

## GERMAS BEHAVIOR IN THE WORK AREA OF BANDAR SEIKIJANG PUSKESMAS, PELALAWAN DISTRICT

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### ABSTRACT

The Germas program is an effective measure to prevent increasing mortality and morbidity due to disease, therefore it is necessary to carry out a synergistic program to encourage people to live healthy lives. The highest achievement rate for carrying out GERMAS activities in Riau is Pekanbaru City 76.5%, but the target achievement in several districts in Riau Province is still far from the target such as in Kampar Regency 68.3% while the lowest GERMAS achievement of several districts in Riau province from the target figure The Strategic Plan of the Ministry of Health is Pelalawan Regency 65%. GERMAS at the Bandar Seikijang Health Center has never reached the target set by the government, which is 80%. This type of research is quantitative with a cross sectional design. The population is the Head of the Family (KK) who live in the Bandar Seikijang Health Center Work Area in 2019 with a total of 6,338 families, a sample of 95 families. The sampling technique was purposive sampling. The research instrument used a questionnaire. Data analysis was performed univariate and bivariate with chi-square test ( $\alpha=0.05$ ). The results of the bivariate analysis showed that there was a significant relationship between knowledge ( $p = 0.030 = 0.05$ ), attitudes ( $p = 0.008 = 0.05$ ), motivation ( $p = 0.020 = 0.05$ ), media information ( $p = 0.002 = 0.05$ ), the role of health workers ( $p = 0.028 < \alpha = 0.05$ ), and the role of the community environment ( $p = 0.009 = 0.05$ ) with GERMAS behavior. It can be concluded that knowledge, attitudes, motivation, information media, the role of health workers, the role of the community environment are related to GERMAS behavior. So it is suggested that the Puskesmas can improve public services in order to increase public awareness of the importance of the GERMAS program that has been set by the government.

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## 1. Introduction

The Healthy Living Community Movement (GERMAS) is a national movement initiated by the President of the Republic of Indonesia that prioritizes promotive and preventive efforts, without reducing curative and rehabilitative efforts by involving all components of the nation in promoting the healthy paradigm. To succeed GERMAS, we cannot rely solely on the role of the health sector. The role of Ministries and Institutions in other sectors also determines, and is supported by the participation of all levels of society. Starting from individuals, families, and communities in practicing healthy lifestyles, academics, the business world, community organizations, and professional organizations in mobilizing their members to behave in a healthy manner, as well as the government both at the central and regional levels in preparing supporting facilities and infrastructure, monitoring and evaluating implementation (Ministry of Health,

The health problems that arise today are the result of the impact of unhealthy living behavior plus environmental sanitation and the availability of clean water which is still inadequate in some places. This can actually be prevented if the focus of health efforts is on the independence of families

and communities to behave in a clean and healthy life (PHBS). The results of health development are quite encouraging, but breakthroughs or new policies in program acceleration are absolutely needed. One of these breakthroughs is through the Healthy Living Community Movement (GERMAS). The GERMAS program is an effective step to prevent and increase mortality and morbidity due to infectious and non-communicable diseases and it is necessary to carry out a synergistic program to encourage people to live healthy (Ministry of Health, 2016).

Based on the results of the 2015 Basic Health Research (Riskesdas) which states that the national proportion of households with a breakthrough Clean and Healthy Life Behavior (PHBS) from a good GERMAS is 32.3%. The highest proportion is in DKI Jakarta (56.8%) and the lowest is in Papua (16.4%). While the Strategic Plan (Renstra) of the Ministry of Health for 2015-2019 in Riau sets a target of Clean and Healthy Life Behavior (PHBS) carried out by GERMAS at 80%, the highest achievement rate for GERMAS activities in Riau is Pekanbaru City 76.5%, but the achievement of the target in several districts in Riau Province, it is still far from the target, such as in Kampar Regency, 68.3%, while the lowest GERMAS achievement of several districts in Riau Province is from the Restra KeMenKes target number, namely Pelalawan Regency 65% (Riau Health Office, 2019).

