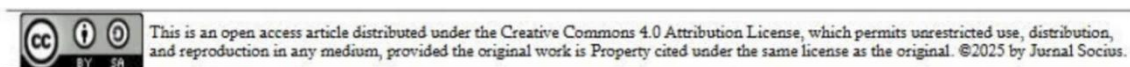


AN INTEGRATIVE FRAMEWORK FOR PATRIOTIC VALUES IN STRENGTHENING COMMUNITY RESILIENCE TO DISASTERS FROM A PUBLIC HEALTH PERSPECTIVE

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ABSTRACT: Indonesia, as a country with a high level of disaster vulnerability, faces significant challenges in maintaining public health resilience. Community resilience is a crucial aspect in mitigating the impact of morbidity, mortality, and psychosocial distress resulting from disasters. This study aims to develop an integrative framework for implementing the values of national defence in strengthening disaster-based community resilience from a public health perspective. The method employed was a qualitative approach through a literature review of scientific articles from 2021 to 2025. The findings indicate that national defence values such as social solidarity, mutual aid, and collective awareness act as social capital that strengthens community adaptive capacity, enhances preparedness, and supports the resilience of the health system. This study produced an integrative framework comprising core values, implementation mechanisms, community health capacity, and outcomes in the form of public health resilience.

Keywords: National Defence, Community Resilience, Public Health, Disasters, Disaster Health

1. INTRODUCTION

Indonesia is a country at high risk of various types of disasters that have a significant impact on public health, both physically and psychosocially. These impacts include increased rates of morbidity, mortality, and post-disaster mental health disorders. Community resilience is a key indicator of public health as it reflects the community's ability to endure, adapt and recover from the effects of disasters. Studies indicate that community resilience has a significant influence on community preparedness in the face of disasters ($p < 0.05$) [1].

Furthermore, the main factors influencing community resilience include social capital, leadership, access to resources, and communication systems [2]. In this context, the value of national defence plays a strategic role in strengthening social capital through enhanced solidarity, participation, and collective awareness within the community [3].

However, the integration of the value of national defence into a disaster-based public health system is not yet systematically structured [4]. Therefore, this study aims to develop an integrative framework linking the value of national defence with

community resilience from a public health perspective [5].

2. METHOD

This study employs a descriptive qualitative approach using a literature review method to comprehensively examine the relationship between national defence values, community resilience, and public health in the context of disasters. This approach was chosen as it provides an in-depth understanding of conceptual phenomena and integrates various empirical findings published in the latest scientific literature [6]. The data sources for this study were obtained from various relevant scientific publications, including SINTA-indexed national journals, journals in the field of public health, and reputable international scientific articles. To ensure the analysis remains up-to-date and relevant, the literature used was restricted to the period from 2021 to 2025. The selection of these sources aims to ensure that the research is based on the latest developments in the study of community resilience, social determinants of health, and disaster-based health management.

Data collection was conducted through a systematic search of various scientific databases, such as Google Scholar, PubMed, and ScienceDirect, using relevant keywords, including “community resilience”, “disaster health”, “social determinants of health”, and “civil defence”. The retrieved articles were then selected based on inclusion criteria, namely relevance to the research topic, publication quality, and contribution to the development of the concepts under study. Subsequently, a thematic data extraction process was carried out to identify key concepts, research findings, and relevant relationships between variables. Data analysis in this study employed content analysis, which aims to interpret the meaning of various literature sources in a systematic and structured manner. The analysis focused on identifying patterns of relationships between national defence values as a social determinant, community resilience as an adaptive capacity, and public health indicators as outcomes. Through this approach, the study not only described existing findings but also developed a conceptual synthesis that forms the basis for the formulation of an integrative framework for disaster-based community health resilience [7].

3. RESULTS AND DISCUSSION

3.1 Community Resilience from a Public Health Perspective

Community resilience in public health encompasses the community’s ability to: reduce the risk of disease resulting from disasters, maintain access to healthcare services, and restore health conditions following a disaster. Research indicates that community resilience correlates with the community’s preparedness to face disasters, including mental readiness and adaptive capacity [8]. Furthermore, psychosocial aspects are also a key component.

