

# COMMUNITY EMPOWERMENT THROUGH HEALTH PROMOTION PROGRAM IN GROWING CLEAN AND HEALTHY LIVING BEHAVIOR

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## Abstract

In Indonesia, the PHBS program has been running since 1996, which aims to encourage changes in community behavior. However, there is an urgent need to strengthen and expand this effort to focus on implementation within the family and community environment. Clean and Healthy Living Behavior (PHBS) is seen in households that practice the ten indicators in it. To help the components included in PHBS to understand the practice of PHBS through the learning process, Health Promotion is organized. The Health promotion program is implemented in three scopes, namely the scope of the home, school, and through social media. The research method used a questionnaire with purpose sampling data collection technique. The sample is elementary to secondary school teachers in the Sleman area with a total of 8 people, family heads in Gamping Village totaling 12 people, and the general public with a range of 18-26 years old totaling 15 people with a total sample size of 35 respondents and conducted in DIY Province and several Provinces in Java Island. In this context, the Health Promotion Program (home, school, and internet) acts as an independent variable and the dependent variable is a hygienic and healthy lifestyle. The analysis used SmartPLS software. The home variable (H) has a positive and important impact on hygienic and healthy lifestyles (BS) as evidenced by a p-value of  $70.001 < 90.05$ . The internet usage variable (I) has a positive and important impact on hygienic and healthy lifestyles (BS) with a p-value of  $00.000 < 10.05$ . The school variable (S) has a positive and important impact on the Company's marketing performance with a  $0.012 < 60.05$  p-value.

**Keywords:** Clean and Healthy Behavior, Health Promotion, Home, School, and Social Media.

## 1. BACKGROUND

A series of actions in Clean and Healthy Living Behavior (PHBS) is practiced with awareness of learning results, enabling individuals, families, groups, or communities to be expected to take an active role in realizing independence in health and contribute positively to improving public health (Ministry of Health of the Republic of Indonesia, 2011). In Indonesia, the PHBS program has been running since 1996, which aims to encourage changes in community behavior. Nonetheless, there is an urgent need to strengthen and expand these efforts within families and communities. PHBS coaching is applied in various settings, namely in the settings of educational institutions, work spaces, health services, and public locations, these four structures play a role in shaping clean living behavior at the household level (Mubasyiroh et al. 2021).

Clean and Healthy Living Behavior (PHBS) is seen in households that carry out ten indicators in it, namely:

- 1) Childbirth with the help of health workers,
- 2) Weighing infants and toddlers,
- 3) Providing exclusive breastfeeding,

- 4) Washing hands with clean water and soap,
- 5) Using a healthy latrine,
- 6) Doing physical activity every day,
- 7) Consume fruits and vegetables every day,
- 8) Not smoking in the house,
- 9) Use of clean water, and
- 10) Eradicate mosquito larvae (Hendayani, 2021).

To help the components included in the PHBS development to understand the practice of PHBS through the learning process, Health Promotion is organized.

Health promotion is seen as a planned change in lifestyle and living conditions that have an impact on health can be implemented through various modifications at the individual level and interpersonal relationships (family, friends, and coworkers, who provide social identity, support, and role definition), and populations (Fertman & Allensworth, 2010).

Community empowerment is a crucial element, and can even be considered as the main pillar in Health promotion efforts. Health education is emerging as an effective method for preventive action, reminding people of their significance in maintaining health (Kusuma, 2022).

Inspiring and effective health promotion programs and services can be offered in a variety of settings where healthy lifestyle habits can be developed, nurtured and sustained. The unique characteristics and strengths of the environments in which people live, learn, work, relax, recuperate, and worship can be used in teaching, modeling, and supporting positive health behaviors.

Although the settings may be very different, characteristics common to all effective health promotion programs include competent and enthusiastic leadership, feelings of acceptance and safety, camaraderie among participants and with staff, engagement in, and adherence to proven programs and services, and measures of success that lead to a sense of accomplishment (Snelling, 2024).