Muhammad's research (2016) on the relationship between knowledge and attitudes with clean and healthy living behavior in Setiajaya Village, Cibereum District, Tasikmalaya City. There is no support from community leaders in health activities carried out by the Puskesmas, while the participation of the local government is only when the PHBS competition with the GERMAS program is held by the Mayor of Tasikmalaya. Community empowerment activities carried out by the Setiajaya sub-district include house-to-house counseling, posyandu, training for cadres, and counseling on PHBS in household arrangements with housewives as the main target.

Based on GERMAS data obtained from the Pelalawan District Health Office in 2019 said that the number of households in 2016 in Pelalawan District was 199,704 and the number of households in 2017 was 32,215 while for the number of households in 2018 Pelalawan District monitored PHBS with GERMAS as many as 40,000 (20.03%) households. Of the 14 Puskesmas in Pelalawan Regency, Bandar Seikijang Health Center is one of the Puskesmas that has the lowest GERMAS behavior coverage in 2018 which is 29.58% (Pelalawan District Health Office, 2018).

The Seikijang Health Center is one of the health centers located in Pelalawan Regency, precisely in the Bandar Seikijang District with a population of 33,599 people, the Working Area of this Puskesmas has 5 villages and the number of family heads in the 18-70 year age category is 6,338 families (KK), while the head of the family is 6,338 families. The families (KK) in the villages are Simpang Beringin Village (1,820 KK), Seikijang Village (1,290 KK), Lubuk Ogung Village (1,029 KK), Muda Setia Village (878 KK), and Kiyap Jaya Village (1,321 KK). Based on GERMAS coverage data in healthy households at the Seikijang Health Center in 2016 as many as 10.73%, in 2017 as many as 19.22% and in 2018 as many as 26.63% healthy homes and is still in the low category.

In 2017 there were 3 GERMAS indicators that did not reach the target, namely doing physical activity 36.9%, eating fruit and vegetables 32.7%, and not smoking in the house 37.3% with the average number of all GERMAS indicators being 69, 37%. Whereas in 2018 there was an increase, but there were still 5 GERMAS indicators that did not reach the target, namely washing hands with soap 53.6%, eradicating larvae 70.73%, eating fruit and vegetables 55.6%, physical activity 73.7%, and do not smoke in the house 47% with the average number of all GERMAS indicators is 71.75%. Every year the GERMAS coverage of Bandar Seikijang Health Center has never reached the set target, which is 80% (Profile of Bandar Seikijang Health Center, 2018).

The results of a preliminary survey of one of the family members who participated in the GERMAS program activities in the working area of the Bandar Seikijang Health Center obtained information that the implementation of health promotion activities had been carried out but had not been maximized due to several obstacles. Among the obstacles found from the community itself, namely there is still one family member at home who smokes, there is a daily family member who does not eat vegetables, children from family members like to defecate (BAB) carelessly, there are even one member of the community's family often drinks alcoholic beverages, so that when health workers go out to the field, many residents are not at home and even have low community knowledge, they do not know what GERMAS is and do not know what GERMAS activities are. Based on the above, the authors are interested in conducting research on "GERMAS Behavior in the Work Area of the Bandar Seikijang Health Center, Pelalawan Regency in 2019".

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## 2. Method

The type of this research is quantitative analysis with research design *Cross Sectional*. This study was conducted to determine the determinants of factors related to Germas behavior in the work area of the Bandar Seikijang Health Center, Pelalawan. The population in this study was the head of the family who lived in the working area of the Bandar Seikijang Health Center with a total sample of 95 families. This research uses purposive sampling technique. The types of data used are primary data and secondary data. Analysis of research data using univariate and bivariate analysis using chi-square test.

