

# Health Promotion Strategy Analysis According to WHO to Improve Clean and Healthy Living Behaviors in Working Area of UPTD Puskesmas Plosoklaten Kediri Regency

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## ABSTRACT

This study employed a quantitative approach with a cross-sectional design. The population included all residents domiciled in the working area of UPTD Puskesmas Plosoklaten, Kediri Regency, totaling 28,000 individuals. The sample size consisted of 400 respondents. Data were collected using a questionnaire and analyzed using multiple linear regressions. Findings revealed that out of 400 respondents, nearly half assessed advocacy as moderate (182 respondents, 45.5%), nearly half evaluated social support as good (159 respondents, 39.8%), nearly half perceived community empowerment as moderate (188 respondents, 47.0%), and nearly half reported good PHBS practices (197 respondents, 49.3%). There is an influence of advocacy on the improvement of household PHBS (p-value = 0.006). There is an influence of social support on the improvement of household PHBS (p-value = 0.000). There is an influence of community empowerment health promotion strategies on the improvement of household PHBS (p-value = 0.000). There is an influence of health promotion strategies (advocacy, social support, and community empowerment) on the improvement of household PHBS (p-value = 0.000).

**Keywords:** advocacy, empowerment, health promotion, PHBS, social support

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## BACKGROUND

Clean and Healthy Living Behavior (PHBS) is an initial step that can be taken to achieve an optimal level of health for every individual. Health is not achieved instantly but must go through various efforts, from unhealthy to healthy, and creating a clean and healthy environment. This effort is not easy and must start by instilling a healthy mindset that is our collective responsibility, and this effort can begin with oneself. This effort is undertaken to realize the highest level of human health as the foundation of a productive Human Resources (HR) quality. In pursuing this, a mutual commitment is required to support each other in improving community health levels, particularly personal health. When individual health levels are achieved, it will lead to others' health levels. However, the indifference of people towards their environment and the low awareness to practice clean and healthy living behaviors can damage the environment, whether on land, sea, or air, thereby disrupting ecosystem sustainability and affecting human life continuity. Humans, in their interaction with the environment, sometimes lack environmental care and ethics, resulting in an unfriendly environment for humans.

The environment, as an accumulation of physical, social, cultural, economic, and political conditions, influences the life of a community. Meanwhile, the health of a community depends on the integrity of the physical environment, human values in social relations, availability of resources needed to sustain life, disease prevention and control, addressing health disturbances reasonably, achievable employment and education, cultural preservation, tolerance towards diversity, access to lineage, and the desire for power and hope. Environmental health is very important in community care implementation. Therefore, to achieve successful community care interventions, there needs to be a special discussion on PHBS and environmental health. To ensure that the PHBS program runs according to its objectives, the programs within PHBS and their processes need to be clearly understood. The author is interested in discussing Clean and Healthy Living Behavior more deeply so that as future health officers, they can have knowledge about PHBS and can accurately transfer this information to the community.

Efforts to change community behavior to support health improvement are carried out through the PHBS development program. This program has been implemented by the Ministry of Health since 1996. The success of PHBS development is evaluated by looking at PHBS indicators at the household level. However, since household settings are interconnected with other settings, PHBS development is carried out not only in household settings but also in educational institutions, workplaces, public places, and health facilities. Plosoklaten Health Center in Kediri Regency, which has roles and responsibilities in promoting healthy living behaviors among the community, needs to have strategies for health promotion regarding PHBS improvement in the Plosoklaten sub-district. If this health promotion strategy can be implemented and become an example for other sub-districts in Kediri Regency. Therefore, an appropriate promotion strategy needs to be chosen so that each community member can understand every program offered. In this context, the author is interested in analyzing health promotion strategies to improve Clean and Healthy Living Behavior (PHBS) in the Work Area of UPTD Plosoklaten Health Center, Kediri Regency.