The purpose of this study is to analyze and determine Health promotion programs that can increase public awareness regarding the importance of implementing healthy living behaviors.

## **2. LITERATURE REVIEW**

### **2.1 At Home**

#### **2.1.1 Family**

Families, especially parents, have an important task in shaping children's personalities, because parents will become role models in the development of children's behavior.

For example, social support provided by parents affects smoking behavior in children because in addition to peer environmental factors, parents are also one of the factors in smoking behavior in children (Lengkana et al., 2020) in (Salam, Rif'ah, & Rokhmah, 2023).

### **2.1.2 Personal Training**

Services provided by a personal trainer at home or elsewhere can provide the encouragement, support and guidance needed to improve one's health and fitness. For example, smoking behavior can be reduced or even stopped with the help of trained health workers (Singh et al., 2003) in (Kendrich & Sinaga, 2023).

### **2.1.3 Ruang Fisik**

Physical activity promotion is an important component of health promotion, which allows people to exercise higher control over their health and to improve it, it is a global social process that includes actions aimed at strengthening individual capabilities and to create opportunities at the physical, social and cultural levels "to make healthy choices simple" (Ricchiuti et al., 2018). In this context, many studies have reported that among children as well as young, middle-aged and older adults, levels of physical activity related to active transportation and leisure-time activities tend to be higher when living in communities or neighborhoods that promote walkability, safety, have diverse land uses (residential, commercial, parks) and are supported by stronger active transportation infrastructure (e.g., availability, accessibility/proximity of pedestrian paths, bicycle lanes, public transportation access, road connectivity) (Laddu, Paluch, & LaMonte, 2021).

## **2.2 School**

### **2.2.1 School Policies that Support Health**

The management of a healthy school program starts from formulating a vision, forming a team, implementing it by paying attention to healthy school standards based on UKS principles that involve teaching about health, providing health services, and establishing schools as an environment that supports health (Hasyim et al., 2021). Environmental management in schools consists of integrative efforts regarding the status of water, waste and energy consumption; realized through the school's strategic vision. The environment-based sanitation approach can be applied in waste bank activities (reduce, reuse, recycle), water purification installations, greening around the pesantren, and most importantly holistic environmental education (Anggraeni et al., 2023).

### **2.2.2 Teacher's Role**

Healthy living behavior in schools can be applied by teachers to their students through providing education on the impact of excessive consumption of sugar-sweetened beverages to students, then providing a place to refill mineral water and encouraging students to bring drinking bottles so that students consume more mineral water (Sari et al. 2022).

### **2.2.3 Healthy Food Choices**

Many dietary patterns and food preferences are formed during childhood and adolescence, and these habits are rooted in family and school practices. Research suggests that schools can play an important role in shaping students' healthy eating habits as many students, especially those from low-income families, get lunch prepared by the school canteen (Larson et al. 2011) in (Jung et al., 2019). Schools should ensure that only nutritious food and beverages are provided in school canteens and other places, and nutrition education should be part of a comprehensive health

education curriculum (Kubik et al. 2003; Brown and Summerbell 2009) in (Jung et al., 2019).

#### **2.2.4 School Health Service**

The introduction of school health services is essential to help children enter school at the right age by overcoming barriers to school entry, helping children to stay in school until graduation, reducing absenteeism for health reasons, and contributing to educational performance by minimizing health barriers to learning (Shun-King et al., 2014) in (Lenkokile, Hlongwane, & Clapper, 2019). Health services are designed to assist with access or referral by linking school staff, students, families, communities, and health care providers together to promote student health care in a healthy and safe school environment (Association for Supervision and Curriculum Development [ASCD] & Centers for Disease Control and Prevention [CDC], 2014) in (Leroy, Wallin, & Lee, 2017).