## 3. Research Results and Discussion

### a. Research results

#### 1) Univariate Analysis

TABLE 1  
FREQUENCY DISTRIBUTION OF RESPONDENTS BASED ON GERMAS BEHAVIOR, KNOWLEDGE, ATTITUDE, MOTIVATION, INFORMATION MEDIA, ROLE OF HEALTH WORKERS, ROLE OF THE ENVIRONMENT IN THE WORK AREA OF BANDAR SEIKIJANG HEALTH CENTER, PELALAWAN REGENCY

GERMAS behavior		
a. Not Following GERMAS	55	57.9%
b. Yes Following GERMAS	40	42.1%
<b>Total</b>	<b>95</b>	<b>100%</b>
Knowledge		
a. Low	53	55.8%
b. Tall	42	44.2%
<b>Total</b>	<b>95</b>	<b>100%</b>
Attitude		
a. Negative	50	52.6%
b. Positive	45	47.4%
<b>Total</b>	<b>95</b>	<b>100%</b>
Motivation		
a. Low	57	60.0%
b. Tall	38	40.0%
<b>Total</b>	<b>95</b>	<b>100%</b>
Information Media		
a. There isn't any	48	50.5%
b. There is	47	49.5%
<b>Total</b>	<b>95</b>	<b>100%</b>
Role of Health Workers		
a. No role	46	48.4%
b. role	49	51.6%
<b>Total</b>	<b>95</b>	<b>100%</b>
The Role of the Community Environment		
a. No role	59	62.1%
b. role	36	37.9%
<b>Total</b>	<b>95</b>	<b>100%</b>

Based on Table 11 above, from 95 respondents it is known that 55 (57.9%) respondents did not follow GERMAS. Respondents who have low knowledge about GERMAS are 53 (55.8%) respondents, 50 (52.6%) respondents have negative attitudes towards GERMAS, the motivation received by respondents about GERMAS is 57 (60.0%) respondents, information media respondents did not know about GERMAS as many as 48 (50.5%) respondents, the role of health workers who did not play a role in the GERMAS program was 46 (48.4%) respondents, while the community environment did not play a role in GERMAS as many as 59 (62.1%) respondents.

#### 2) Bivariate Analysis

TABLE 2  
THE RELATIONSHIP BETWEEN KNOWLEDGE AND GERMAS BEHAVIOR IN THE WORK AREA OF THE BANDAR SEIKIJANG HEALTH CENTER, PELALAWAN REGENCY

Knowledge	Germas Behavior				Total	P value	por (95% CI)
	Not Following Germas		Following Germas				
	n	%	n	%			
Low	25	47.2%	28	52.8%	53	100%	0.003 1.357 (0.151-2.844)
Tall	30	71.4%	12	28.6%	42	100%	
Total	55	57.9%	40	42.1%	95	100%	

Based on table 2 above, it is known that from 53 respondents with low knowledge who did not follow GERMAS as many as 25 respondents (47.2%), while from 42 respondents with high knowledge who did not follow GERMAS as many as 30 respondents (71.4%). The results of statistical tests using the chi square test obtained p value = 0.030, meaning that there is a relationship between knowledge and GERMAS behavior. With a POR value of 1.357 (0.151-2.844) which means that respondents who have low knowledge of GERMAS are at risk of not participating in GERMAS 1.3 times compared to respondents who have high knowledge.

TABLE 3  
THE RELATIONSHIP BETWEEN ATTITUDES AND GERMAS BEHAVIOR IN THE WORK AREA OF THE BANDAR SEIKIJANG HEALTH CENTER PELALAWAN DISTRICT

Attitude	Germas Behavior				Total	P value	por (95% CI)
	Not Following Germas		Following Germas				
	n	%	n	%			
Negative	34	68.0%	16	32.0%	50	100%	0.008 2,429 (1,054-5,594)
Positive	21	46.7%	24	53.3%	45	100%	
Total	55	57.9%	40	42.1%	95	100%	

Based on table 3 above, it is known that from 50 respondents who had a negative attitude who did not follow GERMAS as many as 34 respondents (68.0%), while from 45 respondents who had a positive attitude who did not follow GERMAS as many as 21 respondents (46.7%). The results of statistical tests using the chi square test obtained p value = 0.008, meaning that there is a relationship between attitudes and GERMAS behavior. With a POR value of 2.429 (1.054-5.594), which means that respondents who have a negative attitude towards GERMAS are at risk of not participating in GERMAS 2.4 times compared to respondents who are positive.

