# **Community Mobilization**

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### **Overview CM**

Definitions often provide a useful framework for understanding the platform and the key assumptions of any given approach. In the case of community mobilization, the importance of community participation and self-reliance is emphasized in its theoretical definition and practical applications.

Community mobilization is often defined as **"empowering individuals to find their own solutions, whether or not the problem is solved"** (Fishbein, Goldberg, and Middlestadt, 1997, p. 294).





The main objectives of health communication practitioners and other health professionals who may be involved in the community mobilization effort is

#### "to provide local leaders and their community with technical assistance to accomplish a number of goals"



## **CM** Goals

- Mencari solusi yang berbasis kekuatan komunitas dan sesuai dengan konteksnya.
- Memfasilitasi kemitraan dengan elemen sosial lainnya.
- Menyadari hambatan potensial dan solusinya.
- Menyelesaikan konflik dan mencari solusinya.
- Membangun proses keterlibatan komunitas, termasuk media komunikasinya, untuk menuju perubahan perilaku dan sosial.
- Mengembangkan sumberdaya dan pendekatan yang mampu mendukung keberlanjutan program.
- Merancang proses evaluasi yang dapat dilakukan dan dipantau oleh komunitas untuk memenuhi kebutuhan mereka.
- Menjaga fokus kegiatan komunitas untuk menyelesaikan usulan demi usulan secara bertahap.

### **Social Mobilization**

The impact of community mobilization is greater when different communities interact with each other and create a social force for change. This concept is incorporated in the idea of *social mobilization*.

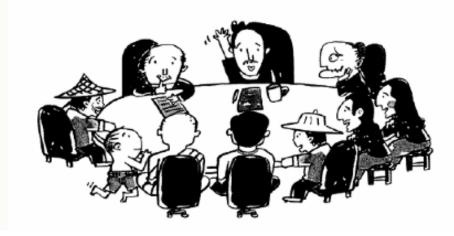
Social mobilization has been defined as

"the process of bringing together multisectoral community partners to raise awareness, demand, and progress for the initiative's goals, processes and outcomes"

(Patel, 2005, p. 53).

## **CM Success Factors**

- Evidence based information.
- A behavior-centered mindset.
- Inclusive process.
- Qualified training and technical assistance.
- Potential for community ownership.
- Existence of complementary interventions.



## **CM Key Criteria**

- 1. The community has expressed a preliminary interest in participating and places a high priority on the specific health issue.
- 2. There are high rates of disease incidence, morbidity, and mortality within the community.
- 3. Specific community characteristics can be used as a model for replication of the effort.
- 4. The health issue is relevant to the community's health and development.
- 5. There are relevant special needs or issues.

# CM Key Steps

- 1. Selection of Community Organizations and Leaders: "Organize the community for action"
- 2. Participatory Research: "Explore health issues and set priorities"
- 3. Community Group Meetings: "Plan together"
- 4. Partnership Meetings: "Act together"
- 5. Development of Communication Approaches, Activities, Tools, and Spokespeople: "Evaluate together"



# Referensi

Schiavo, R. (2002). *Health Communication from Theory to Practice*. Jossey Bass.

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