The efforts made by Plosoklaten Health Center in Kediri Regency to improve PHBS in the community have not yet reached the target. According to data obtained from the Monthly Report on the achievement of 10 PHBS indicators, the PHBS program achievement rate at the Plosoklaten Health Center in Kediri Regency in October 2021 was 48%, which is still below the provincial standard that targets 100% PHBS program achievement in each district/city. The low achievement of the PHBS program is due to the community's lack of understanding of the importance of clean and healthy living behaviors. However, efforts have

been made by the Plosoklaten Health Center in Kediri Regency by conducting health education and socialization that refer to PHBS program indicators, by providing learning experiences or creating conditions for individuals, families, groups, and communities, by opening communication channels, providing information, and conducting education to increase knowledge, attitudes, and behaviors. Thus, the community can recognize and address their own problems, especially in their respective settings, and the community can also implement healthy living practices by maintaining, preserving, and enhancing their health.

## METHODS

This study aims to analyze the influence of health promotion strategies, including advocacy, social support, and community empowerment, on the improvement of Clean and Healthy Living Behavior (PHBS) in the work area of UPTD Plosoklaten Health Center, Kediri Regency. This is a quantitative analytical study with a cross-sectional approach. The population in this study consists of all residents living in the work area of UPTD Plosoklaten Health Center, Kediri Regency, totaling 28,000 people. The sample size taken is 400 respondents. The data collection instrument used in this study is a questionnaire. The data are analyzed using multiple linear regression analysis accompanied by a T-test to examine partial effects and an F-test to examine simultaneous effects at the  $\alpha = 0.05$  level.

## RESULTS

### Respondent Characteristics

#### 1. Respondent Characteristics Based on Age

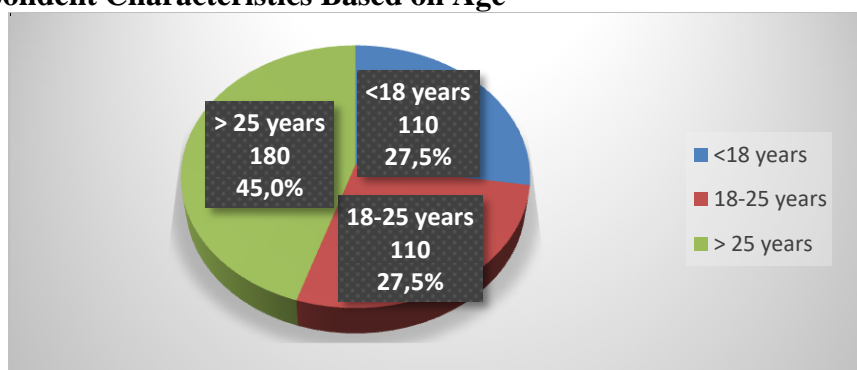


Figure 1: Respondent Characteristics Based on Age

Based on Figure 1 above, it is known that out of a total of 400 respondents in the work area of UPTD Plosoklaten Health Center, Kediri Regency, almost half of the respondents are over 25 years old, amounting to 180 respondents (45.0%).

#### 2. Respondent Characteristics Based on Gender

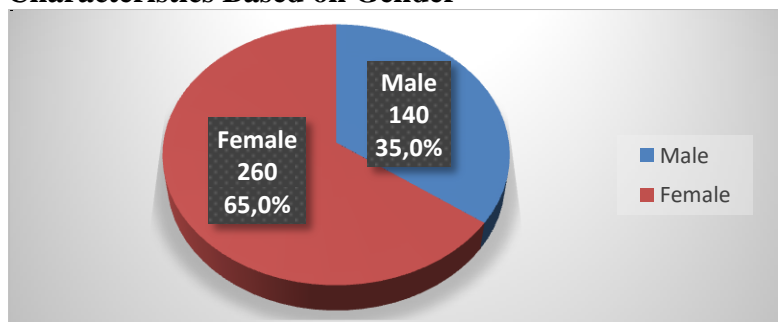


Figure 2: Respondent Characteristics Based on Gender

Based on Figure 2 above, it is known that out of a total of 400 respondents in the work area of UPTD Plosoklaten Health Center, Kediri Regency, the majority of respondents are female, totaling 260 respondents (65.0%).

