

Counseling on Clean and Healthy Lifestyles (PHBS) in Rancakalong District, Sumedang, West Java

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ABSTRACT

A Clean and Healthy Lifestyle or what is abbreviated as PHBS is one of the efforts or habituation steps for people to achieve a better and healthier quality of life. Extension methods include: presentation by resource persons using a demonstration method, then question and answer discussions and practice on ways to implement PHBS, one of which is washing hands properly according to World Health Organization (WHO) standards. Apart from that, to ensure the position of participants' knowledge regarding PHBS, the PkM team distributed pre and post-questionnaires, where from the results of the questionnaire processing it was found that out of 80 total participants from five villages, 55 participants (69%) experienced an increase in knowledge about PHBS; 20 participants (25%) remained the same and 5 participants (6%) experienced a decrease in scores from pre to post-test.

INTRODUCTION

The Clean and Healthy Living Behavior Program (PHBS) is a health promotion effort to ensure that everyone can live in a clean and healthy environment by creating favorable conditions for individuals, families, groups, and communities. This aims to increase knowledge, attitudes, and behavior so that a healthy lifestyle can maintain and improve health (Raksanagara, 2016). One of the missions of Health Promotion is to empower individuals, families, and communities to live healthy lives through community empowerment programs. Therefore, health promotion aims to empower individuals, families, and groups or communities (Ministry of Health of the Republic of Indonesia, 2011a).

Community empowerment is crucial and can even be considered the spearhead of health promotion. Empowerment will be more successful if implemented through partnerships and appropriate methods and techniques (Ministry of Health of the Republic of Indonesia, 2011a). Health education is one method that can be implemented as a preventive measure to remind people of the importance of maintaining health. Thanks to increasing awareness, maintaining public health can start with awareness of each individual, family, group, and society. Direct outreach activities to the community, especially people who are still far from the reach of the media and health facilities, will be able to help the community obtain health information; therefore 252, with this community service activity, they will be able to support the right of every individual to control information (Prasanti & Fuady, 2020)

Likewise, health information knowledge is useful in empowerment activities (Word Health Foundation, n.d.). The government, through the Ministry of Health, has implemented Clean and Healthy Living Behavior (PHBS) since 1996, but it is known that the scope of PHBS implementation is still weak. For this reason, the Ministry of Health has prepared rules and guidelines for implementing PHBS through the Regulation of the Minister of Health of the Republic of Indonesia Number: 2269/MENKES/PER/XI/2011 concerning clean and healthy living behavior. To explain the Minister of Health Regulations. The PHBS guidelines state that the level of public health that is less than optimal is mainly influenced by environmental conditions, behavior, and community and medical services.

Rancakalong District is a sub-district in Sumedang Regency, West Java Province. Based on the 2021 population registration in Rancakalong District, Rancakalong District has a population of 41,006 people, consisting of 20,633 men and 20,373 women. If we look at the population per village, Pangadegan Village has the largest population, namely 5,319 people or 13 percent of the total population of Rancakalong District. The sex ratio is the male population to the female population. In 2021, the largest sex ratio in Rancakalong District is Cibungur Village, namely 107. This means that the male population is higher than the female population, while the smallest sex ratio is in Rancakalong Village, namely 97; this means that the male population is less than number of female residents. Population density shows the distribution of population in a particular area. Population density is the number of residents divided by the area. In 2021

the population density of Rancakalong District is 765 people per km² with the most populous village being Nagarawangi Village with 1,126 people per km² – map of the Rancakalong District area as in Figure 1 below.



Figure 1. Map of the Rancakalong District Area, Sumedang Regency, West Java

As a sub-district with a dense population, this certainly requires special attention, especially in the health sector. Preventive and curative measures are of course a priority, not only to fulfill the availability of health service facilities and infrastructure, but also to provide the public with understanding and awareness of various things. Clean and Healthy Living Behavior is one of the things that needs to be instilled in society with the hope of becoming a habit that is consistently embedded in every citizen. The indicators for Clean and Healthy Living Behavior (PHBS) in accordance with the provisions of the Ministry of Health include: 1) Assistance with childbirth by health workers, 2) Babies are given exclusive breast milk, and 3) Weighing toddlers every month. 4) Availability of clean water, 5) Availability of healthy toilets, 6) Eliminate mosquito larvae, 7) Wash hands with clean water and soap, 8) Do not smoke at home, 9) Do physical activity every day, and 10) Eat fruit and vegetables

IMPLEMENTATION AND METHODS

Community Service Activities at the Faculty of Medicine in five villages in Rancakalong District, namely Cibungur Village, Cibunar Village, Rancakalong Village, Pamekaran Village, and Sukasirna Rasa Village, were carried out in parallel in each village. The PkM team is divided into five groups, each tasked with outreach in a designated village. Each team in each village first coordinates with village officials, specifically regarding the use of village facilities and infrastructure as a gathering place for residents. Apart from that, the team also obtained permission from village officials to visit people's homes (home visits) and even to carry out outreach or counseling to schools in particular villages. In general, the participants (village residents and elementary school students) welcomed the arrival of the FK UKI PkM team. Participants participated in the

counseling enthusiastically and practiced several PHBS points, including washing their hands thoroughly according to WHO standards.

