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EDUCATE THE COMMUNITY IN MALANG DISTRICT ON THE IMPLEMENTATION OF CLEAN AND HEALTHY LIVING BEHAVIOURS

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ABSTRACT

Introduction: Lack of knowledge influences a person's behavior, including clean and healthy living behavior. Implementing Clean and Healthy Living Behavior is a form of action that is useful for helping the community to recognize, know, and overcome problems that occur to individuals in the household setting. Most of the illnesses that occur in the community are caused by unhealthy behaviours that can be prevented by living clean and healthy. The purpose of the activity is to increase knowledge and empower communities to become self-sufficient in the area of health through the application of the principles of clean and healthy lifestyles.

Methods: The programme used health education and discussion. This activity began with a pretest on knowledge of healthy living behaviour in the household, and was evaluated with a posttest on 80 health cadresattending the health education activity. It will be evaluated in several stages, with an initial, process and final evaluation. Descriptive stats were used to analyse the data.

Results: The respondents were mostly aged 31-40 (45%), female (67.5%), and had equal high school education (32.5%). Most were self-employed (58.75%). Health education showed a difference in community - knowledge of healthy living. The p-value < 0.001, showing a significant difference in community knowledge of healthy living habits.

Conclusion: The level of knowledge after the health education has been given is higher than that before the education. Education to improve knowledge and practice of clean and healthy lifestyles in communities is a continuous process that has a strong impact on healthy lifestyles in communities, especially in families. Therefore, continuous and targeted education is very important for awareness and health behavior change.

KEYWORDS

habit; live clean and healthy; public.

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1. INTRODUCTION

Each person's behavior is different even though the stimulus given to them is the same. The differentiating factors are internal and external (DepKes RI, 2014; Rachmani Putri, 2021). Lack of knowledge also influences a person's behavior, including behavior in the health sector, so it can be the cause of the high rate of spread of a disease which is caused by a lack of knowledge of clean and healthy living behavior and has a fairly high risk of transmission and spread (Kementrian Kesehatan Republik Indonesia / Kemenkes RI, 2016; Kementrian Kesehatan Republik Indonesia, 2018). The pattern of

implementing clean and healthy living is a form of behavior based on awareness as a form of learning so that individuals can help themselves with health problems or participate in creating a healthy society in their environment (Rachmani Putri, 2021; Saini & Aminah, 2018).

The program for implementing Clean and Healthy Living Behavior is a form of effort to provide lessons in the form of experiences to each individual, family member, group, and the general public (Kementrian Kesehatan Republik Indonesia / Kemenkes RI, 2016; Kementrian Kesehatan Republik Indonesia, 2018; Rachmani Putri, 2021). Implementing Clean and Healthy Living Behavior is a form of action that is useful for helping the community to recognize, identify and overcome problems that occur to individuals in the household (DepKes RI, 2014; Kementerian Kesehatan Republik Indonesia, 2011). The aim is none other than to create a society that applies healthy living habits in its daily life which is an effort to improve the level of health in the household or community environment (Imanuel Palilu et al., 2015).

Many clean and healthy living behaviors must be carried out by each individual or familyor group, starting from waking up until going back to sleep. Clean and healthy living behavior is a set of behaviors that are practiced based on awareness as a result of learning that enables individuals or families or groups to help themselves in health aspects and play an active role in realizing the level of public health (Rizki & Rahman, 2021; Saini & Aminah, 2018). Implementing clean and healthy living behavior in the workplace is one of the strategic efforts to mobilize and empower employees to live clean and healthy lives (Kartika et al., 2021).

