



Health Education about Behaviour of Clean and Healthy Life (PHBS) in Household and School



Anita Rahmawati¹, Thatit Nurmawati², Sandi Alfa Wiga Arsa³
Nursing Department, STIKes Patria Husada Blitar, Indonesia

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Abstract

Enhancement of public health quality through awareness process could be done by behaviour of clean and healthy life (PHBS) program. Application of the PHBS program is determined by knowledge possessed by community toward the program, better knowledge will result on better program awareness implementation. The purpose of this community service is to increase knowledge about PHBS through providing PHBS education. This activity is to be done on two distinct times, places, and targets. The PHBS target on school settings is student of SMKN 2 at the Blitar City, meanwhile the PHBS target on household settings are pregnant women and hers companion. Health educations are using lecture and discussion methods with power point presentation and brief video shown by LCD projector. Knowledge measurement before and after education are using questionnaire. Result of this activity are showing average enhancement at knowledge value after education compare with before, both on school settings as well as on household settings. This activity should be continued with focusing on another content of the PHBS program, another target of education or another program level such as at workplace, health facility, or public places.

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✉ Correspondence Address:

STIKes Patria Husada Blitar – East Java, Indonesia

Email: anitarahmawati2017@gmail.com

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INTRODUCTION

Behaviour of clean and healthy life is all of the healthy behaviour that done because of private awareness so that family and all of its member can help itself on health field and also have active role on public activity. PHBS has became a health promotion and community empowerment program promoted by the Ministry of Health in Indonesia. The main objective of PHBS is to improve the quality of health through the process of making the community aware so that it becomes the beginning of the contribution of individuals in living a clean and healthy daily life behavior. work, PHBS in health facilities and PHBS in public places. Each of these arrangements has certain indicators. The indicators of PHBS in household arrangements are consisted of delivery assistance by health workers, exclusive breastfeedings, weighing toddlers every month, eating fruits and vegetables every day, doing physical activities every day, using clean waters, washing hands with clean water and soap, eradicating mosquito nests, use healthy latrines, not smokings in the house. While the indicators for PHBS in school settings are washing hands, consuming healthy snacks, using clean and healthy latrines, regular exercise, eradicating mosquito larvae, not smokings, disposing of garbage in its place, doing community service with school community residents to create a healthy environment (Indonesian Ministry of Health, 2016).

Based on the 2018 East Java Province Health Profile report, the percentage of households implementing PHBS in Blitar City is still low, namely 42.5%. This figure is still much lower than the national target for PHBS in Indonesia, which is 70% (East Java Provincial Health Office, 2018). The achievement of the target of implementing PHBS is determined by the knowledge possessed by the community about PHBS, with good knowledge, the community will have the awareness to apply PHBS in all PHBS arrangements. In the PHBS setting in schools, there is a relationship between students' knowledge and attitudes about PHBS with PHBS behavior (Srisantyorini & Ernyasih, 2020). Likewise, in the household setting, there is a relationship between the knowledge of housewives and the application of PHBS (Student & Rizky, 2018).

Providing health education about PHBS has

been proven to increase students' knowledge. Knowledge is a very important domain for the formation of one's behavior. Behavior that is based on knowledge, awareness and a positive attitude will last longer (Wijayanti, Nuraini & Deharja, 2016). Health education also has an effect on increasing the knowledge and attitudes of family members who participate in education about PHBS in the household (Wijaya, Sary & Yanti, 2014).

Based on this evidence, to improve the implementation of PHBS, a strategy is needed by increasing the main behavioral forming domain, namely knowledge. Efforts to increase knowledge can be done by providing health education about PHBS according to the order. Therefore, the STIKes Patria Husada Blitar community service team conducted health education about PHBS, especially in household and school settings in collaboration with the UPTD Sukorejo Health Center, Blitar City. The purpose of this community service activity is to increase public knowledge about PHBS, especially in school and household settings, so that it can be a form of participation in helping the success of the health promotion program of the Indonesian Ministry of Health in order to achieve an increase in the health status of the Indonesian people, especially in the city of Blitar.

METHOD

This health service activity to the community was carried out at 2 different times, on 24 September 2021 for the implementation of PHBS education in the school setting, namely at SMKN 2 Blitar city and 13 October 2021 for the implementation of PHBS education in the household setting which was carried out at the Sukorejo health center Blitar city. The Community service team which started from preparation to implementation consisted of 3 lecturers as resource persons and 5 students who helped. PHBS education in school settings was attended by fifty students who were representatives of the tenth grades. Meanwhile, PHBS education in household settings was attended by one hundred and fourteen pregnant women and their assistant in the working area of Sukorejo Public Health Center, Blitar City. Health education, both in school settings and in household settings, is carried out using lecture and discussion methods using power point

presentations, short videos, which are displayed through an LCD projector. Before being given education, participants were asked to fill out a pretest questionnaire and also a post test after education to measure the level of participants' knowledge. The questionnaire contains 25 multiple choice questions containing the educational material provided. Educational materials in schools contain PHBS indicators in school settings plus material on HIV/AIDS and drug abuse. Meanwhile, PHBS education at the puskesmas contains PHBS indicators in household arrangements that are focused on exclusive breastfeeding. The level of knowledge of the participants is determined based on the value of the number of correct answers multiplied by 4. Analysis of the level of knowledge before and after education is carried out by comparing

the average value. Each education was conducted for 120 minutes, 90 minutes of material delivery and 30 minutes of discussion. In this activity, rewards were also distributed to participants who were active in the discussion in the form of pulses for education at schools and breast pumps for education at the puskesmas.

