

Health Education in Improving Clean and Healthy Life Behavior (PHBS) at Community in the Jebol Ngrombo Village Baki Sukoharjo

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ABSTRACT

Based on the situation analysis obtained from the Nutrition Program Planning of the ITS PKU Muhammadiyah Surakarta Undergraduate Nutrition Program Students in 2021 in Jebol village RT 02 RW 01 Ngrombo Village, Baki District, Sukoharjo Regency, there is a problem that is still low awareness of clean and healthy living behavior (PHBS). In increasing awareness of the clean and healthy living behavior (PHBS) of the community in the broken village, it is necessary to carry out activities through counseling. The location of this service activity is in Jebol Village, RT 02 RW 01, Ngrombo Village, Baki District, Sukoharjo Regency. The target of this service activity is 23 PKK women. The stages of this service activity include preparing service locations and coordination, preparing anthropometric tools, preparing leaflets and power point materials about PHBS and hand washing properly, preparing pretest and posttest questions, measuring nutritional status, PHBS counseling and correct hand washing counseling. The result of this service is that most of the PKK mothers belong to the class I obesity category of 11 people (47.8%) and there is an increase in PHBS knowledge and hand washing in PKK mothers after being given nutrition education of 1.7 scores. Based on this, the conclusion that can be drawn is that participants in community service activities understand that clean and healthy living behavior and proper hand washing are very important to prevent various diseases.

KEYWORDS

Healthy Life Behavior;
Health Education;
PHBS



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1. Introduction

Based on the situation analysis obtained from the 2020 Undergraduate Nutrition Program Planning for Undergraduate Nutrition Program Students, there are problems including: a. There is still low awareness of Clean and Healthy Living Behavior (PHBS), there is still a lack of counseling about the importance of PHBS in the community. b. The low awareness of a small part of the community to live a clean and healthy life, is supported by the community's lifestyle which has an impact on decline, the quality of housing, and c. Lack of public awareness and policy making of preventive and promotive programs (prevention and promotion). Community service activities regarding building awareness of clean and healthy living behavior (PHBS), carried out in the Jebol village community, provided insights and knowledge related to PHBS, and the importance and benefits of implementing PHBS from the household scope [1]. The Clean and Healthy Behavior Program (PHBS) is a health promotion effort that aims to enable everyone to live in a clean and healthy environment by creating conditions that are conducive to individuals, families, groups and communities [2]. This aims to increase knowledge, attitudes and behavior in order to apply healthy ways of life in order to maintain, maintain and improve health [3]. One of the health promotion missions is to empower individuals, families and communities to live healthy lives through community empowerment programs [4]. Therefore the goal of health promotion can be through individual empowerment, family empowerment and group or community empowerment [5].

The government through the Ministry of Health has actually introduced the implementation of Clean and Healthy Behavior (PHBS) since 1996, but it is known that the scope of implementing PHBS is still low. For this reason, the Ministry of Health makes rules and directives for the implementation of

PHBS through Regulation of the Minister of Health of the Republic of Indonesia Number: 2269/MENKES/PER/XI/2011 concerning Guidelines for Fostering Clean and Healthy Behavior. As an elaboration of the Permenkes, in the guidebook for fostering PHBS it is stated that the degree of public health which is still not optimal is essentially influenced by environmental conditions, community behavior and the health service system which is still not optimal [6]. The results showed that the main determinant of the less optimal degree of public health was not only caused by unhealthy environmental conditions, it was also caused by people's behavior [7]. From several previous health research reports, it is known that only 38.7% of households that have implemented PHBS have reached an optimal figure. Healthy living behavior is influenced by several factors, including education, knowledge, attitudes both from oneself and others, and the surrounding environment which can cause an impact of good or bad behavior, and can create an attitude towards changes in one's behavior [8]–[10].