Community resilience from a public health perspective is not merely understood as the community’s ability to ‘survive’ after a disaster, but as a collective capacity to maintain essential health functions, reduce the risk of disease, sustain access to healthcare services, and accelerate physical and psychosocial recovery during the pre-disaster, disaster, and post-disaster phases. Findings from a recent scoping review on community resilience to health emergencies indicate that community resilience comprises 21 core components, including governance, social cohesion, trust, risk communication, citizen participation, and the ability to coordinate local resources; this underscores that resilience is a multidimensional construct highly relevant to public health, not merely a matter of technical crisis response [9].

In line with this, a systematic review on health emergency communication indicates that a strong relationship between the community and crisis communication can strengthen resilience, as clear, timely, and trustworthy information helps the public make safe decisions, improves adherence to health advice, and curbs misinformation during emergencies [10]. In the context of disasters, community resilience is also closely linked to aspects of social trust and the community’s adaptive capacity. A critical review on trust in disaster risk reduction emphasises that trust in institutions and among community members plays a crucial role at all stages of disaster management—from prevention, preparedness, and response through to recovery—as trust fosters participation, coordinated action, and acceptance of both health and disaster-related interventions [11]. From a healthcare perspective, studies on post-disaster primary healthcare indicate that the main challenges include the management of temporary housing, the control of infectious diseases, the coordination of primary services, and the clarity of staff roles; these findings demonstrate that community resilience must also be understood as the ability of the community-level healthcare system to continue functioning amidst disruptions [12].

Beyond service aspects, the psychosocial dimension is an integral component of community resilience. A recent review of the impact of natural disasters on mental health indicates that exposure to disasters is associated with increased anxiety, stress, trauma, and other mental health disorders; consequently, community recovery must incorporate psychological and social support as part of the public health response [13].

This is reinforced by community-based mental health intervention studies, which demonstrate that an integrated disaster mental health approach can serve as a strategy for building community resilience in the face of natural hazards and supporting recovery following a crisis [14]. At the national level, research in Sukabumi found that community resilience influences community preparedness in the face of earthquakes, with simultaneous contributions from community resilience, personal competence, self-confidence, self-acceptance, self-control, and spirituality to preparedness [15].

Meanwhile, a community engagement study in Cianjur showed that following the earthquake, children experienced anxiety, stress, and trauma; therefore, trauma healing using psychological and pedagogical approaches is required to ensure recovery proceeds more effectively. Thus, community resilience in public health can be understood as a combination of social capacity, trust, communication, the resilience of service systems, and psychosocial support, which together determine a community’s ability to mitigate the health impacts

of disasters and recover in a healthier and more adaptive manner [16].

3.2. The Value of National Defence as a Social Determinant of Health

The value of national defense in the perspective of public health can be positioned as part of the social determinants of health that play a role in shaping health behaviors, adaptive capacity, and community resilience in facing disasters. Values such as social solidarity, environmental concern, and community participation are manifestations of social capital that consistently prove to contribute to the improvement of public health, especially in the context of crises and disasters. Recent studies show that social capital plays a role in strengthening community resilience thru mechanisms such as social learning, social trust, risk communication, and collective action, which enable communities to respond to disasters more effectively and in a coordinated manner [17].

Furthermore, a study in the International Journal of Disaster Risk Reduction emphasizes that communities with high levels of social cohesion tend to have better preparedness, higher compliance with health interventions, and stronger adaptive capacity in facing disaster-related pressures. However, despite various studies showing a positive relationship between social capital and community resilience, there are several limitations that need to be critiqued. First, most studies still focus on the social context in general without specifically examining how ideological values such as patriotism can be operationalized within the public health system.

