver food, herbal and vitamin booster assistance, masks and others at a distance. The atmosphere and attention from the people around can increase the morale of family members who are sick affected by Covid-19.

The pattern of herbal-based family health communication, in order to increase empowered and independent health families facing the Covid-19 pandemic in the city of Bandar Lampung with elements of S-M-C-R-E is presented below:





### CONCLUSION

Dominant mother, by taking the initiative to do herbal business or by growing her own herbs at home, using garlic seasoning, being active in WA group consultations or communities, plays a major role in communicating the benefits of herbs for family health. The role of the community and/or WA group plays a major role in increasing mother's knowledge and disseminated to families, about the benefits of herbs for maintaining health, treating diseases and promoting herbal-based health. The herbal-based family health communication pattern is very important to build family resilience and independence during the Covid-19 pandemic. Experience experiencing the COVID-19 pandemic, providing lessons and motivation to be independent in health by utilizing herbs both around and buying them instantly. Communication Herbal health in families in the city of Bandar Lampung, has been used to communicate herbs to function as a means of preventive, curative-rehabilitative and promotive. The use of herbs in the nuclear family has an impact on extended family and community friends. You deserve to join the herbal community, discussion groups and herbal consultations promoted by herbal activists in the WA group as well as environmentalists, so that they synergize in the maintenance and use of TOGA (family medicinal plants). Mothers need to be more active in promoting the benefits of herbs, so that large families can be independent and empowered in health. This herbal-based family communication pattern will benefit more widely, if the mother also grows her own at home for herbal-based first aid

386

kits. Empon - empon herbs are very easy to care for and do not require large areas, they are also beautiful so they can function as ornamental plants.

# REFERENCES

- Adio, G., Maria, R., & Nurwati, N. (2020). ANALISIS PENGARUH PENINGKATAN JUMLAH MASYARAKAT TERKONFIRMASI COVID-19 TERHADAP PRODUKTIVITAS YANG PENDUDUK BEKERJA DIJABODETABEK ANALYSIS OF THE INFLUENCE OF THE NUMBER OF CONFIRMED COMMUNITIES COVID- 19 TO THE PRODUCTIVITY OF COMMUNITY WORKING IN JABODETABEK. 3, 1–15.
- Bebet, N., & Mindarti, S. (2015). Tanaman obat keluarga (TOGA). In *Isbn: 978-979-3595-49-*8 (1st ed., Vols. 1–24, Issue 09). BPTP Jawa Barat.
- BKKBN. (2017). Penanaman dan Penerapan Karakter Melalui 8 Fungsi Keluarga. In Badan Kependudukan dan Keluarga Berencana Nasional. BKKBN.
- Nudin, B., Hasanudin, F., Iqbal, M., Pusparini, M. D., Paramitha, N. A., Habibi, M. M., & Novianti, W. D. (2021). Ketahanan Keluarga Islami Dalam Multi Perspektif. In M. N. I. S. Mir'atun Nur Arifah (Ed.), Aswaja Pressindo (1st ed.). Aswaja Publisher.
- Endrawati, E. (2015). Penerapan Komunikasi Kesehatan Untuk Pencegahan Penyakit Leptospirosis Pada Masyarakat Desa Sumberagung, Kecamatan Moyudan, Sleman, Yogyakarta . *Jurnal Komunikasi*, 7(1), 1–25.
- Euis Sunarti, Rahma Nur Praptiwi, I. M. (2011). Kelentingan Sosial dan Kesejahteraan antara Juragan dan Buruh di daerah rawan Bencana.PDF. *Ilmu Keluarga Dan Konsumen, 4, no.1*(kelentingan keluarga), 1– 10.
- Harahap, R. A., & Putra, F. E. (2019). Buku Ajar Komunikasi Kesehatan. In *Journal of Chemical Information and Modeling* (1st ed.). Prenada Mediatama.
- Hikmawati, F. (2020). *Metodologi Penelitian* (4th ed.). PT Rajagrafindo Persada.
- Kertapati, Y. (2019). Tugas Kesehatan Keluarga dan Tingkat Kemandirian Keluarga di

Wilayah Pesisir Kota Surabaya. Jurnal Ilmiah Keperawatan Stikes Hang Tuah Surbaya, 14(1).