TABLE 4  
THE RELATIONSHIP BETWEEN MOTIVATION AND GERMAS BEHAVIOR IN THE WORK AREA OF THE BANDAR SEIKIJANG HEALTH CENTER PELALAWAN DISTRICT

Motivation	Germas Behavior				Total	P value	por (95% CI)
	Not Following Germas		Following Germas				
	n	%	n	%			
There isn't any	46	80.7%	11	19.3%	57	100%	0.002 3,748 (0.768-3.979)
There is	9	23.7%	29	76.3%	38	100%	
Total	55	57.9%	40	42.1%	95	100%	

Based on Table 4 above, it can be seen that of the 57 respondents with no motivation who did not follow GERMAS as many as 46 respondents (80.7%), while from 38 respondents who were motivated there were 9 respondents who did not follow GERMAS (23.7%). The results of statistical tests using the chi square test obtained p value = 0.020, meaning that there is a relationship between motivation and GERMAS behavior. With a POR value of 3.748 (0.768-3.979) which means that respondents who are not motivated about GERMAS are at risk of not participating in GERMAS 3.7 times compared to respondents who are motivated.

TABLE 5

THE RELATIONSHIP OF INFORMATION MEDIA WITH GERMAS BEHAVIOR IN WORKING AREA OF BANDAR SEIKIJANG HEALTH CENTER PELALAWAN REGENCY

Media Information	Germas Behavior				Total	P value	por (95% CI)
	Not Following GERMAS		Following GERMAS				
	n	%	n	%			
There isn't any	31	64.6%	17	35.4%	48	100%	0.002 2,955 (0.677-1,347)
There is	24	51.1%	23	48.9%	47	100%	
Total	55	57.9%	40	42.1%	95	100%	

Based on Table 5, it can be seen from the 48 respondents who did not receive information media and did not follow GERMAS as many as 31 respondents (64.6%), while from 47 respondents who obtained information media and did not follow GERMAS as many as 24 respondents (51.1%). The results of statistical tests using the chi square test obtained p value = 0.002, meaning that there is a relationship between information media and GERMAS behavior. With a POR value of 2,955 (0.677-1.347) which means that respondents who do not receive information media are at risk of 2.9 times not participating in GERMAS compared to respondents who receive information media.

TABLE 6  
THE RELATIONSHIP OF THE ROLE OF HEALTH WORKERS WITH GERMAS BEHAVIOR IN WORKING AREA OF BANDAR SEIKIJANG HEALTH CENTER PELALAWAN REGENCY

Role of Health Workers	Germas Behavior				Total	P value	por (95% CI)
	Not Following GERMAS		Following GERMAS				
	n	%	n	%			
No role	26	56.5%	20	43.4%	46	100%	0.028 2,897 (1,397-2,026)
role	29	59.2%	20	40.8%	49	100%	
Total	55	57.9%	40	42.1%	95	100%	

Based on Table 6, it is known that from 46 respondents who did not participate in GERMAS and did not participate in GERMAS as many as 26 respondents (56.5%), while from 49 respondents who played a role as health workers and did not participate in GERMAS as many as 29 respondents (59.2%). The results of statistical tests using the chi square test obtained p value = 0.028, meaning that there is a relationship between the role of health workers and GERMAS behavior. With a POR value of 2.897 (1.397-2.026) which means that respondents who do not accept the role of health workers regarding GERMAS are at risk of 2.8 times not participating in GERMAS compared to respondents who accept the role of health workers regarding GERMAS.

