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The Impact of Booklet-Based Interventions on PHBS Knowledge and Attitudes Among Household in Peniti Village

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ABSTRACT

Introduction: PHBS, or Clean and Healthy Living Behavior, is a set of actions individuals, families, and communities consciously undertake to enhance and preserve their health, as well as prevent diseases. To elevate public awareness and attitudes toward household PHBS, several strategies can be employed, including implementing health education programs. One such approach involves utilizing booklet media in the household PHBS education process to address community knowledge and attitudes.

Objective: This research seeks to enhance community awareness and understanding of PHBS within household settings in Peniti Dalam Village, Segedong District.

Method: This study employed a quasi-experimental design with a one-group pretest-posttest approach. The research was conducted in Peniti Dalam Village, Segedong District, from July to September 2024. The entire community of Peniti Dalam Village, Segedong District, served as the population for this research. A sample of 35 respondents was selected using purposive sampling techniques. Univariate and bivariate analyses, including the paired sample t-test, were utilized for data analysis.

Result: The average attitude score increased from 1.40 in the pretest to 1.49 in the posttest, indicating a difference of 0.09. Univariate analysis revealed that, following PHBS education using booklet media, 48.6% of households demonstrated good to excellent knowledge, compared to the pre-education level. Similarly, the percentage of households with positive attitudes toward PHBS rose from 40% to 48.6% after receiving the booklet-based education. The results of the paired t test on the knowledge variable obtained a p value of 0.000 (> 0.05) and an attitude of 0.03 (> 0.05). This demonstrates that there is a significant difference between knowledge and attitudes before and after health education using booklet media. This suggests a significant association between attitudes, knowledge, and household PHBS education using booklet media.

Conclusion: The findings indicate that household PHBS education through booklet media can successfully alter knowledge and attitudes. We recommend this technique for disseminating health information due to its demonstrated effectiveness in enhancing public awareness and attitudes, ultimately leading to a healthier society.

Keywords: PHBS; Household; Knowledge; Attitude

INTRODUCTION

PHBS, or Clean and Healthy Living Behavior, is a set of actions individuals and communities consciously undertake to enhance and preserve health and prevent diseases. According to the 1984 World Health Organization (WHO) constitution, a high level of health is a fundamental right for all individuals, regardless of their race, religion, political views, or socioeconomic status. This includes promoting health and preventing disease for everyone (1). The PHBS movement aims to improve public health through individual contributions to daily PHBS practices, as outlined in Susianti's 2022 research (2). Sustainable Development Goal 6 highlights that billions of people worldwide still lack access to safe water management and adequate environmental sanitation (3). The health problems that are currently emerging are caused by suboptimal PHBS practices.

Living a clean and healthy lifestyle is one way to prevent sickness (4). The existing environment and lifestyle enhance the likelihood of sickness (5). PHBS encompasses various aspects of human life, including personal hygiene, environmental cleanliness, and healthy behaviors that can enhance quality of life. This initiative seeks to disseminate knowledge about healthy living practices to individuals, groups, and the broader community through various media channels. Effective implementation of these efforts can significantly contribute to disease prevention, making PHBS a crucial factor in determining disease occurrence (6). Media for health promotion encompasses various channels and strategies used to disseminate ideas, messages, or information to target audiences. Print and electronic media can be utilized to provide information that aims to encourage positive behavioral changes within society and improve health (7) (8). Implementing strategies that empower individuals to make informed health decisions is crucial. This involves providing ongoing information, monitoring progress, and offering support throughout the change process (9). Various strategies can be implemented to enhance individuals' knowledge and attitudes toward PHBS within households. One effective approach is to utilize health education programs that employ communication and educational media tailored to the specific target audience (10) (11). The utilization of booklet media in public education initiatives has demonstrated a positive impact on knowledge and attitude indicators. This approach has proven effective in enhancing knowledge and attitudes (12). The individuals targeted by these efforts to enhance PHBS knowledge and attitudes are not merely passive recipients but actively engage in household PHBS educational activities facilitated by booklet media (13).

Knowledge is a theoretical and practical understanding possessed by an individual (14). Knowledge can be stored in various educational media, including books, technology, practices, and traditions. Effective utilization of this stored knowledge requires appropriate application (14). In the healthcare context, knowledge encompasses information about factors that can influence individual and group health, including hygiene, nutrition, and disease prevention. Possessing sound knowledge empowers individuals to make informed decisions regarding health maintenance and improvement. Enhancing knowledge is a crucial initial step in health promotion programs like household PHBS, fostering healthier behavioral changes. Early exposure to PHBS information can have a positive impact on adult behavior, as individuals are more likely to adopt PHBS practices, reducing the risk of disease (15).

