

CHAPTER 5 CONCLUSION

5.1 Conclusion

Based on the entirety of the research phases, data analysis, and design implementation processes detailed in the preceding chapters, the conclusions of this social campaign design are formulated as follows:

1. The design of the “*Bijak Berantibiotik*” (Antibiotic Wisdom) social campaign at the Puskesmas Wonokromo has been successfully formulated as a contextual visual communication solution to bridge the cognitive gap among the productive-age demographic. This solution is integrated cohesively to mitigate the high rate of antibiotic self-medication without a doctor's prescription (62.7%) and to address the critically low patient compliance rate in completing prescribed medication dosages (44.6%).
2. The message delivery strategy is executed through the integration of offline and online media platforms, positioning motion graphics as the primary educational medium. The selection of motion graphics is grounded in an analysis of patient flow and psychological conditions within the clinic's waiting room, where medical information must be delivered rapidly, concisely, and adaptively to accommodate limited attention spans caused by fatigue or anxiety. This core message is continuously reinforced through supporting media, including educational Instagram content, the tactical “Anti-Kit” (medication box), posters, brochures, instructional stickers, and various merchandise items (pins, tumblers, tote bags) strategically positioned at critical touchpoints throughout the clinic's service flow.
3. The visual concept of this design revolves around the keywords “*Edukasi Visual Penawar Tangguh*” (Visual Education of the Resilient Remedy), utilizing a flat design illustration style dominated by a green color palette, which is psychologically associated by the public with a modern and trustworthy healthcare image. Through the development of functional character designs representing the antibiotic Amoxicillin and various bacterial strains, rigid and complex medical information is successfully transformed into an empathetic visual narrative. This visual approach not only lowers the psychological resistance of the adult audience but also functions effectively as a “third-party” validation that reinforces the oral education provided by healthcare professionals.

5.2 Suggestion

To ensure the sustainable impact of this social campaign and to foster the future development of Visual Communication Design as an academic discipline, several theoretical and practical recommendations are proposed:

1. For Puskesmas Wonokromo (Stakeholder): The management of Puskesmas Wonokromo is expected to consistently integrate and implement all campaign media outputs into their routine internal educational programs. It is highly recommended that the motion graphic video be broadcast continuously on the main waiting room television screens. Concurrently, tactical print media, such as instructional stickers and brochures, should be distributed directly by pharmaceutical staff at the pharmacy counter during medication handovers to guarantee that patient knowledge retention persists within the home environment.
2. For Visual Communication Designers and Future Researchers: Future researchers or designers interested in addressing similar public health issues are advised to conduct periodic campaign effectiveness testing (utilizing pre-test and post-test methods) after a full month of field implementation to quantitatively measure the percentage of actual behavioral change in the community. Furthermore, media exploration can be expanded further by leveraging advanced interactive digital technologies, such as the development of Augmented Reality (AR) systems or other digital community-based platforms, to extend the educational reach for the productive-age demographic beyond the physical service boundaries of the clinic.