Malang Regency is the largest district in East Java with the largest population in East Java. Some of the sub-districts with the largest populations in Malang Regency include Wagir, Pakisaji, Kepanjen, Sumberpucung, Kromengan, Wonosari, and Ngajum sub-districts. Malang Regency has quite a large agricultural potential with several superior commodities such as rice, corn, soybeans, peanuts, and vegetables. Meanwhile, the plantation business is the main source of income for the majority of the people of Malang Regency, with the superior commodity, namely sugar cane. The results of this commodity can make the largest contribution to the regional economy, considering that plantation businesses are not only carried out by the community but also by the private sector and the government. Meanwhile, leading commodities from the livestock sector include cows, chickens, and goats. In terms of the education sector, most of the people of Malang Regency are still at the middle level with most graduates from junior high school and high school or equivalent.

Based on the background description above, counseling and guidance are needed to achieve increased knowledge of the people of Malang Regency regarding clean and healthy living behavior for shared prosperity. This activity aims to increase knowledge and empower the community so that they are willing and able to help themselves in the health sector by applying the principles of Clean and Healthy Living Behavior and playing an active role in creating a healthy household environment. The expected benefits from implementing this activity are increased knowledge and empowerment of the community in the health sector by applying the principles of Clean and Healthy Living Behavior and playing an active role in creating a healthy household environment and being able to provide an example of clean and healthy living behavior that is applied in the family Alone.

There are several benefits for the district government, including (1) A healthy village or district shows the good performance and image of the district government, (2) The budget for treating diseases or public health problems can be diverted to improve the quality of life of the community, (3) It can become

a regional especially a pilot district for other regions in fostering Clean and Healthy Living Behavior in the household environment

2. MATERIAL AND METHODS

The preparation process involved the regional research and development agency, educational institutions in the health sector, and the health representative council of Malang district. The method used in this activity is health education followed by discussion. The health education material provided includes (1) Stop open defecation, (2) Seven Steps for washing hands based on WHO, (3) Safeguarding household drinking water, (4) Management of household waste, and (5) Management of household liquid waste ladder. Health education is carried out using pretests and posttest as a form of evaluation. The pretest is given before health education begins, followed by providing health education material, and ends with a posttest. This health education activity was carried out at the Mirabell Hotel & Convention Hall and attended by 80 participants. All participants came from Health cadres from each village in the Districts of Wagir, Pakisaji, Kepanjen, Sumberpucung, Kromengan, Wonosari, and Ngajum. This counseling and assistance will be carried out in several stages, to evaluate the activity's success (Abdussamad et al., 2023).

In general, activity evaluation is carried out in three forms, namely initial evaluation, process evaluation, and final activity evaluation. Initial evaluation is carried out by providing a pretest to participants, namely in the form of a questionnaire containing questions related to the material to be provided. The results of this evaluation are in the form of a score for each participant, which is the result of dividing the correct answers by the total number of questions multiplied by 20. The evaluation process is carried out by looking at the community's responses through the questions asked or feedback given in the discussion and a washing simulation will be carried out. hands with WHO's 7 steps for washing hands correctly. Here, people will be sure to memorize all the steps for washing their hands with soap. The final evaluation is carried out by providing a posttest to participants containing the same questions that have been given pretest. Value score post-test compared with the value score pretest. When the value post-test is higher than the value pre-test the outreach activities provided provide a conclusion that the outreach has increased public knowledge regarding clean and healthy living behavior and aspects of hygiene and sanitation for the surrounding environment.

Table 1. Characteristics of Respondents (N = 80)

Variable	N	%
Age		
20-30	18	22.5
31-40	36	45
41-50	26	32.5
Gender		
Man	26	32.5
Woman	54	67.5
Education		
Elementery school	17	21.25
Junior high school	26	32.5
Senior high school	26	32.5
University	11	13.75
Work		
Housewife	11	13.75
Private employed	10	12.5
Enterpreneur	47	58.75
Civil servants	6	7.5
Other	6	7.5

The target audience for the activity is health cadres in the Malang Regency area, especially the Districts of Wagir, Pakisaji, Kepanjen, Sumberpucung, Kromengan, Wonosari, and Ngajum. The need for clean and healthy living is a necessity that is necessary to improve the welfare and livability status of a society. This activity involves related elements in each sub-district, including village officials who are expected to support this activity, the PKK Team for each region as well as the Community Health Center and the Malang District Health Service as information centers.