### **2.3 Internet**

#### **2.3.1 Access to Information & Data**

Artificial intelligence (AI) has the potential to be transformative in the healthcare domain. AI has been applied to diagnose diseases, help forecast the progression of infectious diseases, and discover new treatment targets. AI has also been used to guide the interpretation of medical imaging, as well as drug discovery and delivery (Olawade et al., 2023). With the increasing use of the Internet and the development of health-related technologies, such as telemedicine, tele health, and telenursing, telemedicine telenursing, telemedicine has emerged as one of the alternative ways to provide health and nursing services. The presence of chat bots can help organizations meet various needs and provide cost-effective and timely information services (Setiawan et al. 2023). With increasing access to technological devices (e.g., smartphones and computers) and the internet, AI chatbots offer the potential to provide accessible, autonomous, and engaging health-related information and services, which can be promising for technology-facilitated interventions (Anggarwal et al., 2023).

#### **2.3.2 Tracking Personal Health Data**

The development of increasingly sophisticated technology results in easy access in various fields including health. One of the developments in Health technology in Indonesia is the use of the SATUSEHAT application. With the aim of achieving standardized and interoperable health data, SATUSEHAT serves as a platform to integrate individual health information across healthcare facilities, paving the way for the implementation of Electronic Health Records (EHR) across healthcare facilities by 2023. Acting as a hub between systems, SATUSEHAT connects various entities in the healthcare industry, including hospitals, health centers, startups, pharmacies, health offices, healthcare companies, laboratories and more. The system provides standardized specifications and mechanisms for business processes, data, technical aspects, and security (Kemkes.go.id, 2022). In addition to applications to detect medical records carried out at Health service facilities, there are many applications to support a healthy lifestyle that can be installed on smartphones and smartwatches such as applications for running, fitness, and even settings for diet and diet.

### 2.3.3 Social Media

Social media interventions can improve early diagnosis of diseases and facilitate behavior change techniques, such as providing social support and emphasizing the consequences of health problems. Health promotion campaigns effectively contribute to raising awareness of health issues using social media to increase social media users' willingness to openly discuss such issues (Ghahramani, Courten, & Prokofieva, 2022). Social media has the potential to facilitate anonymity and make health information and services accessible, thus increasing the participation of stigmatized groups in online health conversations. This can be done without fear of discrimination and without personal contact with the health information provider (Kubheka, Carter, & Mwaura, 2020).

## 3. METHOD AND CONCEPTUAL FRAMEWORK

### 3.1 Method

The research method used a questionnaire with a purpose sampling data collection technique. The sample was elementary to secondary school teachers in the Sleman area with a total of 8 people, family heads in Gamping Village totaling 12 people, and the general public with a range of 18-26 years totaling 15 people with a total sample size of 35 respondents and conducted in DIY Province and several Provinces on the island of Java. The independent variable is the Health Promotion Program with the dependent variable being the Hygienic and Healthy Lifestyle. The analysis uses SmartPLS software and produces validity, reliability, and hypothesis data.