### 3. Respondent Characteristics Based on Education

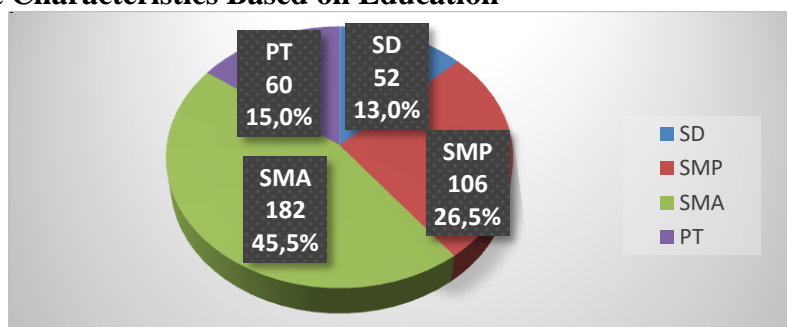


Figure 3: Respondent Characteristics Based on Education

Based on Figure 3 above, it is known that out of a total of 400 respondents in the work area of UPTD Plosoklaten Health Center, Kediri Regency, almost half of the respondents have a high school education level, amounting to 182 respondents (45.5%).

### 4. Respondent Characteristics Based on Occupation

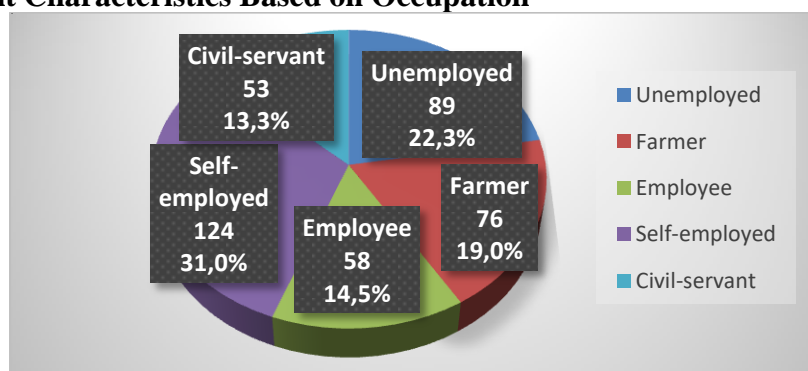


Figure 4: Respondent Characteristics Based on Occupation

Based on Figure 4 above, it is known that out of a total of 400 respondents in the work area of UPTD Plosoklaten Health Center, Kediri Regency, almost half of the respondents are self-employed, totaling 124 respondents (31.0%).

### Variable Characteristics

Table 1. Variable Characteristics

Characteristics	Number	Percentage
<b>Health Promotion Strategy Advocacy (X1)</b>		
Low	60	15,0%
Moderate	182	45,5%
Good	158	39,5%
Total	400	100,0%
<b>Health Promotion Strategy Social Support (X2)</b>		
Low	111	27,8%
Moderate	130	32,5%

Good	159	39,8%
Total	400	100,0%
<b>Health Promotion Strategy Community Empowerment (X3)</b>		
Low	58	14,5%
Moderate	188	47,0%
Good	154	38,5%
Total	400	100,0%
<b>Improvement of Household PHBS (Y)</b>		
Low	29	7,2%
Moderate	174	43,5%
Good	197	49,3%
Total	400	100,0%

Based on Table 1 above, the characteristics of the independent variables for health promotion strategies include Advocacy (X1), Social Support (X2), and Community Empowerment (X3), as well as the dependent variable, Improvement of Household PHBS (Y). For the Advocacy variable (X1), it was found that out of a total of 400 respondents in the work area of UPTD Plosoklaten Health Center, Kediri Regency, nearly half were in the moderate category, totaling 182 respondents (45.5%). For the Social Support variable (X2), it was found that out of a total of 400 respondents in the work area of UPTD Plosoklaten Health Center, Kediri Regency, nearly half were in the good category, totaling 159 respondents (39.8%). For the Community Empowerment variable (X3), it was found that out of a total of 400 respondents in the work area of UPTD Plosoklaten Health Center, Kediri Regency, nearly half were in the moderate category, totaling 188 respondents (47.0%). For the Improvement of Household PHBS variable (Y), it was found that out of a total of 400 respondents in the work area of UPTD Plosoklaten Health Center, Kediri Regency, nearly half were in the good category, totaling 197 respondents (49.3%).

