

Health Promotion Strategy through the PHBS Programme: A Study at the Sarolangun District Health Office, Jambi Province

Strategi Promosi Kesehatan Melalui Program PHBS: Studi Pada Dinas Kesehatan Sarolangun Provinsi Jambi

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Abstract

The purpose of this research is to explore in more depth all matters related to the Health Promotion Strategy through the PHBS Programme, namely Health Education, Disease Prevention and Health Protection. This type of research is qualitative research. Research involves in-depth interviews, document review, and direct observation. The informants in this study were the Head of Public Health, the holder of the health promotion programme and the community in Sarolangun. In this study, triangulation was employed by asking questions to informants and by examining written documents and field circumstances to validate the interview results. Processing research data with the in-depth interview method. The results showed that the health education strategy had an impact on individual behaviour, achieved through mass media, collaboration with puskesmas, doctors, and community groups. The disease prevention strategy has a positive effect on increasing community awareness and participation in disease prevention through health screening programs, immunisation, and environmental hygiene campaigns, which elicit a positive community response. The health protection strategy focuses more on providing hygiene facilities, forming health protection policies, and collaborating across sectors. However, challenges such as limited infrastructure and low community compliance need to be addressed through educational approaches, facility expansion, and stricter supervision to ensure programme sustainability and greater community impact.

Keywords: Health Promotion Strategy, Level of Healthy and Clean Life Behaviour (PHBS), society.

Abstrak

Tujuan penelitian ini adalah tergalinya secara lebih mendalam semua hal yang terkait dengan Strategi Promosi Kesehatan Melalui Dalam Program PHBS, yaitu *Health Education*, *Disease Prevention* dan *Health Protection*. Jenis penelitian ini adalah penelitian kualitatif. Pengumpulan data penelitian wawancara mendalam, telaah dokumen dan observasi langsung. Informan di dalam penelitian ini adalah Kepala bidang kesehatan masyarakat, Pemegang program promosi kesehatan dan masyarakat di Sarolangun. Di dalam penelitian ini dilakukan triangulasi dengan cara menanyakan pertanyaan kepada informan dan dengan cara melihat dokumen tertulis dan keadaan di lapangan untuk mengetahui keabsahan hasil wawancara. Pengolahan data penelitian dengan metode wawancara mendalam (*In-depth Interview*). Hasil penelitian menunjukkan bahwa strategi health education adanya perubahan perilaku individu dan hal ini dilakukan melalui media massa, kolaborasi dengan puskesmas, dokter dan kelompok masyarakat. Strategi disease prevention memberikan dampak positif dalam meningkatkan kesadaran dan partisipasi masyarakat terhadap pencegahan penyakit dengan mengikuti program skrining kesehatan, imunisasi dan kampanye kebersihan lingkungan yang menunjukkan repon positif masyarakat, dan strategi health protection lebih berfokus pada penyediaan fasilitas kebersihan, membentuk kebijakan perlindungan kesehatan, dan melakukan kolaborasi

lintas sector. Namun terdapat tantangan berupa keterbatasan infrastruktur dan rendahnya kepatuhan masyarakat perlu diatasi melalui pendekatan edukatif, perluasan fasilitas, dan pengawasan yang lebih ketat untuk memastikan keberlanjutan program dan dampak yang lebih besar bagi masyarakat.

Kata Kunci: Strategi promkes, PHBS, masyarakat.



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Introduction

Health is the fundamental foundation of a nation's well-being, as mandated in the Preamble of the 1945 Constitution of Indonesia. Although the Indonesian government has implemented various health programs to improve the population's health status, the outcomes remain suboptimal. The AIA Healthy Living Index (2013) survey recorded that Indonesia's health score reached only 55 out of 100, indicating significant challenges. According to Bloom's theory, the low level of health is influenced by four determinant factors: healthcare services, genetics, environment, and behaviour [1]. Behaviour, in particular, plays a crucial role, as it directly relates to individual and community awareness in preventing diseases and maintaining good health. Field observations indicate that many community behaviours remain unsupportive of health, including improper waste disposal and low awareness of seeking medical care.

In response to these challenges, the government initiated the Health Promotion program, one of its key pillars being the Clean and Healthy Living Behaviour Program (PHBS). The PHBS program is designed as an empowerment initiative to enhance knowledge, attitudes, and practices related to healthy living, enabling individuals to be more independent in maintaining their health [2]. The World Health Organisation (WHO) defines health promotion as a process that empowers individuals and communities to control the factors that influence their health, thereby improving their well-being [3]. The primary strategies in health promotion encompass advocacy, social support, and community empowerment, aiming to foster sustainable behaviour change [4].