This creates a conceptual gap between the normative approach (values) and the empirical approach (health indicators). Second, not all forms of social capital have a positive impact; in some cases, strong social cohesion can lead to group exclusivity (social exclusion) that actually hinders the equitable distribution of health resources, especially for vulnerable groups. These findings indicate that the value of national defense needs to be implemented inclusively to not only strengthen internal cohesion but also ensure social justice in access to healthcare services. Additionally, community-based approaches that rely on social participation often face challenges in terms of sustainability and consistency of implementation. Studies show that although community participation is high during the emergency response phase, this involvement tends to decrease during the mitigation and long-term recovery phases if not supported by a strong institutional system and sustainable policies.

This indicates that the value of nationalism as a social determinant of health cannot stand alone, but must be integrated with the formal health system, good governance, and systematic policy support.

In the national context, research shows that social capital based on communal values such as mutual cooperation significantly contributes to the effectiveness of health programs and disaster mitigation, especially in enhancing community rapid response and support for vulnerable groups. However, the research also shows that this effectiveness is highly dependent on local leadership capacity and access to resources, so the implementation of the value of national defense needs to be accompanied by strengthening structural and institutional capacities. Thus, the value of national defense not only serves as a normative foundation but also as a social determinant that must be strategically integrated into the public health system to produce community resilience that is sustainable, adaptive, and inclusive.

3.3. Integration of National Defence into a Disaster-Based Health System

The integration of national defense values into a disaster-based health system is a strategic approach that combines social, health, and preparedness dimensions within a holistic framework. The implementation of these values can be realized thru three main stages in public health, namely promotive-preventive, responsive, and rehabilitative and psychosocial, which collectively reflect the disaster management cycle. At the promotive and preventive stages, the internalization of the value of defending the country thru disaster-based health education and community preparedness campaigns plays a role in increasing risk literacy, collective awareness, and the community's ability to take preventive actions independently. The findings of the systematic review indicate that mechanisms such as social learning, risk communication, and enhanced risk perception are key factors in strengthening community preparedness for disasters [17].

This emphasizes that the value of patriotism not only functions as a social norm but also as an educational instrument capable of shaping preventive health behaviors. At the responsive stage (disaster response), the value of national defense is reflected in the active participation of the community in first aid, support for healthcare workers, and the mobilization of local resources. Empirical studies show that communities with high levels of social capital are more likely to engage in emergency response activities, including assisting vulnerable groups and contributing to health aid distribution [18].

Moreover, a collective action-based approach has been proven to enhance disaster response effectiveness as it allows for faster and more adaptive coordination compared to approaches that rely entirely on external interventions. In this context, the value of patriotism strengthens the sense

of collective responsibility, which is an important foundation in community-based health responses. Meanwhile, at the rehabilitative and psychosocial stage, the value of national defense plays a role in strengthening social support, accelerating mental health recovery, and rebuilding social cohesion post-disaster. Strong social support has been proven to contribute to trauma recovery and the enhancement of community psychological well-being, which are essential components in public health resilience. However, despite various studies showing the effectiveness of community-based approaches, there are several limitations that need to be critiqued. First, the implementation of the value of national defense in the health context often remains normative and has not yet been systematically integrated into disaster-based health policies. Second, reliance on community participation without adequate health system support has the potential to create capacity disparities between regions, especially in communities with limited resources. Third, poorly managed collective action approaches can lead to coordination fragmentation and role duplication in disaster response [19].

Furthermore, the literature shows that the effectiveness of integrating social values such as

patriotism highly depends on the synergy between social capital and health system infrastructure. An approach that only emphasizes the social aspect without being supported by a strong healthcare system is at risk of being unsustainable in the long term. Therefore, the integration of national defense values into disaster-based health systems needs to be directed toward an integrative and multilevel model that simultaneously connects the capacities of individuals, communities, and health systems. Thus, the value of defending the country not only serves as a moral foundation but also as an operational determinant that strengthens the preparedness, response, and recovery of public health in facing disasters sustainably.