Several previous researchers have conducted research on healthy living which is used for this service literature. Lessons from implementing universal HIV treatment policies to universal health coverage were studied by Assefa [11]. Estimating the range of incremental cost-effectiveness thresholds for health care based on willingness to pay and GDP per capita: A systematic review researched by Iino [12]. Using a capability approach to evaluate energy vulnerability policies and initiatives in Victoria, Australia was researched by Willand [13]. Depression, Anxiety, and Suicidal Idea in Atopic Eczema Patients in a Prospective Study in Leipzig, Germany was investigated by [14]. Gym employee responses to cases of suspected eating disorders or overexercising were investigated by Colledge [15]. Healthy and unhealthy eating after a behavior change intervention in primary care was studied by Samdal [16]. Should commercial sex workers have unrestricted access to healthcare worldwide? studied by Taylor-Robinson [17]. Preventing type 2 diabetes, overweight and obesity in Norwegian primary care: a longitudinal design with an outcome of 60 months follow-up and a cross-sectional design with a comparison of dropouts versus completeness was studied by [18].

Initiation and maintenance of lifestyle changes among participants in health living centers: a qualitative study investigated by Sevidl [19]. Pregnancy management in cystic fibrosis was studied by Montemayor [20]. Organizing Physical Therapy Classes for Rehabilitation in the Post COVID Period was researched by T [21]. Current concepts and perspectives for articular cartilage regeneration were investigated by [22]. Responses to the suffering of a terminally ill child: A history of palliative care for children studied by Sisk [23]. Evidence that dog ownership protects against the onset of disability in a Japanese population living in older communities was investigated by Taniguchi [24]. Social marketing practice analysis: Factors related to success researched by Akbar [25]. Universal health care coverage, patient rights, and nurse-patient communication: a critical review of the evidence researched by Kwame [26]. Dietary intake biomarkers for green leafy vegetables, root vegetables, and stem vegetables: a review investigated by Brouwer-Brolsma [27]. Global, regional, and national burden of disease and injury for adults aged 70 years and over: A systematic analysis for the 2019 Global Burden of Disease Study by Kassebaum [28]. Modeling conventions for binary-intensive longitudinal data were investigated by Vanbelle [29]. Risk and asset-based strategies in health: priorities in the biomedical, life and environmental science literature since the early twentieth century. Quick review researched by Migeot [30].

The relationship between Mediterranean Diet Scores and Healthy Life Expectancy: A Global Comparison Study was investigated by Sezaki [31]. An assessment of several physico-chemical and microbial pollutants in Euphrates River water between the cities of Hit and Fallujah in Iraq was investigated by Saod [32]. Household access to safely managed sanitation facilities and its determinants in the city of Jimma, Ethiopia was investigated by Donacho [33]. The antimicrobial and antibiofilm effect of abietic acid on cariogenic *Streptococcus mutans* was investigated by Ito [34]. A comparison of over 2 decades of disability-free life expectancy at age 65 for those with long-term conditions in the UK: A Longitudinal Analysis of 2 Cognitive Function and Aging Studies investigated by Bennett [35]. Can Sustainable Health Behaviors Contribute to Ensuring Healthy Lives and Wellbeing for All Ages (Sdg 3)? A Viewpoint researched by Macassa [36]. A call to rethink nursing education in Zimbabwe was researched by Chigangaidze [37]. Sports activities for undergraduate students in Saudi Arabian universities: A review of the literature systematically researched by Sayyid [38].

Burden of non-fatal cancer in Belgium, 2004–2019: a national registry-based study commissioned by Gorasso [39]. Correction to: Cross-sectional mean length of healthy life (HCAL): a measure that summarizes health history and death in the cohort studied by Sauerberg [40]. The effect of body mass index before and after transplantation on the outcome of pediatric kidney transplantation was studied by Abdelrahman [41]. Are Religiosity and Spirituality Linked to Self-Reported Health Expectations? European Values Survey Analysis was investigated by Libby [42]. Mixed evidence for the compressed morbidity hypothesis for smoking elimination — a systematic literature review researched by Dieteren [43]. A review of biofiltration techniques: recent advances in the removal of volatile organic compounds and heavy metals in polluted water treatment was studied by Pachaiappan [44]. The contribution of obesity to the high metabolic cardiovascular risk population burden among different ethnic groups. The HELIUS study was investigated by Perini [45]. Early Detection of Cognitive Decline Using Machine Learning Algorithms and Cognitive Ability Tests was researched by Revathi [46].