3. RESULTS

Table 2. Differences in Community Knowledge Levels About Clean and Healthy Living Habits

Variable	*Mean*	*SD*	*CI 95%*	*p*
Knowledge (pre)	54.44	8.56	50.19-58.70	0,000
Knowledge (post)	72.78	8.24	68.30-76.89	

Figure 1. Health Education Process

Figure 2. Ice Breaking during Health Education

Demographic characteristics of respondents include age, gender, education, and occupation. Based on Table 1, the age of most respondents is 31 to 40 years (45%), a third of respondents are female (67.5%), the most education is middle school and high school with the same number (32.5%), and almost half of the respondents' work. as self-employed (58.75%).

The results of this analysis show differences in the level of public knowledge about clean and healthy living habits after being given clean and healthy living behavior counseling. The statistical test results show a value < 0,000, until the known value < 0.05. This shows that there is a significant difference in the level of community knowledge before and after being given education on clean and healthy living habits.

4. DISCUSSION

Knowledge is the result of knowing which is the result of sensing certain objects (Notoadmodjo, 2012). Human knowledge is mostly obtained from the eyes and ears. Good knowledge is usually obtained through formal or non-formal education. The existence of increasingly advanced information media nowadays also contributes to increasing a person's level of knowledge. Knowledge about healthy living can also come from external factors such as the habits of parents, family, friends, society, and teachers. Knowledge itself is a description of the extent to which people know and understand. The knowledge factor is a factor predisposing towards the formation of behavior that becomes the basis of habit, belief, and socio-economic level. Limited knowledge can reduce a person's motivation to behave in a clean and healthy lifestyle (Green & M.W. Kreuter (Eds.), 1998).

In terms of age, the majority of respondents were between 31 and 40 years old (45%). Aging is usually accompanied by behavioral changes. As people get older, it usually becomes more difficult for them to receive information. Sometimes they become less active, more susceptible to disease, and tend not to care about clean and healthy living habits. Receiving information in young individuals will be easier to digest than in old age. When individuals are young adults, if we look at their cognitive development, their awareness of maintaining environmental health, including their understanding of the application of clean and healthy living behavior principles, also becomes better (Imanuel Palilu et al., 2015).

Based on gender, the majority of respondents were female, namely 54 people (67.5%). Female respondents in this study showed a greater percentage than men. Gender is a predisposing factor or a factor that makes it easier for someone to behave. In general, women are more diligent in maintaining

cleanliness than men. In Eastern culture, in everyday life, women are usually required to keep themselves and their environment clean. For example, women are usually accustomed to sweeping to keep the environment clean or maintain personal hygiene by brushing their teeth and regularly cutting their nails to maintain their appearance.

Based on educational level, the majority of respondents were middle school and high school (32.5%). The high level of education a person has can make it easier for that individual to receive information, especially regarding health. On the other hand, a higher level of education will prevent a person from experiencing obstacles in receiving information regarding health or other matters. The results of previous research explain that there is an influence between education and PHBS. With a high level of education, it will be easy for that person to accept the concept of a healthy life independently, creatively, and sustainably (Anggraeni et al., 2023; Putra et al., 2020).

The majority of respondents are self-employed (58.75%). In the world of work, people usually exchange news about health or other problems. The implementation of clean and healthy living behavior in the household is not only seen through physical and mental aspects but also from productivity. This condition means that the individual has a job or financial income, so it is hoped that this can be an incentive for the family to carry out PHBS. By research, work influences PHBS in the family or household. Someone who has a high socio-economic status usually has a better implementation of clean and healthy living behavior in their family. On the other hand, someone who has a lower economic status, worse their healthy living behavior will be (Majida et al., 2024; Suryani et al., 2020).