https://doi.org/10.30643/jiksht.v14i1.47

- Mamis, S., J.Gultom, R. P., Sarofah Ningsih, E., Elvionita, C., Demitri, A., Aditiyawijaya, H., Mona Ganiem, L. M., Juwita, R., Tawil, Muh. R., Idris, I., Suharti, B., & Arianto, M. F. (2024). KOMUNIKASI KESEHATAN Membangun Kesejahteraan Bersama (Romindo & A. Putriana, Eds.; 1st ed.). Yayasan Literasi Sains Indonesia.
- Nurmala, I., Rahman, F., Nugroho, A., Erlyani, N., Laily, N., & Anhar, V. Y. (2018). *Promosi Kesehatan* (1st ed.). Airlangga University Press.
- Nurmala, Ira; Rahman, Fauzie; Nugroho, adi; Erlyani, Neka; Laily, Nur; Yulia Anhar, V. (2018). *Promosi Kesehatan* (1st ed.). Airlangga University Press.
- Paramasari, S. N., & Nugroho, A. (2021). Strategi Komunikasi Kesehatan dalam Upaya Membangun Partisipasi Publik pada Masa Pandemi Covid-19. *Jurnal Lensa Mutiara Komunikasi*, 5(1), 123–132. https://doi.org/10.51544/jlmk.v5i1.2036
- Peneliti BB Pascapanen. (2020). Bahan Pangan Potensial untuk Anti Virus dan Imun Booster. In C. W. Dkk (Ed.), Bahan Pangan Potensial untuk Anti Virus dan Imun Booster (1st ed.). Balai Besar Penelitian Dan Pengembangan Pascapanen Pertanian Badan Penelitian dan Pengembangan Pertanian.
- Satriani, I., Muljono, P., & Lumintang, R. W. E. (2011). Komunikasi Partisipatif Pada Program Pos Pemberdayaan Keluarga. *Komunikasi Pembangunan*, 9(2), 17–27.
- Kholifah, S. N., & Widagdo, N. W. (2016). *Keperawatan Keluarga Dan Komunitas* (A. A. Perdana, Ed.; 1st ed.). Pusdik SDM Kesehatan Kemenkes.
- Suharti, B. (2020). Geliat Ekonomi Kerakyatan Berbasis Komunitas dan herbal di Kota Bandar Lampung Era Pandemi. In Syafaruddin, E. Rochana, E. Barnawi, & B. Wardianto (Eds.), *Covid 19 & Disrupsi* (1st ed., pp. 205–2016). Pustaka Media -Labpolotda JIP FISIP UNILA.
- Suharti, B., Kartika, T., Noviera, F. R., & Sugiyanta. (2021). Sosialisasi Pemanfaatan Toga Agar Keluarga Mandiri Dan Berdaya

Kesehatan Menghadapi Pandemi Covid-19 Di Kelurahan Rajabasa Bandar Lampung. *Prosiding Penelitian Pendidikan Dan Pengabdian 2021, 1*(1), 796–803. http://prosiding.rcipublisher.org/index.php/pr osiding/article/view/227

- Suharti, B., Kartika, T., & Sugiyanta, S. (2021). Culture and social: herbal medicine as health communication to build urban community empowerment. *Jurnal Studi Komunikasi* (*Indonesian Journal of Communications Studies*), 5(1), 151. https://doi.org/10.25139/jsk.v5i1.3124
- Sukmono, F. G., Junaedi, F., Bajari, A., Wahyudin, U., Khadijah, S., Puspitasari, R., Utami, K. H., Hadisiwi, P., Suminar, J. R., Ekayanthi, D., Iswahyuningtyas, C. E., Rubyasih, A., Utami, Y. S., Annas, N., Hastasari, C., Fatonah, S., & Novianti, D. (2019). *Komunikasi Kesehatan di Indonesia* (F. J. Filosa Gita Sukmono, Ed.; 1st ed.). Buku Litera Yogyakarta.
- Adio, G., Maria, R., & Nurwati, N. (2020). ANALISIS PENGARUH PENINGKATAN JUMLAH MASYARAKAT TERKONFIRMASI COVID-19 TERHADAP PRODUKTIVITAS PENDUDUK YANG BEKERJA DI**JABODETABEK** ANALYSIS OFTHE INFLUENCE OF THE NUMBER OF CONFIRMED COMMUNITIES COVID- 19 TO THE PRODUCTIVITY OF COMMUNITY WORKING IN JABODETABEK. 3, 1–15.
- Bebet, N., & Mindarti, S. (2015). Tanaman obat keluarga (TOGA). In *Isbn: 978-979-3595-49-8* (1st ed., Vols. 1–24, Issue 09). BPTP Jawa Barat.
- BKKBN. (2017). Penanaman dan Penerapan Karakter Melalui 8 Fungsi Keluarga. In *Badan Kependudukan dan Keluarga Berencana Nasional*. BKKBN.
- Nudin, B., Hasanudin, F., Iqbal, M., Pusparini, M.
  D., Paramitha, N. A., Habibi, M. M., & Novianti, W. D. (2021). Ketahanan Keluarga Islami Dalam Multi Perspektif. In M. N. I. S. Mir'atun Nur Arifah (Ed.), Aswaja Pressindo (1st ed.). Aswaja Publisher.
- Endrawati, E. (2015). Penerapan Komunikasi Kesehatan Untuk Pencegahan Penyakit Leptospirosis Pada Masyarakat Desa Sumberagung, Kecamatan Moyudan, Sleman, Yogyakarta . *Jurnal Komunikasi*, 7(1), 1–25.