Gender inequality in the health workforce amid achieving universal health coverage in Mexico was studied by Montañez-Hernández [47]. GIS-Based Green City Landscape Design and Planning and Analytical Hierarchy Process Model was investigated by Liu [48]. Preoperative hemoglobin level and use of sedative-hypnotic drugs are independent risk factors for postoperative delirium after total knee arthroplasty. researched by Kijima [49] A Quantitative Study of Stigma and Statistically Correlated Factors Among Women Living with Genital Fistula in the Oromia Region, Ethiopia. The identification of Urgent Improvement Strategies was investigated by Fekecha [50].

Based on the condition of Islamic boarding schools and limited internet access, the contribution of outreach activities about PHBS is very important, because information about PHBS independently can improve health status, because playing an active role in creating a healthy environment will help prevent disease. The objectives of implementing this community service are: 1. Increasing understanding and building public awareness, especially starting from PKK mothers regarding Clean and Healthy Behavior. 2. Increasing public awareness, especially PKK mothers, about Clean and Healthy Behavior. 3. There is a change in people's behavior. Based on the results of the study based on the above data, the service team carried out this community service program to strengthen the movement and community participation to carry out PHBS practices in household settings.

2. Method

The mechanism for this community service activity includes the following stages:

1. Preparation Stage

The preparatory phase includes the following activities:

- a) Preparation of the service location and coordination with the village head and village posyandu head Jebol Village RT 02 RW 01 Ngrombo Village, Baki District, Sukoharjo Regency in terms of time for counseling activities.
- b) Preparation of educational materials (leaflet and power point) and pre-test post-test questions
- c) Anthropometric preparation stage

This stage is to prepare tools for anthropometric measurements.

2. Implementation Stage

The implementation stage includes several activities carried out as follows:

- a) Nutritional status measurement stage. This stage measures nutritional status such as body weight, height, upper arm circumference, waist circumference and hip circumference.
- b) Stage of the counseling process. This stage is to conduct outreach to the community about the program to be carried out and about programs to increase community knowledge and provide PHBS supporting facilities.

3. Evaluation Stage

- a. Evaluation stage. Evaluation of knowledge and attitude measurements is carried out by giving questions in the form of a pre-test before giving counseling and a post-test after giving counseling. Knowledge to assess the increase in knowledge and attitudes of the Jebol Village community.
- b. Assistance stage. The mentoring stage from the facilitator during the training is implemented to be able to listen to partners' complaints and needs effectively.

3. Results and Discussion

PREPARATION PHASE

The preparatory stage includes several activities carried out to prepare community service activities so that they run smoothly. The activities at the preparatory stage are as follows:

1. Preparation of service location and coordination.

This stage is the determination of the place for community service activities and coordination with the head of the RT and head of the PKK in Jebol village RT 02 RW 01 Ngrombo Village, Baki District, Sukoharjo Regency regarding the problems faced and the time and hour of counseling. The stages of this activity have been carried out by making visits to prepare locations for community service with partners on June 3, 2021 at 15.30 WIB. The service team was welcomed by the PKK head of Jebol village at the house of the PKK head of Jebol village RT 02 RW 01 Ngrombo Village, Baki District, Sukoharjo Regency. The team discussed the program to be carried out, namely anthropometric measurements, counseling regarding PHBS and proper hand washing for PKK mothers which was agreed to be carried out on June 18, 2021 at 19.00 WIB.

2. Preparation of educational materials (leaflet and power point) and pre-test post-test questions

This stage was carried out by making leaflets and power points by designing them in attractive forms and designing simple sentences so that PKK members could easily understand them. The pre-test and post-test questions were made according to the material used to measure the knowledge of PKK mothers whether the material delivered to PKK mothers could be understood. At this stage it is hoped that the community will understand about PHBS and wash their hands properly.

3. The preparation stage for anthropometric tools

This stage is to prepare tools for anthropometric measurements. The tools prepared were digital scales, microtoa, LILA tape, and metline.