3.4 An Integrative Framework for National Defence Values in Community Health Resilience

An integrative framework for national defence values in disaster-based community health resilience can be understood as a systemic model that links the dimensions of values (input), health interventions (process), community capacity (output), and health impacts (outcome) within a continuous causal pathway.

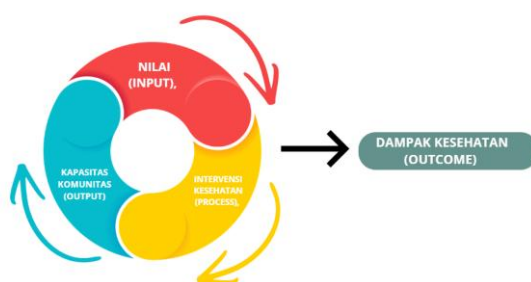


Fig 1. Systemic Model of the Integration of National Defence Values in Community Health Resilience

At the input stage, values of nationalism such as love for the homeland, social solidarity, and collective awareness serve as normative foundations that shape social behavior and public health. Recent studies show that values internalized in the form of social capital play an important role in building risk perception, enhancing social learning, and strengthening risk communication within communities, which serve as the foundation for disaster preparedness. Thus, the value of nationalism can be positioned as an upstream determinant that indirectly influences community health dynamics thru social mechanisms [20].

At the process stage, the implementation of these values is realized in public health interventions such as disaster education, community disaster preparedness training, and strengthening community-based health systems. Literature shows

that community-based approaches that integrate social learning, risk communication, and active community participation can significantly enhance the effectiveness of disaster preparedness and response. Additionally, this approach also strengthens the relationship between the community and the health system, thereby creating a more adaptive and responsive response system to emergency conditions. However, several studies criticize that community-based implementation is often not standardized and heavily relies on local capacity, resulting in varying effectiveness across regions.

Furthermore, at the output stage, the intervention resulted in an increase in community health capacity, including health preparedness, access to health services, and psychosocial resilience. Research shows that communities with high levels of social

capital tend to have better preparedness, higher participation in disaster mitigation, and the ability to collectively protect vulnerable groups.

Additionally, in the context of mental health, community resilience supported by strong social networks has been proven to reduce the risk of psychological disorders such as stress, anxiety, and post-disaster PTSD [21]. This shows that the outputs of this framework are not only physical (service access) but also encompass psychosocial dimensions that are important indicators in public health. At the outcome stage, the increase in capacity culminates in the formation of public health resilience characterized by a decrease in morbidity and mortality, accelerated post-disaster recovery, and an overall increase in the resilience of the community health system. Empirical studies show that social capital not only plays a role in the emergency response phase but also in reducing the long-term impact on community well-being after a disaster occurs. Moreover, network-based approaches and cross-sector collaboration have proven to be more effective than top-down approaches in building sustainable community resilience.

However, this framework also has several limitations that need to be critiqued. First, the relationship between the value of nationalism and health outcomes is still indirect and mediated by various factors such as the capacity of the health system, public policy, and socio-economic conditions. Second, most studies still emphasize the role of social capital without explicitly integrating ideological values such as nationalism as an analytical variable, thus requiring the development of more operational indicators to measure the contribution of these values. Third, there is a gap between conceptual approaches and practical implementation, especially in terms of cross-sector integration between health systems, disaster management, and community education.

The proposed framework represents an integrative approach in understanding and building disaster-based public health resilience. Unlike conventional approaches that tend to separate social and health dimensions, this framework places both in a mutually interrelated and dynamic relationship. Conceptually, this framework not only connects the social determinants of health with public health interventions but also seeks to bridge ideological aspects such as values, norms, and social cohesion with operational aspects that include program implementation and strengthening health systems. In a theoretical perspective, this integration enriches the discourse on community resilience by asserting that the adaptive capacity of society is not solely determined by the availability of health services, but also by the strength of the social capital possessed by the community. Values such as solidarity, trust,

and collective participation act as catalysts in enhancing the effectiveness of sustainable interventions

This research shows that community health resilience in the context of disasters cannot be understood solely as a result of technical interventions, but rather as a product of complex interactions between social values, community capacity, and health systems. These findings align with recent studies that emphasize that community resilience is a multidimensional construct encompassing governance, social cohesion, risk communication, and community participation in the health system [22].