### Multiple Linear Regression Analysis

The results of the multiple linear regression analysis using SPSS for Windows are presented as follows:

Model Summary				
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	,636 <sup>a</sup>	,405	,400	1,20373
a. Predictors: (Constant), Community Empowerment, Advocation, Social Support				

ANOVA <sup>a</sup>						
Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	390,388	3	130,129	89,808	,000 <sup>b</sup>
	Residual	573,790	396	1,449		
	Total	964,177	399			

a. Dependent Variable: Household PHBS

b. Predictors: (Constant), Community Empowerment, Advocation, Social Support

Coefficients <sup>a</sup>					
Model		Unstandardized Coefficients		Standardized Coefficients	
		B	Std. Error	Beta	t
1	(Constant)	2,858	,351		8,153

	Advocation	,096	,035	,109	2,774	,006
	Social Support	,166	,032	,253	5,171	,000
	Community Empowerment	,425	,047	,441	9,023	,000

a. Dependent Variable: Household PHBS

Based on Table 1, the constant (a) value is 2.858, and the regression coefficients for the variables are as follows: Advocacy (b1) = 0.096, Social Support (b2) = 0.166, and Community Empowerment (b3) = 0.425. The regression model can be formulated as:

$$Y = 2,858 + 0,096 X1 + 0,166X2 + 0,425X3 + e$$

In this model, it is observed that the highest regression coefficient is for the Community Empowerment variable (X3), indicating that Community Empowerment (X3) has the most dominant influence on the Household PHBS variable (Y).

### Hypothesis Testing Results

**1. First Hypothesis (H1)** Based on Table 4.2, the T-test calculation for the Advocacy variable (X1) produces a p-value of 0.006, which is less than  $\alpha$  (0.05). This means the first hypothesis (H1) is accepted, indicating that Advocacy has an effect on the improvement of PHBS in the work area of UPTD Plosoklaten Health Center, Kediri Regency.

**2. Second Hypothesis (H2)** Based on Table 4.2, the T-test calculation for the Social Support variable (X2) produces a p-value of 0.000, which is less than  $\alpha$  (0.05). This means the second hypothesis (H2) is accepted, indicating that Social Support has an effect on the improvement of PHBS in the work area of UPTD Plosoklaten Health Center, Kediri Regency.

**3. Third Hypothesis (H3)** Based on Table 4.2, the T-test calculation for the Community Empowerment variable (X3) produces a p-value of 0.000, which is less than  $\alpha$  (0.05). This means the third hypothesis (H3) is accepted, indicating that Community Empowerment has an effect on the improvement of PHBS in the work area of UPTD Plosoklaten Health Center, Kediri Regency.

**4. Fourth Hypothesis (H4)** Based on Table 4.2, the F-test calculation produces a p-value of 0.000, which is less than  $\alpha$  (0.05). This means the fourth hypothesis (H4) is accepted, indicating that health promotion strategies (advocacy, social support, and community empowerment) have a simultaneous effect on the improvement of PHBS in the work area of UPTD Plosoklaten Health Center, Kediri Regency.

## DISCUSSION

### Influence of Health Promotion Strategy Advocacy on Household PHBS Improvement

Based on the research results, it is known that nearly half of the respondents rated the advocacy as adequate, leading to a corresponding increase in household PHBS, with 109 respondents (27.3%) achieving this level. The hypothesis testing using the T-test for the Advocacy variable (X1) produced a p-value of 0.006, meaning  $p\text{-value} < \alpha$  (0.05). This indicates that the first hypothesis (H1) is accepted, confirming that Advocacy has an impact on the improvement of PHBS in the working area of UPTD Puskesmas Plosoklaten, Kediri Regency.

According to Notoadmodjo (2012), advocacy is defined as a strategic and planned effort or process to gain commitment and support from relevant stakeholders. Advocacy aims to generate support in the form of policies (such as regulations), funding, and resources. The advocacy strategy is implemented by developing supportive health policies through consultations, meetings, and other activities with decision-makers from the government,



private sector, and community leaders. The Ministry of Health of the Republic of Indonesia (2011) defines stakeholders as formal community leaders who generally act as government policy-makers and funders, as well as informal leaders like religious and customary leaders who can influence "policies" (unwritten) in their fields. Business leaders, expected to act as non-governmental funders, should also be involved.