TABLE 7  
THE RELATIONSHIP BETWEEN THE ROLE OF THE COMMUNITY ENVIRONMENT AND GERMAS BEHAVIOR IN WORKING AREA OF BANDAR SEIKIJANG HEALTH CENTER PELALAWAN REGENCY

The Role of the Community Environment	Germas Behavior				Total	P value	por (95% CI)
	Not Following GERMAS		Following GERMAS				
	n	%	n	%			
No role	33	56.9%	26	44.1%	59	100%	0.009 3,808 (0.347-1,879)
role	22	61.1%	14	38.9%	36	100%	
Total	55	57.9%	40	42.1%	95	100%	

Based on table 17 above, it is known that from 59 respondents whose community environment did not play a role in GERMAS and did not follow GERMAS as many as 33 respondents (55.9%), while from 36 respondents whose community played a role in GERMAS and did not follow GERMAS as many as 22 respondents (61, 1%). The results of statistical tests using the chi square test obtained p value = 0.009, meaning that there is a relationship between the role of the community environment and GERMAS behavior. With a POR value of 3.808 (0.347-1.879) which means that respondents whose community environment does not play a role in GERMAS are at risk of 3.8 times not participating in GERMAS compared to respondents whose community environment plays a role in GERMAS.

## **b. Discussion**

### **1. Relationship between Knowledge and Behavior GERMAS**

Based on the results of the study that there is a relationship between knowledge and GERMAS behavior. Low knowledge of GERMAS has a 1.3 times risk of not participating in GERMAS compared to respondents who have high knowledge.

The results of this study are in line with Syamsur's (2016) research, research through statistical tests between knowledge and clean and healthy living behavior obtained  $p$  value = 0.005 which indicates that there is a significant relationship between knowledge and clean and healthy living behavior. The most dominant knowledge is seen about cleaning water reservoirs twice a week, defecating in healthy latrines, drinking water with refilled water.

Knowledge is the result of knowing, and this occurs after people have sensed certain objects. Sensing occurs through the human senses, namely the senses of sight, hearing, smell, taste and touch. Most of human knowledge is obtained through the eyes and ears (Notoatmodjo, 2010).

Knowledge of clean and healthy living behavior needs to be given to the community to create a healthy environment and self that will create comfortable conditions for interaction. Knowledge about PHBS should be given from an early age, starting with yourself. Knowledge is basically the family environment is the most basic educational vehicle in which a person learns a lot about various things, including learning about hygiene and health knowledge. Thus, people will get used to living clean and always keeping themselves and the environment clean (Proverawati et al, 2012).

Based on the results of the study that the knowledge of the head of the family is still low because many family heads do not understand GERMAS so that the head of the family is reluctant to participate in GERMAS activities that have been formed by the government, even though participating in GERMAS provides benefits for the head of the family. The knowledge gained has an influence on good behavior which includes maintaining the cleanliness of the house, personal hygiene and also the environment. Where the higher a person's education and knowledge, the more maintained in maintaining his health and will follow the GERMAS program activities that have been made by the government.

### **2. Relationship between attitude and behavior GERMAS**

Based on the results of the study that there is a relationship between attitude and behavior of GERMAS. A negative attitude towards GERMAS has a 2.4 times risk of not participating in GERMAS compared to respondents who have a positive attitude.

The results of this study are in line with research by Abuna et al (2012) in Bukit Tingki Village, Popayato District, Pohuwato Regency in 2012 which showed that there was a relationship between attitude and the application of clean and healthy living behavior with a probability value of 0.002 and a value of  $X^2$  count = 3.778.

Attitudes are determinants of behavior, because they are related to perception, personality, and motivation. An attitude is a state of mental attitude, which is learned and organized according to experience, and which causes a special influence on a person's reaction to people, objects, and situations with whom he relates (Notoatmodjo, 2010).

Attitude is a readiness to react to objects in a certain environment as the best appreciation of the object. From this opinion, it can be seen that the positive attitude that is owned can direct housewives to take an action by having a clean and healthy life. When housewives respond to an object such as health values, housewives will always maintain their health and their families by living a clean and healthy life. Attitude is a readiness or willingness to act and is not the implementation of a particular motive. Attitude is not yet an action or activity but is a predisposition to the action of a behavior (Kurnia, 2014).