IMPLEMENTATION STAGE

The implementation stage includes two activities, namely anthropometric measurements and counseling on PHBS and proper hand washing. Anthropometric measurements and counseling about PHBS and proper hand washing which was carried out on June 18 2021 at 19.00 WIB at the PKK Chair's Home Yard, Jebol Village RT 02 RW 01 Ngrombo Village, Baki District, Sukoharjo Regency in the presence of Village Officials, PKK Chair and Mrs. PKK. Activities start at 19.00 - 21.30 WIB.

1. The stage of measuring nutritional status.

This stage measures nutritional status such as body weight, height, upper arm circumference, waist circumference and hip circumference. At this stage it is expected to know the nutritional status of PKK mothers.



Fig. 1. Height measurement



Fig. 2. Weight measurement



Fig. 3. Hip and hip circumference measurements

In carrying out activities to measure the nutritional status of participants, this service involves students in helping to measure height, height, hip and hip circumference.

Table 1. Results of Measurement of Nutritional Status of Community Service Participants

Table 1. Table Styles

Nutritional Status (kg/m2)	n	%	$\bar{X} \pm SD$ (%)
Under Weight	1	4.4	26,74± 4,53
Normal	7	30.4	
Over Weight	3	13.0	
Obese Class	11	47.8	
Very Obese	1	4.4	
Total	23	100	

Source: Primary Data, 2021

Based on bold 1 shows that the results of measuring the nutritional status of the community service participants, most of them are included in the obese class 1 category of 11 people (47.8%).

2. Stage of the extension process.

This stage is to conduct outreach to the community about the program that will be carried out and about programs to increase community knowledge and provide PHBS supporting facilities as shown in Figure 4. The figure shows that at this stage it is hoped that the community understands the importance, knowledge and attitudes about PHBS.



Fig. 4. Health and hygiene education and proper hand washing

In his remarks, the Chairperson of the PKK in Jebol village welcomed this activity as a form of building community awareness in implementing PHBS to avoid various kinds of diseases, especially in the era of the Covid-19 pandemic. In their presentation, the service team explained the importance of PHBS and proper hand washing.

The results of outreach activities regarding knowledge of PHBS and proper hand washing for PKK mothers in Jebol village show that counseling can increase knowledge of PKK mothers regarding PHBS behavior and correct hand washing. This is illustrated by the evaluation results which measure the level of knowledge about PHBS and proper hand washing at the household level through the pre-test and post-test methods. With counseling activities can increase the knowledge of PKK mothers about PHBS and proper hand washing in the household by 1.7 score. The counseling method has a significant influence on the level of knowledge and with the knowledge possessed it can be applied in everyday life (Anggoro, Harmianto, & Yuwono, 2018) including its application in achieving a good degree of health.

With counseling activities for PKK women in Jebol village to maintain and improve environmental health is a very important part and can even be said to be the spearhead for health promotion in the community. The counseling material for PKK mothers in Jebol village is the understanding and benefits of households with PHBS. PHBS households are households that carry out 10 (ten) indicators of the PHBS program, namely: (1) delivery assistance by health personnel, (2) giving babies exclusive breast milk (ASI), (3) weighing toddlers every month, (4) using clean water, (5) washing hands with clean water and soap, (6) using healthy latrines, (7) eradicating larvae at home once a week, (8) eating fruits and vegetables at home every day, (9) doing activities physical activity every day, and (10) not smoking in the house.

Counseling activities followed by interactive discussions were carried out in groups of PKK women in Jebol village including an introduction to the concept of PHBS and the importance of implementing PHBS at the household level. In this activity PKK mothers were convinced of the benefits of doing PHBS at the household level. If PHBS is implemented properly, it can provide direct benefits to the family, namely increasing the standard of living of the family because it can reduce medical expenses so that household expenses can be more focused on fulfilling family nutrition, educational costs or being used for business capital. If the family can run a business, it will automatically increase family income. In addition, because each family member's health improves and they don't get sick easily, children will grow up healthy and intelligent and the work productivity of each family member will increase. From the results of the interactive discussions, the community agreed on information and direct benefits from implementing PHBS in their respective families.