### 3.2 Conceptual Framework

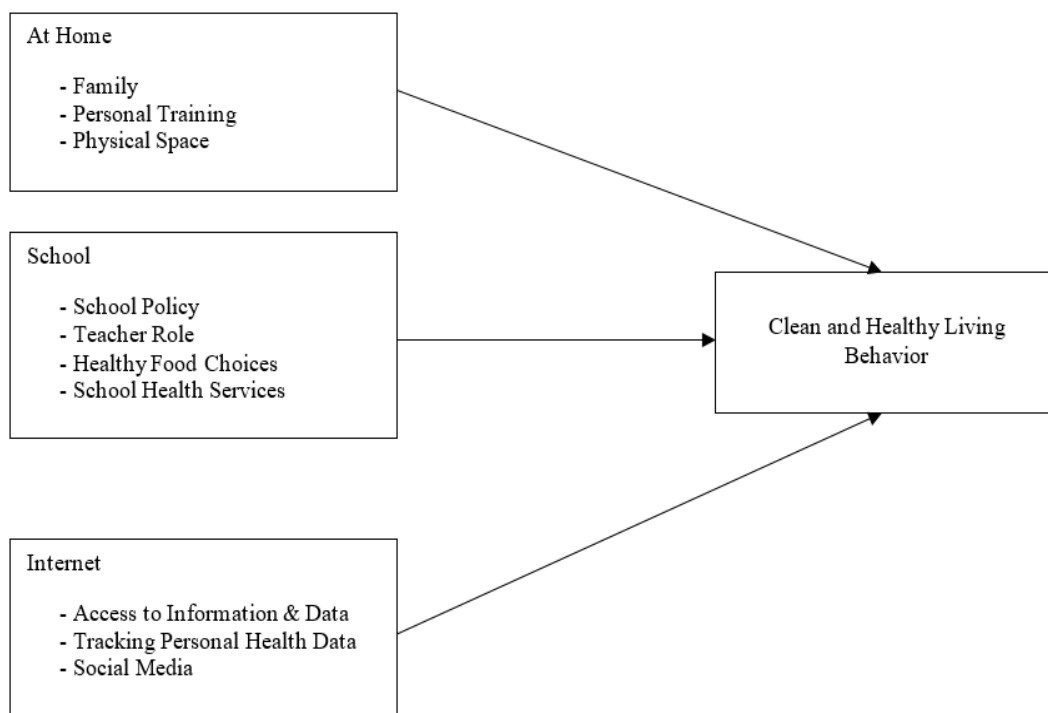


Figure 1

## 4. DISCUSSION

### 4.1 Outer Model Test

Testing is done using SmartPLS software by knowing the value of convergent validity. Convergent validity is a test conducted to determine the relationship between variables and indicators. Convergent validity can be determined by the PLS Algorithm method by knowing the loading factor value. Variables are declared interconnected if the loading factor value is  $> 0.70$  (Ghozali & Latan, 2015) in (Rianto, 2021). The results of the analysis using SmartPLS are shown in Figure 2. and Table 1.

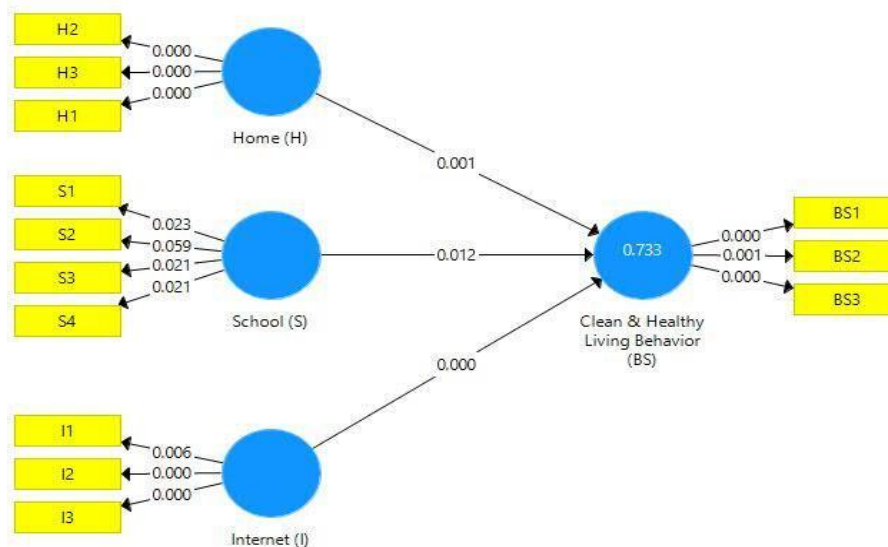


Figure 2: Outer Model Test

Source: Data processing in SmartPLS, 2023

Table 1. shows the loading factor value between variables and indicators  $> 0.07$ . It can be concluded that the variables and indicators are interconnected and the research can be continued at the next stage.