However, the implementation of the PHBS program in various regions of Indonesia still faces challenges. Data from the 2017 Basic Health Research (Riskesmas) shows that the national coverage of PHBS households reached only 60.8%, still below the target of 70%. Previous studies, such as those conducted by Putra (2016) in Kutai Kartanegara Regency and Setyabudi & Dewi (2017) in Central Java, revealed that the success of health promotion strategies greatly depends on these three pillars [4,5]. However, challenges such as limited human resources, budget constraints, inadequate infrastructure, and low community compliance often serve as barriers, as observed at the DTP Ciranjang Health Centre in Cianjur Regency.

Based on this context, this study focuses on examining the implementation of health promotion strategies through the PHBS program at the Health Office of Sarolangun Regency, Jambi Province. The location was selected based on initial findings that revealed barriers to the application of three key domains of health promotion: health education, disease prevention, and health protection. These barriers include a misperception of the public about handwashing, limited access to health information, inadequate environmental sanitation, and low participation in immunisation and health screening programs. Therefore, this study aims to thoroughly explore the strategies, impacts, and challenges of implementing health education, disease prevention, and health protection within the PHBS program at the Sarolangun Health Office. The findings of this study are expected to inform the formulation of recommendations to enhance the effectiveness and sustainability of health promotion programs in the region.

Experimental Section

Research Design

This research uses a qualitative descriptive approach with a phenomenological design. This method emphasises in-depth data collection and exploration until sufficient understanding is obtained for interpretation. Qualitative research focuses on human or societal issues, analyses words, describes findings in detail, and is conducted in a natural setting [6]. The phenomenological approach examines the conscious experiences of individuals or groups regarding an event, exploring the meaning of the events they experience [7,8]. The goal is to understand the meaning of phenomena through systematic and scientific direct interaction with research subjects [9]. Phenomenological studies require the researcher's mental processes in providing meaning, so the researcher's idealism also influences the construction of the results. Primary data were obtained through observation and in-depth interviews, while secondary data were gathered through a document review at the Sarolangun Health Office.

Time and Location of Research

This research was conducted from July to December 2024. The study was conducted at the Sarolangun Health Office.

Research Informants

Yusuf (2019) stated that qualitative research does not use the terms population or sample but uses the term (*social situation* " to describe the existence of a group being studied [9]. Three main elements in a social situation are interrelated: place, informants, and activities. A place is a data source where information about environmental conditions and social interactions occurs. Researchers conducted observations on the social situation in the health services sector at the Sarolangun Health Office.

Research informants are the primary data sources who provide information and descriptions regarding the research object. According to Sugiyono (2019), the selection of key informants and supporting informants in this study employed a purposive sampling technique. This means that researchers select informants who are genuinely considered to possess in-depth knowledge of the activities being studied, enabling them to provide comprehensive explanations regarding these activities [10]. The informants in this study consisted of 13 people, including 1 Head of the Public Health Division, two holders of the Health Promotion Program, and 10 Community Empowerment Persons.

Concept Definition

Health Education, Disease Prevention, and Health Protection are the main pillars of improving public health. Health Education includes a learning process that encourages healthy behaviour and informed decision-making through a biopsychosocial approach, such as education on hygiene, nutrition, and reproductive health. Disease Prevention focuses on integrated disease prevention efforts, from risk identification to control interventions, although its implementation often raises ethical debates between individual freedom and mass restriction policies. Health Protection Focuses on prevention and early detection through regulation, infection control, and protection from environmental hazards, with the government playing a key role in policy and service delivery. These three concepts complement each other in building healthy and resilient communities.

Data Collection Techniques

Data collection techniques are a crucial step in qualitative research because they determine the Accuracy and completeness of the required information. This study employed three complementary methods: observation, in-depth interviews, and documentation. Observations were conducted through direct observation of the environment, location, and activity processes to obtain objective data, using a checklist instrument. In-depth interviews were conducted to gain a detailed understanding of the problem through directed conversations with employees of the Sarolangun Health Office. Interviews were conducted openly, with the informant aware of being interviewed, and privately, with the conversation proceeding naturally without the informant's knowledge [11,12]. The documentation method complemented the data by reviewing personal and official documents, photographs, and relevant historical archives to verify and strengthen the research findings [9]. These three techniques provided a comprehensive overview, resulting in more valid and in-depth data.