After the counseling about PHBS, it was continued with counseling about proper hand washing. Material on correct hand washing practices for PKK mothers is intended, among other things, so that PKK mothers can recognize diseases that can be caused by not washing their hands. After the counseling activities for PKK mothers, it was continued with the practice of washing hands properly. Before being taught how to wash hands properly, in general PKK women could not practice how to wash hands properly. By teaching how to wash hands properly, all PKK women can practice washing

hands properly. During the extension activities, PKK women actively interacted with the extension team and were interested in practicing proper hand washing behavior. The community service implementation team made PKK mothers the target of introducing PHBS behavior with the consideration that the practice of PHBS behavior and proper hand washing was carried out for PKK mothers where PKK mothers were mothers who had to teach PHBS behavior and wash hands properly.

This community service and empowerment activity also involved several students from the ITS Undergraduate Nutrition study program PKU Muhammadiyah Surakarta. The aim is for students to also be able to set an example and be directly involved in community empowerment to increase knowledge and attitudes about PHBS and proper hand washing so that an increase in public health status can be achieved. In addition, this activity can be used as a medium for students to practice the knowledge they have acquired in college.

Community service programs with counseling activities on PHBS practices can be continued to be introduced to workplace settings, in public facilities and health care facilities. The household is a strategic place to introduce and practice PHBS as a means of promotion to improve Indonesia's health status, so that activities similar to this can be implemented in other villages, especially for locations that are still difficult to reach by the media so that every community obtains adequate health information literacy.

EVALUATION AND ASSISTANCE STAGE

1. Evaluation stage.

Evaluation of knowledge and attitude measurements is carried out by giving questions in the form of a pre-test before giving counseling and a post-test after giving counseling. Knowledge to assess the increase in knowledge and attitudes of PKK mothers in Jebol village. This effort is expected to have an objective assessment of public knowledge both before and after counseling. This knowledge assessment is a follow-up to local policy makers regarding the characteristics of PKK mothers regarding knowledge about PHBS. In carrying out this service, the team applies different approaches such as lecture methods, questions and answers, and reflections that are adjusted to findings in the field so that activities can run smoothly.

2. Assistance stage.

The mentoring stage from the facilitator during the training is implemented to be able to listen to partners' complaints and needs effectively. Of course this aims to maximize existing training activities. Partners in this program are also positioned as objects in this activity because Partners are targeted to contribute their time, energy, attention, and high concern for partner problems.

To determine the level of success of implementing this community service program, it is necessary to carry out monitoring and evaluation. Monitoring is carried out during implementation until the completion of the activity and followed by activity evaluation. The method used to determine the success of extension activities is to measure the level of knowledge about PHBS as described above. From the results of monitoring PHBS counseling activities and proper hand washing to improve environmental health, it is known that the level of community participation in these activities is quite good. This can be seen from the level of active community participation in listening and discussing with the extension team. The community enthusiastically asked about health problems related to PHBS. Likewise PHBS counseling and proper hand washing practices for PKK mothers in Jebol village, this can be seen from the ability of PKK mothers to repeat correct hand washing practices which have been successfully carried out.

Likewise for cleaning up the environment, it is shown by the participation of PKK women to be directly involved in cleaning up the environment where they live. To see the real impact of the PHBS introduction program activities, an evaluation of the activities that have been carried out is carried out. The evaluation system carried out in this activity was to go down to visit several residents' houses before leaving for the location to end the activity. The implementation team visited several residents' houses to see the implementation of PHBS behavior households. The results of the evaluation show that most people have tried to implement PHBS behavior in their homes and have proper hand washing behavior.

4. Conclusion

This community service activity can have an impact on increasing the health status of the community in Jebol Jebol village RT 02 RW 01 Ngrombo Village, Baki District, Sukoharjo Regency, including increasing the knowledge of PKK mothers about PHBS behavior, knowing and being aware of the importance of having PHBS, being able to practice PHBS behavior. wash hands properly so that they will avoid various diseases, the people in Jebon village are aware and want to be directly involved in improving and maintaining environmental cleanliness as a form of community empowerment to achieve better health quality.

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Author Contribution

The stages of this service activity include preparing the service location and coordination, preparing anthropometric tools, preparing leaflets and power points on PHBS material and proper hand washing, preparing pretest and posttest questions, measuring nutritional status, PHBS counseling and proper hand washing counseling.

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Conflict of Interest

The authors declare no conflict of interest.

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