RESULT

The questionnaires that have been filled out by community service participants about PHBS education in household and School settings which was carried out at SMKN 2 Blitar City and UPTD Sukorejo Health Center in September and October 2021 contains some data in the form of gender, age, education, value of knowledge before and after education are presented in the following table.

Table 1. Characteristics of participants based on gender, age, education, value of knowledge before and after being given PHBS education, November 2021

Variable	Category	PHBS school settings		PHBS household settings	
		Frequency (f)	Percent (%)	Frequency (f)	Percent (%)
Sex	Men	15	30	53	46
	Women	35	70	61	54
Age	15 – 18 y.o.	50	100	0	0
	19 – 45 y.o.	0	0	114	100
Education	SMP	50	100	3	3
	SMA	0	0	103	90
	PT	0	0	8	7
Total participants		50	100	114	100
		Pretest	Posttest	pretest	posttest
Knowledge average value		35,2	78,4	40,6	67,5

Source: Primary Data

The table above shows that the characteristics of the participants in school activities consist of 15 (30 %) male students and 35 (70 %) female students in the age range of 15-18 years. The mean value of pretest knowledge 35,2 and increased when posttest became 78,4. While the participants in the activities at the puskesmas were followed by 61 (54%) women consisting of 57 pregnant women and 4 pregnant women's companion, 53 men as companions for pregnant women. The last education of pregnant women and their companions 3 (3%) Junior high

schools, 103 (90%) senior high schools and 8 (7 %) universities. The knowledge value of the participants increased from 40,6 Become 67,5.

PHBS Health Education in a school setting is carried out in a class room at SMKN 2 Blitar city which is attended by students who are appointed as class representatives. Students who are selected as participants in the next education are obliged to share the knowledge, they have gained with other students who were not selected as participants. The course of this activity is shown in the following picture:



Picture 1. Health education about PHBS in school settings at SMKN 2 Blitar City

PHBS Health education activities in household settings were carried out in the multipurpose hall of the Sukorejo Health Center

UPTD by inviting pregnant women and a companion in the working area of the Sukorejo Public Health Center UPTD, Blitar City.



Picture 2. Proses Health education process about PHBS in household settings



Picture 3. Giving reward in health education activities about PHBS in household settings

DISCUSSION

Participants seemed enthusiast during the activity, as seen from the serious expressions of the participants when delivering the material and quite a number of participants asking questions during the discussion session. The enthusiasm of the participants was due to the fact that the material provided was tailored to the needs of the participants. The educational materials provided in schools are PHBS indicators in school settings that they can apply every day at school. In addition, there are additional materials about HIV/AIDS and drug abuse, which are materials they often hear but have never received in detail so that these materials answer their curiosity. While education at the puskesmas, the material on 10 PHBS indicators in households whose focus is adjusted to the needs of the participants is exclusive breastfeeding where soon the

mothers of the education participants will enter the phase of breastfeeding their babies.

The average value of knowledge increased after being given education compared to before being given education. In PHBS education in schools there was an increase in the average value of knowledge from 35,2 to 78,4 while in PHBS education in household settings, there was an increase in the average value of knowledge from 40,6 to 67,5. After education, participants get more detailed information about PHBS so that it increases participants' knowledge. In educational activities, providing audio-visual displays in the form of pictures, writings and videos so that the material presented is easier to accept and understand by educational participants. Providing education with audio-visual media can increase knowledge. The advantage of providing education with audio-

visual media is that it makes it easier for educators to convey and makes it easier for educational participants to understand the information provided as well as encouraging people's desire to know more information from the material presented (Johan, Reni & Noorbaya, 2018).

The average value of the increase before and after providing education to PHBS education participants at school was higher than in providing education to PHBS participants in household settings. Providing education to students as participants in PHBS education at school is easier to implement and further increases the knowledge of participants because the lecture educational method used in this activity is a method that is commonly accepted by participants who in their daily lives act as school students who have the task of learning. In contrast to PHBS education participants in household settings who are not accustomed to being conditioned to sit and listen to lectures so that this method is not comfortable for the participants. In addition, the condition of participants who are pregnant makes them physically tired quickly so that when doing the posttest questionnaire, it is possible that some participants are tired and lack concentration. to do it.

CONCLUSION

The conclusion of this community service activity is that there is an increase in the average value of knowledge after being given PHBS education both to participants in PHBS education in school settings and PHBS education in household settings.

SUGGESTION

Efforts need to be made to increase knowledge about PHBS so that this service activity needs to be continued by focusing on other PHBS materials, especially those whose implementation achievements are still low, such as smoking habits. This activity can also be continued on different educational targets or other PHBS arrangements such as PHBS in the workplace, health facilities and public places.

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