Data Validity Test

The validity of the data in this study was tested through triangulation to ensure the validity and credibility of the results [10]. Triangulation was conducted in three ways. Source triangulation examined data from various sources, then described and categorised similarities, differences, or unique perspectives before reaching a consensus. Technical triangulation involved comparing data from the same source using different methods, such as interviews, observations, and documentation, to ensure Accuracy and reliability of the findings. If differences were found, the researcher conducted further discussions to clarify the findings. Time triangulation involves checking data in different situations or times, such as morning interviews when informants are still fresh, to increase validity. These three steps ensured the data obtained was accurate and reliable.

Data Processing and Analysis

Data processing and analysis is a systematic process of organising information from interviews, field notes, and other documents so that it can be conveyed clearly [10]. Referring to Miles et al. (2020), analysis is carried out in a single cycle that includes collection, reduction, presentation, and drawing and verifying conclusions [13]. Reduction involves selecting and simplifying raw data into essential information that aligns with the research focus. The grouped data are then arranged into a meaningful narrative, presented logically for easy analysis, and concluded with tentative conclusions that are continuously verified until final findings are obtained, based on either inductive or deductive analysis.

Results and Discussion

Overview of Research Location

There are 16 Community Health Centres (Puskesmas) in Sarolangun Regency that implement the Clean and Healthy Living Behaviour (PHBS) Program. Singkut District has 2 (two) Community Health Centres, namely Singkut I Community Health Centre and Singkut V Community Health Centre. In 2021, there was an achievement (59%) of PHBS in all community health centres in Sarolangun Regency, of 65% and in 2022, it was 88%. This Health Promotion is carried out by the Sarolangun Health Office and the Sarolangun Regency community, focusing on promoting clean and Healthy Living Behaviours. In this study, researchers conducted health promotion activities related to Clean and Healthy Living Behaviour (PHBS) in the Singkut V District community (Medan Health Office, 2023).

Informant Characteristics

This research involved 13 informants with the following characteristics:

Table 1. Informant Characteristics

No.	Type of Informant	Department	Number of people	Age	Gender	Education
1	Key Informant	Head of Public Health	1	52	Woman	Master of Public Health
2		Health Promotion Program Holder	2	43	Man	Master of Public Health
1	Additional Informant Number	Public	1	1	29	Woman
			2	2	34	Woman
			3	3	42	Woman
			4	4	64	Woman
			5	5	52	Woman
			6	6	63	Woman
			7	7	42	Woman
			8	8	43	Woman
			9	9	59	Woman
			10	10	47	Woman

Strategy: Health Education through Health Promotion in the PHBS Program at the Sarolangun Health Office

The Sarolangun District Health Office's health education strategy involves health promotion through the implementation of the PHBS program. Implementing this health education strategy consists of changing individual behaviour and can be achieved through various channels, including mass media, health services, healthcare providers, and community groups. Health education also plays a new role in raising awareness and empowering individuals.

The results of the interview regarding Health Education Strategy through Health Promotion in the PHBS Program obtained the following information:

"Efforts to convey health education information to the community in Sarolangun Regency to increase public awareness about the importance of healthy and clean living behaviours, by using media in the form of posters, social media through Facebook, Instagram and sharing information using WhatsApp. The health education information that we convey is related to providing nutrition to infants and toddlers as a prevention of stunting, as well as education about healthy and clean living behaviours, such as the stages of proper hand washing." **(Informant 1).**

"As the implementers of a health program specifically addressing healthy and clean living behaviour, we directly went to the community to find out the level of public health education knowledge and whether the Sarolangun community was implementing it in their daily lives. We collaborated with the community health centre. We asked mothers who brought their babies to the clinic about the food given to their babies, inquired if their babies were weighed and measured, and also randomly asked mothers, "Do you know how to wash your hands properly?" Sometimes, some people/mothers practised how to wash their hands; others just briefly washed them, saying, "The important thing is to rinse with clean water, sir." We also experienced challenges such as mothers who only gave instant food to babies, not wanting to be bothered, or not meeting the nutritional standards of 4 healthy five perfect, even babies who were on MPASI were given snacks with the excuse of having something to eat, because my child didn't want to eat, forgot to wash his hands before eating. The challenge we encountered was only a small portion of the community; we also distributed questionnaires to determine the community's knowledge about the health program through the PHBS Program." **(Informant 2).**

"Yes, it's almost the same, sir. We can evaluate the Sarolangun community regarding health education. We are a team of PHBS holders and implementers. Thank God, sir, the community is starting to implement PHBS slowly. We often provide counselling, create posters at health centres and schools to promote health education, and also utilise social media, as many Sarolangun residents use platforms like Facebook and Instagram. We also provide education, such as preventing dengue fever by draining bathtubs, cleaning clogged drains, and carrying out cooperation activities led by the local village head. We also ask questions through IG Insta stories to find out the PHBS of the community in Sarolangun." **(Informant 3).**