Table 1: Outer Loadings Results

	Clean & Healthy Living Behavior (BS)	Home (H)	Internet (I)	School (S)
BS1	0.871			
BS2	0.758			
BS3	0.781			
H2		0.747		
H3		0.892		
I1			0.767	
I2			0.87	
I3			0.784	
S1				0.843
S2				0.768
S3				0.837
S4				0.833
H1		0.894		

#### 4.1.1 Reliability dan Average Variance Extracted (AVE)

In general, both composite reliability and Cronbach's alpha are reliability tests in PLS. The difference between the two is that Cronbach's alpha assesses the minimum

threshold of construct reliability, while composite reliability ( $\rho_c$ ) assesses the actual reliability of the construct (Hair et al., 2022). If the AVE is below 0.5 and the composite reliability is above 0.6, then the construct has acceptable convergent validity (Fornell & Larcker, 1981) in (Ates & Coban, 2022). Table 2. shows that the reliability value is > 0.6 and the AVE value is > 0.5. The conclusion drawn is that all latent variables have reliable and acceptable (valid) criteria.

**Tabel 2: Construct Reliability dan Validitas**

	Cronbach's Alpha	rho_A	Composite Reliability	Average Variance Extracted (AVE)
Clean & Healthy Living Behavior (BS)	0.726	0.731	0.846	0.647
Home (H)	0.807	0.863	0.883	0.717
Internet (I)	0.736	0.755	0.849	0.653
School (S)	0.840	0.857	0.892	0.674

Source: Data processing in SmartPLS, 2023

#### 4.1.2 Discriminant Validity

Discriminant validity is concerned with empirical evidence of actual differences between constructs. This validity also measures the degree of difference between overlapping constructs (Hair et al., 2014) in (Hamid, 2017). Discriminant validity can be done using three criteria, namely the Fornell-Larckers criterion, cross-loadings, and heterotrait-monotrait ratio (HTMT). However, HTMT is preferred to determine discriminant validity because it is considered more accurate. There are two opinions that mention the threshold value of HTMT, namely the threshold value of 0.885 (Clark & Watson, 1995; Kline, 2011) in (Henseler, Ringle, & Sarstedt, 2015) and 0.990 (Gold et al., 2001; Teo et al., 2011) in (Hair et al., 2022). In Table 3. it is known that the HTMT value, namely all HTMT values are lower than the specified threshold value, either the threshold value of 0.85 or 0.90, this can mean that the variable relationship meets the discriminant validity criteria.

**Table 3: Heterotrait-monotrait ratio (HTMT)**

	Clean & Healthy Living Behavior (BS)	Home (H)	Internet (I)	School (S)
Clean & Healthy Living Behavior (BS)				
Home (H)	0.742			
Internet (I)	0.755	0.268		
School (S)	0.649	0.218	0.272	

Source: Data processing in SmartPLS, 2023

#### 4.2 Inner Model

Structural model or inner model refers to a model that illustrates the relationship between latent variables.

##### 4.2.1 Coefficient of Determination ( $R^2$ )

The definition of R-square is the coefficient of determination which explains the extent to which dependent data can be explained by independent data. The results of the R-square analysis presented in Table 14. illustrates that R-square has a magnitude of 90.733 or 973.3% which means that the influence of health promotion programs in the home environment (H), schools (S), and via the internet (I) has a large impact on hygienic and healthy lifestyles (BS).

**Table 4: Results R<sup>2</sup>**

	R Square	R Square Adjusted
Clean & Healthy Living Behavior (BS)	<b>0.733</b>	<b>0.707</b>

Sumber: Pengolahan data di SmartPLS, 2023

#### 4.2.2 f-Square (f<sup>2</sup>)

The f-square is the effect size ( $\geq 0.002$  is small;  $\geq 0.015$  is medium;  $\geq 0.835$  is large) (Cohen, 1988). The results of the f<sup>2</sup> analysis presented in Table 5. Shows that all home (H), internet (I), and school (S) variables have a large impact on hygienic and healthy lifestyles (BS) because they have an f-square value  $> 90.35$ .