Thus, it can be concluded that advocacy plays a significant role in shaping policies and gaining support from various relevant parties. Well-planned advocacy efforts can mobilize stakeholders such as the government, community leaders, and the private sector to jointly support public health initiatives, particularly in the context of household PHBS in the working area of UPTD Puskesmas Plosoklaten, Kediri Regency. By involving various relevant parties, advocacy can be an effective means to induce sustainable behavioral and attitude changes within the community. Therefore, in its implementation, advocacy must be managed carefully and strategically, considering the local context and listening to the needs and aspirations of stakeholders involved in the working area of UPTD Puskesmas Plosoklaten, Kediri Regency.

### **Influence of Health Promotion Strategy Social Support on Household PHBS Improvement**

Based on the research results, it is known that nearly half of the respondents rated social support as good, resulting in a corresponding increase in household PHBS, with 149 respondents (37.3%) achieving this level. The hypothesis testing using the T-test for the Social Support variable (X2) produced a p-value of 0.000, meaning  $p\text{-value} < \alpha$  (0.05). This indicates that the second hypothesis (H2) is accepted, confirming that Social Support has an impact on the improvement of PHBS in the working area of UPTD Puskesmas Plosoklaten, Kediri Regency.

According to Nurmala (2020), health promotion activities will be more easily conducted if they receive social support from various layers of society. Social support can come from informal elements such as religious and customary leaders who have influence in the community, as well as formal elements such as health workers and government officials. The main objective is to ensure that community leaders act as intermediaries between the health sector as the implementer of health programs and the community as the recipient of these programs. Activities to seek social support through community leaders aim to socialize health programs so that the community accepts and participates in these programs. These social support activities include training community leaders, seminars, workshops, and guidance for community leaders.

Thus, it can be concluded that health promotion strategies through social support are effective approaches to be implemented in the working area of UPTD Puskesmas Plosoklaten, Kediri Regency. The importance of social support from various community layers, including religious leaders, customary leaders, health workers, and government officials, indicates that cross-sectoral collaboration is crucial in promoting public health comprehensively. Implementing health promotion strategies through social support in the working area of UPTD Puskesmas Plosoklaten, Kediri Regency, is not only effective in improving household PHBS but also strengthens the relationship between the health sector and the community. This effort should continue to expand the network of social support and ensure that the health programs being socialized can be widely accepted and implemented by the community. This will significantly contribute to improving the quality of life and well-being of the community in the working area of UPTD Puskesmas Plosoklaten, Kediri Regency.

## **Influence of Health Promotion Strategy Community Empowerment on Household PHBS Improvement**

Based on the research results, it is known that nearly half of the respondents rated community empowerment as adequate, leading to a corresponding increase in household PHBS, with 141 respondents (35.3%) achieving this level. The hypothesis testing using the T-test for the Community Empowerment variable (X3) produced a p-value of 0.000, meaning  $p\text{-value} < \alpha$  (0.05). This indicates that the third hypothesis (H3) is accepted, confirming that Community Empowerment has an impact on the improvement of PHBS in the working area of UPTD Puskesmas Plosoklaten, Kediri Regency.

According to Mujiyati et al. (2023), community empowerment is a crucial part of health promotion strategies and can be considered the spearhead of such strategies. Empowerment is the process of positioning the community to have a significant role (sovereignty) in decision-making and action-taking related to their health. Empowerment is a continuous and sustained process of providing information to individuals, families, or groups (targets) that follows their development, helping them transition from ignorance to awareness (knowledge aspect), from awareness to willingness (attitude aspect), and from willingness to ability to practice the introduced behaviors (practice aspect). The transition from awareness to willingness is generally achieved by presenting facts and dramatizing issues, as well as by offering hope that the issues can be prevented or resolved. Community empowerment is more effective when carried out through partnerships and using appropriate methods and techniques. Currently, many non-governmental organizations (NGOs) focus on or care about health.

Thus, it can be concluded that community empowerment plays a vital role in improving community health quality. This research finding shows that this approach is effective in mobilizing communities to adopt household PHBS in the working area of UPTD Puskesmas Plosoklaten, Kediri Regency. Community empowerment not only positions individuals or groups to be more aware of the importance of health but also gives them an active role in decision-making and action-taking related to their health. This process involves various stages, from increasing knowledge and changing attitudes to strengthening health practices adopted. In the working area of UPTD Puskesmas Plosoklaten, the community empowerment approach can be continually strengthened by reinforcing partnerships between the health sector, local government, NGOs, and local communities. This not only impacts the health improvement of individuals and families but also enhances the overall quality of life in the community.