Attitude is an individual's belief about an object that influences their responses and behaviors. (16). Attitudes play a role in the adoption of PHBS practices (17). An attitude can also reflect an individual's preference for or aversion to something. Attitudes are often shaped by personal experiences or those observed in others. They can also influence an individual's approach to or avoidance of certain things. Given the preceding description, the purpose of this study to enhance community knowledge and attitudes regarding household PHBS in Peniti Dalam Village, Segedong District.

METHOD

This study employed a quasi-experimental design with a one-group pretest-posttest approach. Prior to implementing PHBS education using booklet media, a pretest was administered to establish a baseline. A posttest was then conducted to evaluate changes following the educational intervention. The research took place in Peniti Dalam Village, Segedong District, from July to September 2024. The entire community of Peniti Dalam Village, Segedong District, served as the population. A sample of 35 respondents was selected using purposive sampling. Household PHBS was the dependent variable, while knowledge and attitudes of the residents of Peniti Dalam Village, Segedong District, were the independent variables. Promotion utilizing booklet media is one of the ways to transmit health messages in the form of booklets containing text and graphics (18).

A questionnaire was used to assess knowledge and attitudes toward PHBS. Univariate and bivariate analyses, including the paired sample t-test, were utilized for data analysis. This research has undergone and passed ethical review by the Faculty of Health Sciences, Universitas Muhammadiyah Pontianak, and has been granted ethical clearance (No. 003/KEPK-FIKES/UM PONTIANAK/2024).

RESULT

Respondent Characteristics

The research was conducted in Peniti Dalam Village, Segedong District, a sub-district within Mempawah Regency, West Kalimantan Province. To assess the effectiveness of using booklet media on knowledge and attitudes regarding household PHBS, a study was conducted involving 35 respondents from Peniti Dalam Village. The research findings are presented in the following frequency distribution table:

Table 1. Respondent Characteristics

Characteristics	f	%
Age		
20-42 Years	19	54.3
43-65 Years	16	45.7
Education		
No School	5	14.3
Elementary School	4	11.4
Junior High School	9	25.7
Senior High School	13	37.1
College	4	11.4
Working Status		
Doesn't Work	22	62.9
Work	13	37.1
Monthly Income		
< Rp 2.700.000	31	88.6
> Rp 2.700.000	4	11.4

Source: Primary Data

Table 1 reveals that the majority of respondents were aged 20 to 42, comprising 19 individuals (54.3%). The most common highest education level was high school graduation, with 13 respondents (37.1%). The largest demographic was individuals not currently employed, accounting for 22 respondents (62.9%). The highest monthly income bracket was less than IDR 2,700,000, with 31 respondents (88.7%).

Univariate Analysis

Table 2. Univariate Analysis

Knowledge	Pre-Test		Post-Test	
	f	%	f	%
Not Good	18	51.4	0	0.0
Good	17	48.6	35	100.0
Attitude				
Not Good	21	60.0	18	51.4
Good	14	40.0	17	48.6

Source: Primary Data

Table 2 reveals that, prior to receiving household PHBS education through booklet media, 18 of the 35 respondents (51.4%) exhibited poor knowledge, while 17 respondents (48.6%) demonstrated good knowledge. Following the intervention, public knowledge of PHBS increased significantly, with all 35 respondents demonstrating a high level of understanding.

Prior to receiving booklet media education, 21 of the 35 respondents (60%) exhibited negative attitudes, while 14 respondents (40%) demonstrated positive attitudes. Following the intervention, the number of respondents with positive attitudes increased to 17 (48.6%), while 18 respondents (51.4%) maintained negative attitudes.

Bivariate Analysis

Table 3. Bivariate Analysis

Knowledge	Mean	Deviation Standard	Mean Difference	Asymp.Sig
Pre-Test	1.49	0.507	0.51	0.000
Post-Test	2.00	0.000		
Attitude				
Pre-Test	1.40	0.497	0.09	0.003
Post-Test	1.49	0.507		

Source: Primary Data

"Table 3 reveals a significant increase in knowledge following the intervention, with the average knowledge score rising from 1.49 in the pretest to 2.00 in the posttest, a difference of 0.51. The paired sample t-test yielded a significant p-value of 0.000, leading to the rejection of the null hypothesis and the acceptance of the alternative hypothesis. This indicates a significant association between knowledge and household PHBS education using booklet media.