This reinforces the argument that conventional approaches focusing on structural mitigation and emergency response are insufficient for building sustainable public health resilience. The first novelty of this research lies in the integration of the concept of national defense with public health. In the international literature, the dominant approaches in explaining community resilience are social determinants of health and social capital, without explicitly incorporating the ideological dimension. This study shows that values of nationalism such as social solidarity, collective awareness, and environmental responsibility have conceptual alignment with the social capital construct, which has been proven to play a role in enhancing community resilience.

This research goes further by positioning the value of national defense as a normative determinant that can influence health behavior and community participation. Thus, this research fills the gap between normative and empirical approaches that have so far remained separate in the literature. The second novelty is the development of a disaster health-based framework that integrates values, interventions, capacities, and health outcomes into a single systemic model. This approach is in line with the findings of [23], which show that social capital significantly contributes to community preparedness and adaptation in the face of disasters. However, it is critically important to acknowledge that the relationship between social value and health outcomes is not linear. Recent studies emphasize that the effectiveness of community resilience is greatly influenced by mediating factors such as the capacity of the health system, public policy, and socio-economic conditions.

This indicates that the framework proposed in this study is better understood as an adaptive conceptual model rather than a deterministic model. The third novelty lies in the multidimensional approach that encompasses physical, social, and psychological aspects in building community health resilience. These findings are supported by research showing that community resilience is not only determined by the capacity of health services but

also by the strength of social networks and the mental health of the community. Moreover, community-based mental health interventions have proven effective in accelerating post-disaster recovery and enhancing the psychosocial well-being of the community. Thus, the multidimensional approach proposed in this study makes an important contribution to expanding the perspective of community resilience, which has so far tended to be partial.

In addition to highlighting the novelty, this research also identifies several important implications. The integration of national defense values into disaster-based health systems has the potential to enhance the effectiveness of promotive, preventive, and responsive programs thru the strengthening of community participation and social cohesion. However, there are challenges in implementation, such as variations in capacity among communities, the potential for social exclusion, and the lack of integration with formal health systems. Studies show that high social cohesion does not always have a positive impact, as it can limit vulnerable groups' access to health resources if not balanced with an inclusive approach. Therefore, policies are needed that can systematically integrate social values with institutional structures. Overall, this research emphasizes that building community health resilience requires an approach that is not only technocratic but also value-based and multidimensional. By integrating the value of patriotism into the public health framework, this research contributes new insights to the literature on disaster and public health, and opens up opportunities for further research to empirically test

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the relationship between values, interventions, and health outcomes in various disaster contexts.

5. CONCLUSION

An integrative framework based on the value of national defence has been shown to have the potential to strengthen community resilience in the face of disasters from a public health perspective. The value of national defence acts as social capital that enhances preparedness, adaptive capacity, and the sustainability of community health systems. This study confirms that community health resilience in the face of disasters is the result of a complex interaction between social factors, health systems, and the community's adaptive capacity. Unlike conventional approaches that focus on the technical aspects of mitigation and response, this study demonstrates that the value of national defence plays a strategic role as a social determinant of health capable of strengthening community health preparedness, response, and recovery in a sustainable manner [24].

The integration of the value of national defence encompassing social solidarity, collective awareness, and environmental responsibility into a disaster-based health system has proven to be conceptually consistent with social capital theory, whilst broadening the perspective by incorporating ideological dimensions as factors shaping health behaviour. Through the integrative framework developed, this study demonstrates that the values of national defence act as an upstream determinant influencing health interventions, enhancing community adaptive capacity, and ultimately contributing to the development of public health resilience.

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