"Yes, sir, I've heard of PHBS. We get used to living a clean and healthy life. I usually sweep the house every morning and mop every evening. I also participate in community service in my neighbourhood with my husband. You know how to wash your hands (by practising it), like this, sir, you swirl your hands in running water and then use soap." **(Informant 4).**

"I've heard about PHBS (Cleanliness and Hygiene) since I participated in community outreach at the community health centre. I sweep, wash dishes without piling them up, and wash my hands with running water. I don't let anyone into my house. When my children or husband comes home from outside, I tell them to wash their feet and hands first. Thank God, my family has become accustomed to living a clean and healthy life." **(Informant 5).**

"You know, Mr PHBS. During the COVID-19 era, I received information from Instagram and Facebook created by the Sarolangun Health Department. So, even now, my son, my husband, and I are living a healthy and clean life. When my son wants to eat, I tell him to wash his hands thoroughly. It's the same with my husband when he comes home from work." **(Informant 6).**

"I've heard a little about PHBS, sir. Where did it come from? Sir, I once attended a health centre outreach program with my neighbours. We practice good hygiene in our homes, like washing our hands, pulling out weeds to keep mosquitoes away, and basically, we shouldn't make our homes dirty, sir." **(Informant 7).**

"You know Mr. PHBS, sometimes once a month the RT head invites us to work together to clean the gutters that are already clogged, especially now that it often rains, I am also at home, with my mother, my younger sibling, we together keep the house clean every day, likewise for ourselves we shower 3 times a day, if we want to eat we wash our hands first" **(Informant 8).**

Based on the interview results, the Strategy for Health Education at the Sarolangun Health Office aims to disseminate health education information to the community in Sarolangun Regency and raise awareness about the importance of adopting a clean and healthy lifestyle in the community. In its implementation, various strategies are employed, including providing counselling to the community in collaboration with the

community health centre, creating posters, and utilising social media platforms such as Facebook, Instagram, and WhatsApp to disseminate information related to the health education strategy. Health education involves promoting healthy, clean living behaviours in individuals within society and is an integral part of health promotion policies designed to reduce social, economic, and environmental disparities.

Disease Prevention Strategy for Health Promotion in the PHBS Program at the Sarolangun Health Office

Disease prevention is a strategy designed to reduce risk factors for a specific disease or enhance host factors that reduce susceptibility to it. This prevention can be implemented before signs and symptoms of the disease appear. Primary prevention includes any action aimed at preventing the occurrence of disease, such as immunisation and family planning. However, there is confusion about which interventions constitute primary prevention, as the term has multiple definitions. Secondary prevention includes early disease detection through screening and corrective action or treatment. Tertiary prevention involves further disease control to minimise adverse health impacts. Health promotion can be implemented as part of tertiary prevention, focusing on people with chronic illnesses, such as arthritis or heart disease. The goal of all preventive measures is to enhance the health and well-being of individuals, whether they have been healthy since infancy or have experienced life's challenges and chronic illnesses.

The results of the interview regarding the Disease Prevention Strategy for Health Promotion in the PHBS Program at the Sarolangun Health Office obtained the following information:

Currently, the health promotion department is working on diabetes screening for children, as many cases of children undergoing early dialysis are being identified. We are also conducting stunting screening in collaboration with the community health centre (Puskesmas) and offering mental health screening services to the Sarolangun community. We provide lectures and counselling on currently high-risk diseases, as well as offer free consultations and examinations. Thankfully, the community has responded positively to our activities.” (Informant 1)

“The program we are currently designing and implementing as part of the PHBS (Healthy Living Environment) program, my team and I are organising immunisations, health screenings for children and adults, stunting prevention screenings, and mental health screenings. We are also conducting environmental cleanliness campaigns. My team and I are collaborating with medical personnel and community leaders to provide education on disease prevention and control. We are collecting data on people with a history of illness, in coordination with the village head and the head of the community health centre. We then conduct regular check-ups. For example, every Monday and Tuesday we hold diabetes screenings, open from 8:00 a.m. to 12:00 p.m. WIB.” (Informant 2)

“We coordinate with each other, and because we currently only have two people in charge of the PHBS program, we’ve established a partnership with the Sarolangun Community Health Centre (Puskesmas). We’ve also compiled and submitted a budget for the PHBS program, which includes health screenings. The community’s response to this program has been overwhelmingly positive, with many people attending for preventive health check-ups. We’re collaborating with a team of doctors in Sarolangun Regency. We’ve also invited community leaders to serve as resource persons for disease prevention, lead Q&A sessions, and conduct consultations. We recognise that there’s still a lack of public awareness regarding the importance of preventive health screenings.” (Informant 3).