Based on the results of bivariate analysis, shows that there is a significant difference in the level of community knowledge before and after being given education on clean and healthy living habits. Several factors can influence a person's knowledge, both knowledge from within a person and from outside a person. Through information media today, such as the internet, and television, as well as outreach from related agencies about the dangers of smoking to increase public knowledge. Increasing knowledge by providing education regarding the negative impacts of a person's behavior is believed to be able to change that behavior, although knowledge is not the sole factor .

Knowledge usually comes from direct personal experience or the experiences of other people. Knowledge can be increased through health promotion activities either alone or in groups. Activities to increase knowledge, especially regarding the health sector, aim to achieve behavioral changes in oneself, family, and society in activities to improve optimal health status (Notoadmodjo, 2012). These findings indicate that outreach effectively increases public understanding of the importance of maintaining health. Several factors that can influence a person's knowledge are not only influenced by internal factors, such as education, personal experience, and individual attitudes towards health, but also by external factors. Knowledge is one of the fundamental aspects in shaping individual behavior and attitudes, especially in the context of health. In general, knowledge can come from two main sources: personal experience and other people's experience. These two sources complement each other and contribute to a person's understanding of health and well-being (Kementerian Kesehatan Republik Indonesia, 2011; Wati & Ridlo, 2020).

Sources of Knowledge include Personal Experience, which means that individuals' direct experience is often a solid source of knowledge. This experience can motivate individuals to care more about their health and make better decisions. Apart from personal experience, there is Other People's Experience, which means that knowledge can also be obtained through observation and interaction with

other people (Afandi et al., 2023; Saini & Aminah, 2018).

Apart from the knowledge factor, there is the role of media in health education. Information media has a crucial role in disseminating health information. Through campaigns on social media, television programs, and articles on the internet, people can easily access the latest information about healthy living habits. Apart from that, outreach from related agencies helps strengthen these messages, so that they are more easily accepted by the public. In this digital era, access to information via the Internet and television has greatly influenced people's knowledge. Education carried out by relevant agencies about the dangers of smoking, for example, is an effective way to increase public awareness (Adzika & Ihlasuhyandi, 2023)

Therefore, education and behavior change can be carried out as an effort to increase the knowledge obtained through education, which has the potential to change individual behavior. For example, a better understanding of the harmful effects of smoking can encourage individuals to quit smoking. However, it is important to note that knowledge is not the sole factor in behavior change. Many other factors, such as social environment, family support, and personal motivation also play an important role in determining whether someone will change their behavior (Alsabri et al., 2020; Febriawan et al., 2024; Hamzah Hasyim et al., 2021).

Overall, education about clean and healthy living habits has been proven to increase public knowledge significantly. Although knowledge is an important component in behavior change, other factors must also be considered to achieve sustainable change. Collaborative efforts between governments, health institutions, and communities are needed to create an environment that supports the health and well-being of society as a whole. Increasing knowledge in the health sector is a process that involves personal experience and that of other people, as well as planned health promotion activities. The goal is not only to change individual behavior but also to have a positive impact on families and society as a whole. Thus, efforts to increase health knowledge must be an integral part of a broader public health strategy, to achieve optimal health.

5. CONCLUSION

There were differences in the level of knowledge before and after counseling on clean and healthy living. Findings show that knowledge levels are higher after consultation than before. Educational activities to increase the knowledge and practice of clean and healthy living behaviors in the community need to be carried out on a continuous basis. Health workers, as agents of change and role models, need to adhere to Clean and Healthy Living Behaviors and contribute to the improvement of Clean and Healthy Living Behaviors in the general public. People need to continuously practice Clean and Healthy Living Behaviors in their daily lives under all conditions and everywhere. The general public must continue to be encouraged to improve their clean and healthy living behavior in order to prevent the spread of diseases.

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