**Table 5: Results f<sup>2</sup>**

	Clean & Healthy Living Behavior (BS)	Home (H)	Internet (I)	School (S)
Clean & Healthy Living Behavior (BS)				
Home (H)	<b>0.639</b>			
Internet (I)	<b>0.950</b>			
School (S)	<b>0.588</b>			

Sumber: Pengolahan data di SmartPLS, 2023

#### 4.3 Hypothesis Test

The hypothesis testing process involves steps that include bootstrapping. The bootstrapping analysis results in the magnitude of T-Statistics and P-Values. The hypothesis is confirmed if the magnitude of T-Statistics  $> 1.096$  and P-Values  $< 0, 05$  Purnama & Indrawan. (2023). The results of the path coefficients are presented in Table 6.

**Table 6: Direct Effect**

	Original Sample (O)	Sample Mean (M)	Standard Deviation (STDEV)	T Statistics ( O/STDEV)	P Values
Home (H) -> Clean & Healthy Living Behavior (BS)	<b>0.429</b>	<b>0.41</b>	<b>0.131</b>	<b>3.274</b>	<b>0.001</b>
Internet (I) -> Clean & Healthy Living Behavior (BS)	<b>0.515</b>	<b>0.501</b>	<b>0.106</b>	<b>4.846</b>	<b>0.000</b>
School (S) -> Clean & Healthy Living Behavior (BS)	<b>0.406</b>	<b>0.378</b>	<b>0.16</b>	<b>2.534</b>	<b>0.012</b>

Source: Data processing in SmartPLS, 2023

The hypothesis results will be explained as follows:

1. Home variables (H) have a positive and important impact on hygienic and healthy lifestyles (BS) as evidenced by a p-value of  $70.001 < 90.05$ , this shows that social support provided by parents can affect children's attitudes and behavior, besides that it also affects the development process, self-confidence, and children's psychology, because in this case social support provides a sense of comfort, warm, appreciated, and loved by parents, then the services provided by personal trainers at home or other places can also provide the encouragement, support, and guidance needed to improve one's health and fitness, the physical needs to do daily work at home can also improve healthy lifestyles in the community.



2. The variable of internet use (I) has a positive and important impact on hygienic and healthy lifestyles (BS) with a p-value of  $00.000 < 10.05$ , this shows that the use of social media can be very powerful in pursuing a healthy lifestyle and provides special opportunities for health promotion organizations. The presence of social media such as Instagram, Facebook, LinkedIn, Twitter (X), and other social media is very helpful as more and more people are using social media as their main form of communication.
4. The school variable (S) has a positive and important impact on the Company's marketing performance with a p-value of  $90.012 < 90.05$ , this indicates that the school has well developed a health and physical education curriculum and program, the support of teachers who guide students to always familiarize themselves with hygienic and healthy lifestyles such as washing hands using running water and soap, disposing of garbage in its place, and reminding students to carry out class pickets, and a school canteen that provides a variety of menus that do not contain harmful ingredients such as preservatives, dyes, and artificial sweeteners.

## 5. CONCLUSION

1. Health promotion programs that can improve and empower the community to be able to implement hygienic and healthy lifestyles are divided into three environments and conditions, namely at home, school, and through social media.
2. All independent variables of health promotion programs have a positive and important impact on the dependent variable because they have a p-value  $< 0.005$ .
3. The determination of the three independent variables is based on the greatest influence of an individual to get an introduction to hygienic and healthy lifestyles, namely from family and school. Then the determination of the internet as the third biggest influence is because technology is increasingly developing so that many people use internet facilities to communicate and search for information.

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