“Sir, I have an illness, my hands and feet often cramp and hurt. Thank God, the Sarolangun Health Service is providing free medical check-ups and also providing medication.” (Informant 9).

“This is it, sir. I’ve been feeling stressed lately, and when I’m stressed, I get angry with my children, especially when I see them disobeying me. Yesterday, my neighbour informed me that a mental health clinic is now available at the community health centre. This is it, sir. I haven’t had time. You know, I’m a housewife, busy with my children and the house.” (Informant 10).

“Yes, sir. This is the wound on my leg. It takes a long time to heal. Yesterday, my son asked me to go to the health centre for a check-up. My mother said it seems like I have diabetes. I’m scared, sir. The plan is to go there with my son tomorrow. My son is currently looking for the medicine at the health centre. I’m waiting for him to be examined tomorrow.” (Informant 11).

“When my child was a baby, I took him to get immunisations several times, sir. What’s the matter, sir? My husband and I farm, and since there’s no one to look after my children, I take them with me to the fields. I often forget to take them to the health centre for immunisations. If they’re sick, I give them the medicine my older brother gave them when they were babies.” (Informant 12).

“I have six children, sir, the rest are the same age, some are 2 years old, hahaha, I don’t use birth control, I don’t have time to install birth control, even though my husband and I always have sex during the fertile period, I thought it wouldn’t happen, but I finally got pregnant when my 6th child was born, I immediately closed it, sir.” (Informant 13).

Based on the interview results, the strategy for disease prevention and health promotion in the PHBS program at the Sarolangun Health Office is defined as a strategy designed to reduce risk factors for specific diseases or to enhance host factors that facilitate disease susceptibility. Implemented programs include immunisations, health screenings (such as for diabetes and hypertension), and environmental hygiene campaigns. Community engagement involves community leaders and health cadres, who play a key role in encouraging residents to participate in various prevention activities. Overall, the community response to this program has been quite positive. However, there are challenges in reaching vulnerable groups, such as older people and workers with busy schedules, who find it difficult to attend these activities. Furthermore, a significant challenge is low public awareness of the importance of preventive health screenings, which hinders participation in early disease detection activities. Despite the positive response, further efforts are needed to increase public awareness and reach vulnerable groups, for example, through more flexible activity scheduling or increased education about the benefits of disease prevention.

Health Protection Strategy: Health Promotion Through the PHBS Program at the Sarolangun Health Office

The Health Protection and Health Promotion Through the PHBS Program at the Sarolangun Health Office involves actions aimed at improving public health and preventing disease. This includes protective laws and environmental policies that benefit health. Decisions regarding health protection laws are often made by third parties, such as governments or companies. Other components include health support, such as the provision of sports facilities and health education.

Interview results about Strategy Health Protection Health Promotion Through the PHBS Program at the Sarolangun Health Office obtained the following information:

"The Sarolangun Health Office also collaborates with the clean water provider PDAM, ensuring clean water flows well to people's homes, and we also monitor schools to ensure clean sanitation in schools. Health centres also provide clean sanitation, especially in health centres where health services are provided. In schools, sinks are also provided for washing hands, and the water flows well; hand soap is also available. In the health office area, handwashing stations are also located at several points, making them easily accessible to the public. Additionally, there is an appeal to "Throw garbage in its place," and we provide three trash cans for plastic waste, organic waste, and other materials such as paper or cardboard. In certain areas, we also coordinate with the sanitation office to provide trash cans in locations such as schools, health centres, and public places. "(Informant 1)

"The Sarolangun Health Office also collaborates with the clean water provider PDAM, ensuring clean water flows well to people's homes, and we also monitor schools to ensure clean sanitation in schools. Health centres also provide clean sanitation, especially in health centres where health services are provided. In schools, sinks are also provided for washing hands, and the water flows well; hand soap is also available. In the health office area, there are also handwashing stations at several points that the public can easily access. Additionally, there is an appeal to "Throw garbage in its place," and we provide three trash cans for plastic waste, organic waste, and other materials such as paper or cardboard. In certain areas, we also coordinate with the sanitation office to provide trash cans in locations such as schools, health centres, and public places. We also make appeals, such as "No Smoking," in schools and health centres. "(Informant 2).