## **Simultaneous Influence of Health Promotion Strategies (Advocacy, Social Support, and Community Empowerment) on Household PHBS Improvement**

Based on the research results, it is known that the F-test calculation produced a p-value of 0.000, meaning  $p\text{-value} < \alpha$  (0.05). This indicates that the fourth hypothesis (H4) is accepted, confirming that health promotion strategies (advocacy, social support, and community empowerment) have a simultaneous impact on the improvement of PHBS in the working area of UPTD Puskesmas Plosoklaten, Kediri Regency.

This research supports previous findings by Putra (2016), which stated that health promotion strategies about PHBS applied to the community include three aspects: advocacy, social support, and community empowerment. Similarly, research by Gaol et al. (2021) indicated that health promotion strategies (through advocacy, conducive environment, and community empowerment variables) significantly affect PHBS. Simultaneously, the factors of advocacy, conducive environment, and community empowerment influence the variation in PHBS levels by 84.1%.

Thus, it can be concluded that health promotion strategies consisting of advocacy, social support, and community empowerment collaboratively improve awareness of



household PHBS in the community, particularly in the working area of UPTD Puskesmas Plosoklaten, Kediri Regency. Advocacy plays an essential role in shaping policies and gaining support from various relevant parties, including the government, community leaders, and the private sector. With strong advocacy, health policies and programs can be more easily implemented and supported by all societal layers.

Social support from religious leaders, customary leaders, health workers, and government officials reinforces health messages and encourages the community to adopt PHBS more easily. Additionally, community empowerment positions individuals and groups as primary actors in maintaining their health, allowing them to make better decisions and take appropriate health actions. Through cross-sectoral collaboration and a holistic approach, health promotion strategies can create a conducive environment for behavior change. For instance, community outreach programs and socialization in schools and workplaces can be designed to be engaging and relevant to the local community. Training and capacity-building for health cadres and community leaders are also crucial to ensure they have the necessary skills and knowledge to support and promote PHBS.

Furthermore, continuous evaluation and feedback from the community should be integrated into health promotion strategies. By conducting regular evaluations, UPTD Puskesmas Plosoklaten can identify areas that need improvement and adapt their approach according to community needs. Community feedback also helps in understanding the challenges faced in implementing PHBS and finding more effective solutions.

This research emphasizes the importance of planned and coordinated approaches in health promotion. By leveraging various strategies such as advocacy, social support, and community empowerment, PHBS programs can achieve better and more sustainable outcomes. This success not only improves the health of individuals and families but also contributes to the overall quality of life in the community. Implementing effective and sustainable health promotion strategies requires commitment from all involved parties, from the government, private sector, NGOs, to the community itself. With strong support and collaboration, health promotion efforts are expected to continue evolving and providing significant positive impacts in the working area of UPTD Puskesmas Plosoklaten, Kediri Regency, and beyond. Further research can be conducted to explore various factors influencing the success of health promotion and develop new approaches that are more innovative and adaptive to changing community dynamics.

## CONCLUSION

Based on the results of the research and discussion, several conclusions can be drawn, including:

1. There is a significant influence of health promotion advocacy strategies on the improvement of Clean and Healthy Living Behavior (PHBS) in households in the Work Area of UPTD Puskesmas Plosoklaten, Kediri Regency. This is evidenced by the hypothesis testing results with a p-value of  $0.006 < \alpha (0.05)$ .
2. There is a significant influence of health promotion social support strategies on the improvement of PHBS in households in the Work Area of UPTD Puskesmas Plosoklaten, Kediri Regency. This is evidenced by the hypothesis testing results with a p-value of  $0.000 < \alpha (0.05)$ .
3. There is a significant influence of community empowerment health promotion strategies on the improvement of PHBS in households in the Work Area of UPTD Puskesmas Plosoklaten, Kediri Regency. This is evidenced by the hypothesis testing results with a p-value of  $0.000 < \alpha (0.05)$ .
4. There is a significant influence of health promotion strategies (advocacy, social support, and community empowerment) on the improvement of PHBS in the Work Area of

UPTD Puskesmas Plosoklaten, Kediri Regency. This is evidenced by the hypothesis testing results with a p-value of  $0.000 < \alpha (0.05)$ .

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