



Direct Health Education by Christian Doctors: Sharing Experiences during Community Service in Local Church Communities in Jakarta, Indonesia

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Author's contribution

The sole author designed, analyzed, interpreted and prepared the manuscript.

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ABSTRACT

Health education is important because of the need to promote health among members of the community, to maintain the health status and, if possible, to prevent people to get sick. Specific communities such as church members have unique characteristics that can facilitate health education so that it can be more easily accepted and implemented. The existence of Christian scholars among those specific communities can help the church to promote daily healthy living activities and maintain health standards, especially in the era of the Covid pandemic. This article aims to share our experience of doing multi-form community service in a specific community, a local church located in Tanjung Priok, Jakarta, Indonesia.

Keywords: *Local church; specific; community; health promotion; volunteers; responsibility; communication; Privilege.*

1. INTRODUCTION

For many Christians and church members, enduring memory of the pandemic would be the separation it caused in local churches because the congregation found themselves on opposite sides over Sunday service re-openings and some procedural steps before worship/Sunday service are carried out, for example, body thermal checking, must wear a mask and sit far away policies, and even vaccinations [1]. This kind of separation is actually undesirable because in these difficult times, the congregation should be united [2]. This is the reason why the implementation of community service is needed, especially if it is carried out by scholars who are conversant or familiar with the problems at hand [3].

Community service is work conducted by a single person or a bunch of people that benefits others, and this is done voluntarily [4]. Regarding the place community service is carried out, it is mostly held in the neighborhood where the person who does the community service is domiciled or works or does most of his or her activities [5]. With a specific communal approach like this, of course, the community closest to the implementer will benefit the most [4,5]. Usually, community service volunteers do not get financial rewards, but sometimes only in the form of free meals or t-shirts [6]. According to Einoff, generally there are three kinds of community service organizations in which people may be willing to volunteer: moral, functional, and interactive [6].

Doctors have greater opportunities to take part in specific community-based health services, compared to other professions [7,8]. They have the privilege to serve specific communities, e.g., church's local community in a more specific manner, especially during the COVID-19 pandemic. According to Jayalal, in the real Covid pandemic situation, the Christian doctor has observed, and even directly helped churches activity, supporting members suffering from shortage of food-related to poverty, church's clinics or hospitals serving the community at large (usually those who are less fortunate or come from a very low socio-economic background), and fellow Christian physicians volunteering to serve in some of the places hardest hit by the coronavirus infection [9].

Local specific community members, as well as community members in general, have

advantages in the context of understanding health problems/situations, thanks to medical professionals who also happens to be members of the same community [10]. Doctors can play a role in the society/community directly, e.g., by implementing health promotion on certain health issues or educating members of the community on simple daily healthy living practices.

Unfortunately, in the era of over-information which can cause information overload syndrome, the advancement in information technology and social media bring negative excesses, one of which is in the form of hoaxes in the medical/health sector [11,12]. On April 30th, 2021, The Ministry of Communication and Information has recorded and labeled 1,556 hoaxes related to COVID-19 and 177 hoaxes related to the COVID-19 vaccine [13]. Hoax is very easy to spread through social media [14,15]. In this context, Christian scholars in the health sector and even the church should be able to take more responsibility in addressing these hoaxes in their local church community [16,17].

Health communication is an important point in the effort to deliver health education, in order to increase the understanding of local church members [18,19]. Considering that the church community also comes from various backgrounds, e.g., ethnic, education and social levels differences, Therefore, the method of delivering health news must be seriously considered, relevant and appropriate to meet the needs of the various backgrounds [16-19]. The following section shares personal practical experience giving health education as volunteering effort of Christian doctors on Christian organization especially during the covid 19 pandemic.

2. OVERVIEW OF THE LOCAL CHURCH CHARACTERISTICS

The church being served was established since 1965 with a senior pastor, someone who is charismatic and respected by the general public around the church. The name of the church is GBI Shalom. It is estimated that the number recorded as permanent congregations is 1500+ people. The church is geographically located in an area near the main port of Jakarta, named Tanjung Priok, in the northern part of Jakarta, the capital city of Indonesia. (https://maps.app.goo.gl/A_jqsbTkbMCekHvHy5) [20].

The composition of the church community is also typical of the composition of the general typical community in Indonesia (in general), which is dominated by young adults (<45 years old) and youth and adolescents. However, the number of elderly people is also increasing along with improvements in the socio-economy status and health services.

Like a typical community that lives near a port, the congregation also mostly works in fields related to transportation or port activities. Socio-economically, most of the members of this local church are in the low to moderate socio-economic level. In general, the level of education of most church members is secondary education/high school, although some are fortunate because they receive higher education from abroad.

In normal conditions, due to the limited capacity of the church building, Sunday worship service is held at three different times (at 6.30 am, 9 am, and 5 pm). For each service, up to 600+ people usually attend. In simple terms it can be said, the first worship service (6 am) is usually attended by parents and the elderly. The second Sunday service (9 am) is usually dominated by young adults. The third Sunday service is mostly attended by youths and teenagers.

But temporarily due to micro-scale social restrictions, worship Sunday service was changed from onsite service to online worship, where the congregation worshiped from home using popular social media such as the church's official Facebook™ or via YouTube™ (the church's official account: GBI Shalom Tanjung Priok).