Based on the interview results that became the Strategy Health Protection Health Promotion Through the PHBS Program at the Sarolangun Health Office, Health protection involves a series of actions aimed at influencing positive social, economic, and environmental changes for health. These actions are typically considered beyond the direct control of the individuals affected, but individuals can collectively exert pressure to implement these health protection measures. Examples of health protection measures include safety laws, tobacco tax regulations, pollution control and environmental health, water supply fluoridation, infection control procedures, occupational safety, workplace smoking bans, and food nutrition labelling. The goal of these measures is to prevent disease or injury, but they also have a broader scope to benefit the overall public health. Decisions to protect health are usually delegated to third parties such as the government or a company's management board. In addition, health-supporting measures are also necessary, including the provision of resources and facilities that promote a healthy lifestyle, as well as health education that emphasises the importance of these facilities and encourages individuals to utilise them.

Discussion

Strategy Health Education through Health Promotion in Programs, PHBS at the Sarolangun Health Service

The Sarolangun District Health Office focuses on increasing public awareness of the importance of PHBS through various approaches involving technology, cross-sector collaboration, and community empowerment. This strategy reflects the integration of health education into health promotion policies to

achieve better individual behaviour change. The Sarolangun District Health Office's approach to information delivery and media use involves utilising social media platforms, including Facebook, Instagram, and WhatsApp. This demonstrates the use of technology to reach a broader community in the Sarolangun District, especially in the digital era.

According to Fabanyo, R.A. et al. (2022), health education through health promotion media has proven to be a practical approach to addressing these challenges [14]. Through health promotion, health practitioners can play a crucial role in shaping a healthier and more productive mindset in the community. Various types of health promotion media, such as information boards, posters, leaflets, and billboards, should be effectively utilised to convey health information, education, and services to the public. When selecting health promotion media, it is essential to consider the advantages and disadvantages of each type [15].

According to Daniar Kamsari (2021), health education through health promotion media plays a significant role in raising awareness and influencing clean and healthy living behaviours, especially in community health centres (Puskesmas) [16]. Various factors, including knowledge, environmental attitudes, and others, influence behavioural changes. Health workers need to understand this concept, as it enables them to plan health promotion and health education effectively [17].

The definition of Health Education supports this definition put forward by WHO (1954), namely, health education is an activity that aims to change the behaviour of people or communities from unhealthy behaviour to healthy behaviour, as we know that if behaviour is not in accordance with health principles, it can cause health problems [18].

In carrying out the Strategy *health education* through Health Promotion in the PHBS Program, the Sarolangun health office covers various aspects related to PHBS such as preventing Stunting where it is hoped that homemakers can provide balanced nutrition to babies and toddlers, in everyday life the community gets used to clean living patterns such as washing hands before eating, maintaining house cleanliness, and cooperation as well as preventing infectious diseases. As the holder of the health promotion program, the health centre must be able to adapt in packaging health education or health promotion so that the community as a health target can be interested and want to increase their knowledge independently and maintain health independently, until the level of health can be achieved [19].

The results of this study align with research conducted by Azizah Saleh and Firdaus J. Kunoli (2018), indicating that the coverage of Clean and Healthy Living Behaviour (PHBS) remains low, with few people having truly implemented it. In Ratolindo sub-district, for this reason, it is necessary to increase family knowledge and develop cadres by providing counselling and empowerment training.

The results of observations in this interview revealed that PHBS consists of five levels: PHBS in households, schools, workplaces, health facilities, and public places. A similar study was also conducted by Kristanti, R., et al. (2021), who measured the influence of health education through health promotion media on clean and healthy living behaviours in early childhood populations, showing a significant impact [20]. Implementing health education through PHBS in Sarolangun Regency can provide numerous benefits, including increased public awareness, adoption of a clean and healthy lifestyle, creation of a healthy environment, and improvement in the quality of life for both individuals and society.

Strategy: Disease Prevention Promotion in the PHBS Program at the Sarolangun Health Office

The disease prevention and health promotion strategy through the PHBS program in Sarolangun Regency is designed to reduce disease risk factors while increasing individual protection against diseases. Kurniawidjadja, L. M. (2021) states in his book that Community Health Centres (Puskesmas), as primary-level health facilities, play a crucial role, especially in promotive and preventive efforts [21]. Health promotion programs or health education are both promotive and preventive efforts that Puskesmas can carry out. The results of the interviews revealed the strategic steps that have been implemented, the challenges faced, and the community response to the program. Some of the programs implemented:

1. Health Screening: Early screening to detect diseases such as diabetes in children and adults, stunting screening in infants and toddlers, and mental health services to support community mental health.
2. Immunisation: As a primary prevention effort against various diseases that can be prevented through vaccination.
3. Environmental Cleanliness Campaign: Involving the community in maintaining environmental cleanliness, such as cleaning gutters, ditches, and reducing standing water to prevent infectious diseases.