The positive attitude shown by the head of the family in this study is based on the knowledge they have about clean and healthy living behavior, which includes weighing the baby every month, it is very important to know the baby's development. Knowledge about weighing babies every month is well addressed and carried out in the family by weighing babies regularly. In addition, it is also known that eating fruits can minimize disease so that from this knowledge they respond positively by eating fruits and vegetables every day because it is good for family health. Another thing they also know is that to avoid contracting dengue hemorrhagic fever, families with babies always clean mosquito nests. The attitude that was responded to by the family was well addressed by doing it in the family. However, there are still some families who already know the behavior of clean living, but still do not want to implement clean living both inside and outside the house.

In the opinion of the researcher, from the results of the study that many people's attitudes were negative towards GERMAS program activities, people's attitudes could turn positive if they reminded each other in the family because clean living is important for health, this will influence each other in the family to implement a clean lifestyle and will participate in GERMAS activities that have been determined by the government. Where the more positive the attitude of the community in implementing a healthy life, the community will accept and participate in activities related to health in the community itself.

### **3. Relationship between Motivation and Germas Perilaku Behavior**

Based on the results of the study that there is a relationship between motivation and GERMAS behavior. Motivation about GERMAS has a 3.7 times risk of not participating in GERMAS compared to respondents who have motivation.

The results of this study are in line with research by Jennifer et al (2012) entitled "The influence of education, perceptions and habits of the mother against the clean life behavior" which shows that there is an influence of motivational habits on clean living behavior. found where the results of the hypothesis test showed a significance value of 0.012 which was smaller than 5% ( $0.012 < 0.05$ ).

Motivation is one of the things that affects human behavior, motivation is also called a driver, desire, support or needs that can make a person excited and motivated to reduce and fulfill one's own impulses, so that they can act and act in certain ways that will lead to an optimal direction (Notoatmodjo, 2010).

According to Mangkunegara (2010) the motivation of the community in GERMAS activities where motivating actions will be more successful if the goals are clear and realized by those who are motivated and in accordance with the needs of people who are motivated to participate in GERMAS. Therefore, everyone who will provide motivation must really know and understand the background of life, the needs, and the importance of living a healthy life with GERMAS.

Based on the results of the study, people's motivation is still low about participating in the GERMAS program, because people still think that GERMAS activities have no effect on their health. People's motivation is also strengthened by the process of changing habits from an individual point of view, it is very important to know the basic conditions of the individual so that they want to change their behavior or habits by reminding each other both within the family and in the community. Where the better the motivation among fellow people, the better they will be in carrying out and implementing clean and healthy lifestyle habits.

### **4. The Relationship of Information Media with Germas' Behavior**

Based on the results of the study that there is a relationship between information media and GERMAS behavior. Information media has 2.9 times risk of not participating in GERMAS compared to respondents who receive information media.

The results of this study are in line with research by Jennifer et al (2012) entitled "The influence of education, perceptions and habits of the mother against the clean life behavior" which shows that there is a relationship between information media and clean living behavior. found where the results of hypothesis testing showed a significance value of 0.009 which was smaller than 5% ( $0.012 < 0.05$ ).

Media information is one means to meet human needs for information and entertainment. Media information is a product of modern technology as a channel in communication. Is one of the important elements in the communication process (Mangkunegara, 2010).

There is one development of information media today, namely the discovery of the internet. Now the public has been dominated by the information media, so they can find out about GERMAS activities. Media information so fulfills people's daily lives without realizing their presence and influence. Information media provides information, entertains, pleases, and sometimes even disturbs the audience. Media is able to move emotions or influence feelings, challenge, and define society and shape the reality of audiences (Mangkunegara, 2010).

In the opinion of the researcher, from the research that in the current era that has advanced in the internet world, from children to old age already know the information media from the internet, even now it is easy to get information both from print information media and electronic information media. , based on the results of observations in the field, the community still does not know about information media so they do not know about existing health programs, where the more advanced with the information media, the higher the knowledge of the community, so they can find out GERMAS activities that have been made by the government.

## 5. The Relationship between the Role of Health Workers and Germas Behavior

Based on the research results that there is a relationship between the role of health workers with GERMAS behavior. The role of health workers who do not play a role in GERMAS is at risk of 2.8 times not participating in GERMAS compared to respondents who accept the role of health workers regarding GERMAS.