3. SHARING EXPERIENCES

As a member of the church who is arguably still a young adult, the opportunity to serve the congregation is given by the senior pastor according to the capacity. In many aspects, the congregation does need to be served, including in practical matters such as health sector. There are various forms of service, ranging from health education/health promotion through pulpit service, home visit, distribution of groceries/food for the poor congregation, being involved in the congregation's WhatsApp group chat about health issues, coordinating blood donations and even standard general health checks on certain national holidays (e.g., Independence Day). Through pulpit service, the speaker can insert various relevant and up to date topics, e.g., about COVID-19 or other diseases, about human growth and development, about how to ward off hoaxes in social media, the implementation of clean and healthy living behavior, and even the importance of family planning programs.

The variety of these activities are very good opportunities for the speaker to teach the church members, especially in cases regarding daily health problems or routine hygiene practice. It is undeniable that health professionals are more easily accepted in society than professionals in other fields. That is why inserting messages about health, clean and healthy living behavior and other practical health matters is easier if the speaker is a health professional and also the member of the local community. In the author's personal opinion, this activity can be considered as a strength of this kind of communal approach.



Fig. 1. (A) Photographs from the 2nd Sunday service held on February 14th, 2021 at 9 am, carried out online, conveying about prevent hoax news. Note that even during onsite worship the church still prioritizes health protocols; one of them by sitting far away. (B) Screenshot from the 2nd Sunday service held on May 23rd, 2021 at 9 am, carried out online, conveying about physical and mental growth

3.1 Advantages

Direct health education to a specific population, e.g., local congregation, provide benefits, not just for the people who conduct it, but also for the audiences/local church member, and for the church itself as an organization. Here are some of the advantages of doing direct health promotion:

1. It is specific, both the population and the media, so that the message to be conveyed is relatively easier to give; even though that does not mean it is easier to understand/accept,[21]
2. resources friendly from a certain point, e.g., time allocation, cost, technology, location, other administrative matters,[22]
3. because it is inserted between religious message/word of God so it is not likely to bore people, it may even help audience to better understand the context [18]

All of the advantages which previously mentioned can be considered as limitation for this kind of activity. But still, from the public health perspective, this typical one-way approach to health education is still commonly chosen method of disseminating health information, raising public awareness and inviting community participation. It is actually a blessing and should be considered as privilege for Christian scholar, especially those who work in the health sector.

According to the author's personal opinion, why is it called a "privilege" because not all scholars 'feel the divine call' or have the opportunity to take part in this noble task [23,24]. Privilege is based on the doctor's understanding, through his/her previous personal spiritual experience with God [18,24] From this point of view, religion is important in supporting believers to prepare the congregation for difficult times [25].

3.2 Disadvantages

In addition to the favorable factors considered as advantages, there are also unfavorable factors for such an approach that is considered as disadvantages. Some of them are as follows:

1. It is usually always one direction only, a speech-based approach that tends to dictate to the audience. It is almost impossible to turn it into a two-way discussion, apart from large number of listeners, also the event platform that does not support such communication,[26]

2. the potency for bias in retaining new knowledge is almost unavoidable because there is a possibility that even though the audience come from the same church, there may be a gap in age, gender, ethnicity, educational background, and even social status,[27]
3. time constraints are a concern because, for important points, the speaker may certainly want to emphasize for example by repeating important topics. Another factor related to limitation in time allocation is that it cannot be ascertained whether the message conveyed by the speaker can be received properly by the viewer [28]

Beside that, this article was written according to some experience in a local area which is considered limited, geographically and also in the number of member of the community. This is also can be considered as limitation, and so it can not be generalized in global condition. Nevertheless, it cannot be denied that health promotion for specific communities can still be carried out, even through religious activities such as through Sunday worship for Christians.

4. DISCUSSION

The church, as an organization entity, also experiencing the challenges of the times, for example at this time of the COVID-19 pandemic. It prevents massive social interaction, a mode the church has actually practiced for hundreds of years [1,2,17,18] But the show must go on, and churches just like any other aspect of our life have to adjust, modify or even change the old methods [17] Online Sunday service is a good example of how a specific community responded to the pandemic.

Churches also use social media to reach people and serve them with the love of Christ. [17,18,23,24] The use of IT causes the breakdown of certain barriers such as distance and time. Through the senior pastor, professionals or scholars are appointed and given the opportunity to share knowledge, explain and even teach in order to fix or make right what was considered to be the true general view of the community.

5. CONCLUSION

The privilege of Christian doctors in serving the congregation is actually part of the noble values inherent in the medical profession.[9,24] During

the COVID-19 pandemic era, the presence of doctors as members of the congregation is very helpful in educating health issues or other problems related to health, as well as preventing hoax news in the congregation's social media.[1,2,17,18] This kind of approach model is typically one-way only, without any opportunity for active interaction (it is impossible to make time for a "question and answer" session), time allocation is relatively limited so it cannot be ascertained whether the message conveyed by the speaker can be received properly by the viewer [26-28]. Even so, this method can still be an option in direct community service, especially for the specific population like church members.

CONSENT

It is not applicable.

ETHICAL APPROVAL

It is not applicable.

COMPETING INTERESTS

Author has declared that no competing interests exist.

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