4. Free Counselling and Consultation: Educating the public about common diseases, such as diabetes and hypertension, and the importance of early screening through lectures, discussions, and direct consultations with medical personnel.

The implementation of the disease prevention program involves various parties to increase the effectiveness of the program, including:

1. Community Leaders and Health Cadres: Act as motivators at the community level to encourage the community to be active in prevention activities.
2. Collaboration with Community Health Centres: As a health service centre that provides screening, consultation, and regular disease examination facilities.
3. Medical and Doctors: Providing education, consultations, and opening free examination services for the public.
4. Village and RT Heads: Organise community-based activities such as cooperation and environmental health campaigns.

Even though the program for disease prevention has been running well, several obstacles affect the implementation of the program, including:

1. Lack of Public Awareness: Some people don't yet understand the importance of preventive health screenings. This leads to low participation in activities such as routine health checkups.
2. Difficulty Reaching Vulnerable Groups: Older people, workers with busy schedules, and homemakers with limited time are groups that are difficult to reach.
3. Limited Resources: The Health Service faces constraints in the form of a limited number of program personnel, thus requiring intensive collaboration with other parties, such as community health centres.

In general, the public responded quite positively to the disease prevention program:

1. Increased Participation: Many people came to participate in health screenings and received free health consultation services.
2. Rising Awareness: Some individuals, especially those with pre-existing medical conditions, are beginning to utilise healthcare services for examinations and treatment.
3. Positive Impact on Behaviour: Education provided through the PHBS program has helped increase public awareness about environmental cleanliness, hand washing, and maintaining a healthy lifestyle.

However, increased education and more innovative approaches are still needed to reach communities that have not yet participated. This is in line with research conducted by Ratih Gayatri Setyabudi (2017), "Analysis of Health Promotion Strategies to Increase Awareness of Healthy Living at the Dr RM. Soedjarwadi Regional Mental Hospital, Central Java Province." ⁹ This study found that the PKRS team at the Dr RM. The Soedjarwadi Regional Mental Hospital, located in Central Java Province, implemented health promotion strategies. First, advocacy in the form of political lobbying, seminars and/or presentations, and media advocacy [4]. Second, social support, where this strategy is referred to as developing an atmosphere or fostering a conducive atmosphere. The establishment of this atmosphere is divided into three forms: creating an individual atmosphere, developing a community atmosphere, and fostering a sense of community. Third, community empowerment (*Empowerment Community*) is the process of continuously providing information to groups, families, and individuals. A health promotion strategy will help hospitals realise and increase health awareness in the community [4].

These results are also similar to those reported by Nurul Hidayah, Marwan, and Dhian Luluh Rahmawati (2020) in their research on Community Empowerment Through the Simultaneous PHBS Movement in Households. Clean and healthy living behaviour (CHLB) refers to an activity carried out by each family member in the household setting to actively participate in preventing disease and improving the health of their family, based on their own awareness [22].

To address existing challenges and strengthen strategy implementation for disease *prevention*, some recommendations that can be considered are:

1. Flexible Scheduling: Adapting screening activity schedules to people's free time, such as holding services on weekends or outside of business hours.
2. Ongoing Education: Intensify education about the benefits of health screening and disease prevention through social media, community-based outreach, and collaboration with religious figures or local leaders.

3. Use of Technology: Developing digital-based applications or systems to make it easier for the public to access information about screening schedules, service locations, and health education.
4. Vulnerable Group Outreach: Conducting direct visits to homes or specific communities, especially for older people or homemakers who have difficulty attending activities at health facilities.

Health Protection Strategy: Health Promotion Through the PHBS Program at the Sarolangun Health Office

The Health Protection Strategy in health promotion through the PHBS program in Sarolangun Regency aims to create an environment that supports public health and prevents disease through policies, facilities, and cross-sector collaboration. This is evident in the Health Office's efforts, which encompass various actions aimed at implementing collective health promotion. The Sarolangun Regency Health Office has implemented various strategic steps that encompass environmental, social, and educational aspects, including:

1. Clean Water Provision and Management. Collaborating with the Regional Water Company (PDAM) to ensure clean water flows smoothly to people's homes. Sanitation monitoring at community health centres, schools, and public facilities to ensure cleanliness and the availability of clean water.
2. Sanitation Facilities. Provision of sinks and handwashing soap in schools, community health centres, and certain areas, including within the Health Department. Provision of separate trash bins for plastic, organic, and inorganic waste in public places such as schools, community health centres, and health facilities.
3. Smoking Ban Policy. Implementation of a "No Smoking" policy in schools and community health centres as part of disease control and health protection efforts.
4. Cleanliness Campaign and Education. Encourage the public to maintain environmental cleanliness through banners or posters such as "Put Trash in the Right Place." Coordinate with the sanitation department to ensure proper waste management in public places.
5. Community participation: Encourage individuals and communities to utilise the facilities provided, such as wash basins, separate waste bins, and clean water.