RESULTS AND DISCUSSION

PHBS Counseling in Cibungur Village

PHBS counseling in Cibungur Village is carried out at the Community Health Center. Apart from delivering material about PHBS, the PkM team also demonstrated how to wash hands cleanly according to WHO standards (6 steps), which was then put into practice by the participants. The participants looked very enthusiastic and admitted that they had received new information and that it was not difficult to apply in everyday life. Several residents said that so far they only wash their hands when they want to eat something, and even then they don't use soap. With this outreach, people become more aware that washing their hands properly can help them avoid various risks of disease, both caused by viruses and bacteria. Of the 10 participants who took part in the counseling, 6 of them obtained an increased score on the questionnaire, 2 participants had a constant score and 2 other participants experienced a decrease in their score. For participants who experienced a decrease in score, the team reconfirmed with the results obtained that the participant filled out the questionnaire as little as possible (not seriously enough) because they thought it was just a formality, but when confirmed, the participant already understood PHBS and how to practice it. Documentation when carrying out counseling as in Figure 2 below:



Figure 2. Documentation of PHBS Counseling in Cibungur Village

PHBS counseling in Cibunar Village

Outreach activities about PHBS in Cibunar village were carried out at the Cibunar village Pokesdes with technical implementation starting with material presentation by experts, questions and answers and a hand washing demonstration by the PkM team which was then continued with practice by participants. The number of extension participants in Cibunar village was only 6 participants, this was because most residents had work activities at the same time as the extension. Of the 6 participants who took part in the counseling, all of them (100%) experienced an increase in knowledge regarding PHBS (as seen from the pre and post-test scores). Documentation of the implementation of counseling as in Figure 3 below:



Figure 3. Documentation of PHBS Counseling in Cibunar Village

PHBS counseling in Rancakalong Village

The implementation of PHBS counseling in Rancakalong Village was held at the Delima 2 Posyandu post with a total of 40 participants. The extension activities include the practice of six steps to wash hands well and cleanly, which is the activity that most attract the attention of the extension participants. The counseling participants consisted of young men and young women, who actually had good grasping and digesting power in receiving information, plus they already had the ability to access information from various digital sources. From the results of the questionnaire, scores were obtained, there were 28 participants whose knowledge about PHBS increased after attending the counseling, and 12 participants received constant scores.

PHBS counseling in Pamekaran Village

Eleven counseling participants in Pamekaran village participated in the activity with enthusiasm. The activities at Posyandu Merpati 4 went well even though there were few participants. In the discussion session, participants were very active, as evidenced by the seven questions they gave the resource person, and they admitted that they were delighted with the explanation given by the resource person. PHBS practices, one of which is washing hands, are also activities that excite participants because they have to follow every step set by WHO. Of the 11 participants who participated in the counseling, seven got an increase in their post-test scores. In comparison, 3 participants had a constant score, and 1 got a decreased score because they needed more time to complete all the questionnaires during the post-test.

PHBS counseling in Sukasirna Rasa Village

The counseling in Sukasirna Rasa village was conducted at the AISYIYAH PAUD school with 13 participants. Counseling material is mainly delivered in practical form, considering that psychologically, PAUD children are not yet able to digest the information presented in theoretical form. However, PAUD children remain enthusiastic in paying attention and practicing one of the PHBS implementations, namely washing their hands well and cleanly. Filling out the questionnaire is carried out under the guidance of the PkM implementation team by reading the points in the questionnaire orally. The results were obtained from 13 participants; 8 people experienced an increase in their post-test scores, while five more got constant scores. Overall, the results of the processed pre and post-questionnaires for the five villages that received counseling can be written in Table 1 below:

Table 1. Data from Processed Questionnaire Questionnaires for Increasing Knowledge Related to PHBS in Five Villages in Rancakalong District

Village Name	Knowledge Status (pre-test to post-test)	Number of Participants	Total Number of Participants	Percentage
Cibungur	Increasing	6	10	60.0 %
	Steady	2		20.0 %
	Deceasing	2		20.0 %
Cibunar	Increasing	6	6	100%
	Steady	0		0 %
	Deceasing	0		0 %
Rancakalong	Increasing	28	40	70 %
	Steady	12		30 %
	Deceasing	0		0 %
Pamekaran	Increasing	7	11	63.7 %
	Steady	3		27.2 %
	Deceasing	1		9.1 %
Sukasirna rasa	Increasing	8	13	61.5 %
	Steady	5		38.5 %
	Deceasing	0		0 %

From the data in Table 1 above, it can be seen that the percentage of participants with a higher increase in knowledge was in Cibunar village (100%), followed by Rancakalong village (70%) and Pamekaran (63.5%). The largest number of participants who participated in the counseling were residents of Rancakalong village (40 participants). Overall, the results obtained based on processed pre-test and post-test data show that there is an increase in participants' knowledge about what and how PHBS is and the benefits obtained by practicing PHBS in daily life after participating in the PkM team socialization with total participant data of 80 people; Those who experienced an increase in knowledge were 55 people (69%) and 22 people (27%) in the same condition of knowledge before and after socialization. In comparison, three people (4%) got a decreased score during the post-test due to several factors, including that there were participants who only completed some questionnaires during the post-test.

CONCLUSIONS AND RECOMMENDATIONS

Implementing Community Service (PkM) at the Faculty of Medicine in five villages in Rancakalong District regarding what and how Clean and Healthy Living Behavior (PHBS) is and what benefits are obtained by practicing PHBS in everyday life is very important for residents to know. From the extension activities, several things can be concluded as follows:

1. Rancakalong Subdistrict with a population in the large category with environmental conditions with high rainfall means that the availability of water as one of the main ingredients in practicing one of the PHBS indicators is sufficient, so that PHBS practices, one of which is Washing Your Hands Well and Clean, is very possible to carry out.
2. Residents of Rancakalong sub-district generally already know what and how PHBS is and have gained knowledge on how to practice it
3. Residents of Rancakalong District already know that the benefits of PHBS practices are closely related to improving the quality of residents' health.

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