The average attitude score increased from 1.40 in the pretest to 1.49 in the posttest, indicating a difference of 0.09. The paired sample t-test yielded a significant p-value of 0.003 ($p < 0.05$), leading to the rejection of the null hypothesis and the acceptance of the alternative hypothesis. This suggests a significant association between attitudes and household PHBS education using booklet media.

DISCUSSION

Univariate analysis of 35 respondents revealed that, prior to receiving household PHBS education through booklet media, 18 individuals (51.4%) exhibited good knowledge. Following the intervention, knowledge levels increased significantly, with all 35 respondents demonstrating excellent understanding. PHBS implementation within the community can be enhanced through training and practical support (19).

An individual's knowledge plays a significant role in PHBS implementation, as higher knowledge levels correlate with more effective PHBS practices (20). The research findings indicate that respondents with higher levels of education, including high school and university degrees, are more likely to possess good knowledge of PHBS. Advanced education can contribute to a more developed and expansive mindset (14). As Liana noted, knowledge is a product of 'knowing,' which occurs after individuals perceive a particular object. Education is essential for raising awareness of the potential consequences of neglecting these practices and equipping individuals with the ability to take preventive measures in the future (21).

Researchers believe that enhancing knowledge can foster greater awareness of the significance of household PHBS, contributing to the maintenance, improvement, and protection of individual and household health from various environmental diseases. To address this, disseminating information about the importance of implementing household PHBS through effective communication channels is crucial for raising community knowledge and attitudes (17)(22). As Erik's research indicates, positive changes in individual knowledge can lead to more positive attitudes toward PHBS adoption in daily life (23).

Table 2 reveals that, prior to receiving PHBS education, 14 of the 35 respondents (40%) exhibited positive attitudes. Following the intervention, the number of respondents with positive attitudes increased to 18 (51.4%). Attitudes play a crucial role in promoting PHBS implementation, contributing to elevated public health levels (1). "A positive attitude toward household PHBS can be influenced by an individual's habit of maintaining a clean environment. Additionally, communication factors can significantly impact family members' attitudes toward PHBS implementation in their daily lives. Families play a crucial role in influencing PHBS implementation (20). Families with a positive attitude toward PHBS can influence the attitudes of other family members. Additionally, communication in the form of information or knowledge can shape individual attitudes. Attitudes and PHBS implementation are closely interconnected, as attitudes are among the factors that influence PHBS adoption. (19).

A study aimed at developing and evaluating an instructional booklet to encourage a healthy lifestyle in people living with HIV also found an adequate level of satisfaction in appearance assessment (24). Another study likewise produced satisfactory evaluations when analysing appearance-related items, demonstrating that this component makes the information more attractive and encouraging for reading (25). This study's limitations include the absence of medical professionals and physical educators in the booklet validity process, due to their non-acceptance of the invitation despite multiple attempts to contact them, even though they are part of the care routine for people living

with diabetes. It is advised that the target audience perform the validity test. Furthermore, it is suggested that future studies test the tool's effectiveness using intervention research, such as experiments or quasi-experiments.

CONCLUSION

The research findings demonstrate a significant relationship between community knowledge and attitudes and household PHBS education using booklet media in Peniti Dalam Village, Segedong District. The mean attitude score increased from 1.40 in the pretest to 1.49 in the posttest, indicating a difference of 0.09. Univariate analysis revealed that, following PHBS education using booklet media, 48.6% of households demonstrated good knowledge, compared to the pre-education level. Additionally, the percentage of households with positive attitudes toward PHBS rose from 40% to 48.6% after receiving the booklet-based education. The paired sample t-test yielded a significant p-value of 0.003 ($p < 0.05$), leading to the rejection of the null hypothesis and the acceptance of the alternative hypothesis. This suggests a significant association between knowledge, attitudes, and household PHBS education using booklet media.

SUGGESTION

The research suggests that booklet media can be an effective tool for delivering household PHBS education. This approach can serve as a valuable lesson in disseminating health information, as it has proven more effective in enhancing public knowledge and attitudes, ultimately contributing to a healthier society.

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