The results of this study are in line with Ariza's (2011) research on the relationship between predisposing, enabling and reinforcing factors for health promotion of hygiene and environmental sanitation with clean living behavior which shows that predisposing factors (knowledge, attitudes, roles of health workers) and reinforcing factors are significantly associated with clean living behavior while the dominant factor related to clean living behavior is the predisposing factor (knowledge, health workers and attitudes), where the results of the hypothesis test show a significance value of 0.007 which is smaller than 5% ( $0.007 < 0.05$ ).

The role of health workers in changing people's behavior towards a clean and healthy life is a planned approach to prevent other infectious diseases through the adoption of behavior change by the wider community. In addition, health workers can also play a role in curative and rehabilitative fields. Public health workers have a strategic role in changing people's behavior to be conducive to clean and healthy living behavior through health promotion.

From the results of the study, the role of health workers is to socialize, provide instructions, train, foster, facilitate, develop community participation and monitor and evaluate the programs being run. In the results of research observations, health workers have played a role in improving the GERMAS program, but the people still don't care. with government programs that have been made. Where the more the role of health workers in implementing a healthy lifestyle in the community, the higher the community's willingness to implement a healthy lifestyle.

## 6. The Relationship between the Role of the Community and the Behavior of Germas

Based on the results of the study that there is a relationship between the role of the community environment and the behavior of GERMAS. The community environment does not play a role in GERMAS, the risk of not participating in GERMAS is 3.8 times compared to respondents whose community environment plays a role in GERMAS.

The results of this study are in line with the research of Folta et al. (2018). From the results of statistical tests between the role of the community environment and clean and healthy living behavior, the p value = 0.049 which indicates that there is a significant relationship between the role of the community environment and clean and healthy living behavior. Based on the results of the study showed that of 127 housewives who stated that the community played the majority, 61% had good PHBS. From the data obtained through the questionnaire, it is known that the role of the community environment is to support health activities, facilitate health activities, and invite the community to actively implement health programs.

The social environment is part of the basics of modern society which includes all aspects of humans in relation to the environment, with the aim of increasing and maintaining the values of human health at the highest level by modifying not only social factors and the physical environment alone, but also on all environmental traits and behaviors that can have an influence on the tranquility of society, the health and safety of the human organism (Kurnia, 2014).

In the opinion of the researcher, that to be able to continue to achieve a good degree of health, humans must live healthy regularly with the GERMAS program activities. From the results of research observations that the community environment is still less involved in GERMAS activities, because people are still less concerned about their health. Where the more the role of the community environment in GERMAS activities, the higher the community's desire to participate in activities towards a healthy life.

## 4. Conclusions

There is a relationship between knowledge and GERMAS behavior with P value =  $0.003 < (0.05)$  and POR value = 1.357 (95% CI = 0.151-2.844). There is a relationship between Attitude and GERMAS behavior with P Value =  $0.008 < (0.05)$  and POR value = 2.429 (95% CI = 1.054-5.594). There is a relationship between motivation and GERMAS behavior with P Value =  $0.020 < (0.05)$  and POR value = 3.748 (95% CI = 0.768-3.979). There is a relationship between information media and GERMAS behavior with P Value =  $0.002 < (0.05)$  and POR value = 2.955 (95% CI = 0.677-1.347). There is a

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relationship between the role of health workers and GERMAS behavior with P Value = 0.028 < (0.05) and POR value = 2.897 (95% CI = 1.397-2.026). There is a relationship between the role of the community environment and GERMAS behavior with P Value = 0.009 < (0.05) and POR value = 3.808 (95% CI = 0.347-1.879).

It is hoped that the Pelalawan District Health Office, especially the Health Promotion section, will continue to socialize the GERMAS program to the community so that people can maintain their intentions in carrying out healthy living behaviors. It is hoped that the Bandar Seikijang Health Center will further optimize counseling and dissemination of health information related to health promotion media, general and special protection and regular health checks in accordance with the GERMAS program currently launched by the government so that the community can actively participate in realizing healthy behavior.

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