- Euis Sunarti, Rahma Nur Praptiwi, I. M. (2011). Kelentingan Sosial dan Kesejahteraan antara Juragan dan Buruh di daerah rawan Bencana.PDF. *Ilmu Keluarga Dan Konsumen, 4, no.1*(kelentingan keluarga), 1– 10.
- Harahap, R. A., & Putra, F. E. (2019). Buku Ajar Komunikasi Kesehatan. In *Journal of Chemical Information and Modeling* (1st ed.). Prenada Mediatama.
- Hikmawati, F. (2020). *Metodologi Penelitian* (4th ed.). PT Rajagrafindo Persada.
- Kertapati, Y. (2019). Tugas Kesehatan Keluarga dan Tingkat Kemandirian Keluarga di Wilayah Pesisir Kota Surabaya. Jurnal Ilmiah Keperawatan Stikes Hang Tuah Surbaya, 14(1).

https://doi.org/10.30643/jiksht.v14i1.47

- Mamis, S., J.Gultom, R. P., Sarofah Ningsih, E., Elvionita, C., Demitri, A., Aditiyawijaya, H., Mona Ganiem, L. M., Juwita, R., Tawil, Muh. R., Idris, I., Suharti, B., & Arianto, M. F. (2024). KOMUNIKASI KESEHATAN Membangun Kesejahteraan Bersama (Romindo & A. Putriana, Eds.; 1st ed.). Yayasan Literasi Sains Indonesia.
- Nurmala, I., Rahman, F., Nugroho, A., Erlyani, N., Laily, N., & Anhar, V. Y. (2018). *Promosi Kesehatan* (1st ed.). Airlangga University Press.
- Nurmala, Ira; Rahman, Fauzie; Nugroho, adi; Erlyani, Neka; Laily, Nur; Yulia Anhar, V. (2018). *Promosi Kesehatan* (1st ed.). Airlangga University Press.
- Paramasari, S. N., & Nugroho, A. (2021). Strategi Komunikasi Kesehatan dalam Upaya Membangun Partisipasi Publik pada Masa Pandemi Covid-19. *Jurnal Lensa Mutiara Komunikasi*, 5(1), 123–132. https://doi.org/10.51544/jlmk.v5i1.2036
- Peneliti BB Pascapanen. (2020). Bahan Pangan Potensial untuk Anti Virus dan Imun Booster. In C. W. Dkk (Ed.), Bahan Pangan Potensial untuk Anti Virus dan Imun Booster (1st ed.). Balai Besar Penelitian Dan Pengembangan Pascapanen Pertanian Badan Penelitian dan Pengembangan Pertanian.
- Satriani, I., Muljono, P., & Lumintang, R. W. E. (2011). Komunikasi Partisipatif Pada Program Pos Pemberdayaan Keluarga. *Komunikasi Pembangunan*, 9(2), 17–27.

388

- Kholifah, S. N., & Widagdo, N. W. (2016). *Keperawatan Keluarga Dan Komunitas* (A. A. Perdana, Ed.; 1st ed.). Pusdik SDM Kesehatan Kemenkes.
- Suharti, B. (2020). Geliat Ekonomi Kerakyatan Berbasis Komunitas dan herbal di Kota Bandar Lampung Era Pandemi. In Syafaruddin, E. Rochana, E. Barnawi, & B. Wardianto (Eds.), *Covid 19 & Disrupsi* (1st ed., pp. 205–2016). Pustaka Media -Labpolotda JIP FISIP UNILA.
- Suharti, B., Kartika, T., Noviera, F. R., & Sugiyanta. (2021). Sosialisasi Pemanfaatan Toga Agar Keluarga Mandiri Dan Berdaya Kesehatan Menghadapi Pandemi Covid-19 Di Kelurahan Rajabasa Bandar Lampung. Prosiding Penelitian Pendidikan Dan Pengabdian 2021. 1(1),796-803. http://prosiding.rcipublisher.org/index.php/pr osiding/article/view/227
- Suharti, B., Kartika, T., & Sugiyanta, S. (2021). Culture and social: herbal medicine as health communication to build urban community empowerment. *Jurnal Studi Komunikasi* (*Indonesian Journal of Communications Studies*), 5(1), 151. https://doi.org/10.25139/jsk.v5i1.3124
- Sukmono, F. G., Junaedi, F., Bajari, A., Wahyudin, U., Khadijah, S., Puspitasari, R., Utami, K. H., Hadisiwi, P., Suminar, J. R., Ekayanthi, D., Iswahyuningtyas, C. E., Rubyasih, A., Utami, Y. S., Annas, N., Hastasari, C., Fatonah, S., & Novianti, D. (2019). *Komunikasi Kesehatan di Indonesia* (F. J. Filosa Gita Sukmono, Ed.; 1st ed.). Buku Litera Yogyakarta.