The Health Protection Strategy in health promotion through the PHBS program is a shared responsibility, not only among the government, specifically the Sarolangun Health Office, but also among the Sarolangun Regency community as a whole.

Similar research conducted by Hoddi Raju Lumbangaol (2021) on health promotion strategies for changes in knowledge of clean and healthy living behavior (PHBS) in household settings in Parsingguran 1 village, Pollung sub-district, showed that in There are indications that community/family/individual characteristics (such as education, economic capacity, access to information) have a role in relation to achieving PHBS levels; so that the PHBS level achieved by the community/family/individual is not only influenced or determined by the implementation of promotional strategies by the health center. Respondents have the independent ability to provide various PHBS indicators, such as access to latrines, clean water, seeking treatment from health workers, having facilities or engaging in sports, using cement or ceramic floors in their homes, providing clean water, and using trash cans; some also refrain from smoking. This is in accordance with the research results, which show that around 15.9% of PHBS is influenced by factors outside of health promotion strategies.

The primary goal of a health protection strategy is to create an environment that supports public health and minimises the risk of disease transmission. Some of the key expected benefits include:

1. Prevention of Infectious Diseases: Good sanitation in health centres, schools, and public places reduces the risk of transmitting diseases such as diarrhoea, skin infections, or diseases caused by unclean water.
2. Increasing Hygiene Awareness: Education through hygiene facilities and campaigns helps people adopt clean living behaviours.
3. Healthy Lifestyle Support: Provision of facilities such as adequate handwashing facilities and trash bins encourages people to maintain environmental cleanliness and personal health.

Although the Health Protection Strategy in health promotion through the PHBS program has been running well, there are several challenges in its implementation:

1. Infrastructure Limitations in Certain Areas: There are still areas that are difficult to reach, so the provision of health and sanitation facilities is not evenly distributed.
2. Low Public Compliance: Some people have not fully utilised the facilities provided, such as separate trash bins or sinks.

3. Resource Constraints: Expansion of sanitation facilities and waste management requires adequate budget and sufficient workforce.

To overcome challenges and strengthen the implementation of the Health Protection Strategy in health promotion through the PHBS program, several recommendations that can be implemented include:

1. Sanitation Infrastructure Expansion: Expanding the provision of clean water facilities, handwashing facilities, and separate waste bins to unreached areas.
2. Ongoing Education: Intensify educational campaigns about the importance of cleanliness and use of facilities, for example, through social media, outreach, or school programs.
3. Policy Monitoring and Enforcement: Increase oversight of the implementation of policies such as smoking bans and waste management in public facilities.
4. Local Community Involvement: Inviting neighbourhood heads, village heads, and community leaders to play an active role in maintaining environmental cleanliness.

Researcher Limitations and Weaknesses

The findings and analysis presented regarding the Health Promotion Strategy through the PHBS Program at the Sarolangun Health Office are still limited. This is due to the limitations of the researchers, namely, time constraints and limited knowledge. Therefore, this research is expected to be continued by future researchers.

Conclusion

Health education is a crucial process that involves changing individual behaviour through various channels, including mass media, collaboration with community health centres, doctors, and community groups. Health education plays a crucial role in raising awareness and empowering individuals to take a more proactive approach to their health. Disease prevention strategies in health promotion through the PHBS program in Sarolangun Regency have proven to have a positive impact, both in increasing awareness and community participation in disease prevention efforts. Various activities, such as health screenings, immunisations, and environmental cleanliness campaigns, have yielded positive results with a favourable public response. However, challenges persist, including low awareness and difficulties reaching vulnerable groups. Flexible scheduling, ongoing education, and the use of technology are expected to increase the effectiveness and sustainability of the program. Furthermore, the health protection strategy implemented through the PHBS program at the Sarolangun Health Office emphasises the provision of hygiene facilities, the implementation of health protection policies, and cross-sector collaboration to create an environment that supports public health. These efforts aim to prevent disease and foster collective awareness of the importance of hygiene and sanitation. However, limited infrastructure and low community compliance remain challenges that need to be addressed through educational approaches, facility expansion, and stricter oversight to ensure the sustainability and broader impact of the program for the Sarolangun community.

Conflict of Interest

The author declares no conflicts of interest and affirms that the research was conducted independently, ensuring the integrity and objectivity of the findings.

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Supplementary Materials

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