

EMPOWERING THE INDIGENOUS COMMUNITIES ON CLEAN AND HEALTHY BEHAVIORS THROUGH PODKESAD

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ABSTRACT

The Indigenous Community is a tribe of Anak Dalam in Jambi Province that is geographically dispersed across several districts, sub-districts and villages. One of the settlements of the KAT tribe in Jambi Province is located in Hajran Village, which is situated within the Batin XXIV sub-district of the Batanghari Regency. The KAT community is confronted with a number of complex social issues, including poverty, education and health. The prevalence of health problems in the KAT is attributed to the inadequate adoption of clean and healthy lifestyle behaviours (PHBS), which is largely due to an incomplete understanding of these behaviours. A deficiency in PHBS provides an opportunity for disease-causing microorganisms to gain entry. The absence of PHBS may be attributed to a lack of knowledge. It has been demonstrated that increased knowledge and changes in PHBS occur as a result of education. The use of educational media in the form of moving animations, attractive colours and audio-visuals has been demonstrated to enhance knowledge and behaviour. There is an enhanced awareness of PHBS as a strategy to prevent stunting. This activity is a community service program to enhance the knowledge and behaviour of remote indigenous communities with regard to clean and healthy living. A PHBS educational programme was conducted on 36 KAT individuals at PODKESAD Hajran Village on 23, 25, 27, 30 September and 2 October 2024 use of the media pop up book digital PHBS animation video. An evaluation was conducted using pre- and post-education questionnaires. The KAT demonstrated an increase in knowledge (76.2%) and clean and healthy living behaviour (77.9%). The empowerment of the KAT through PODKESAD can improve knowledge and clean and healthy living behaviour. It is anticipated that the Hajran Village government will provide guidance for the sustainability of PODKESAD, thereby reducing the risk of stunting through PHBS habituation.

Keywords: behaviors; indigenous community; PHBS

ABSTRAK

Komunitas Adat Terpencil (KAT) merupakan Suku Anak Dalam di Provinsi Jambi yang tersebar di beberapa Kabupaten, Kecamatan dan Desa. Desa Hajran, Kecamatan Batin XXIV, Kabupaten Batanghari merupakan salah satu pemukiman KAT di Provinsi Jambi. KAT memiliki permasalahan sosial yang kompleks yaitu kemiskinan, pendidikan dan kesehatan. Permasalahan kesehatan pada KAT muncul akibat rendahnya penerapan Perilaku Hidup Bersih dan Sehat (PHBS), karena KAT belum memahami PHBS. PHBS yang tidak baik memudahkan masuknya kuman penyebab penyakit. Kurangnya PHBS dapat dipengaruhi oleh pengetahuan. Peningkatan pengetahuan dan perubahan PHBS terjadi setelah edukasi. Kegiatan ini merupakan kegiatan pengabdian kepada masyarakat yang bertujuan untuk meningkatkan pengetahuan dan perilaku hidup bersih dan sehat pada komunitas adat terpencil. Edukasi PHBS dilaksanakan pada KAT sebanyak 36 orang di PODKESAD Desa Hajran tanggal 23, 25, 27, 30 September dan 02 Oktober

2024 menggunakan media video animasi po up book digital PHBS. Evaluasi menggunakan angket pre dan post edukasi. KAT menunjukkan peningkatan pengetahuan (76,2%) dan perilaku hidup bersih dan sehat (77,9%). Pemberdayaan KAT melalui PODKESAD dapat meningkatkan pengetahuan dan perilaku hidup bersih dan sehat. Diharapkan pemerintah Desa Hajran melakukan pembinaan untuk keberlanjutan PODKESAD sehingga risiko stunting dapat diturunkan melalui pembiasaan PHBS.

Keywords: perilaku; komunitas adat terpencil; PHBS

INTRODUCTION

The issue of indigenous communities (KAT) remains a significant challenge in Indonesia, particularly at the local government level. The KAT, namely the Suku Anak Dalam in Jambi Province, is distributed across a number of districts, sub-districts and villages. One such community is located in Hajran Village, Batin XXIV Subdistrict, Batanghari Regency. The social problems faced by KAT are complex and interrelated, encompassing poverty, education and health. The prevalence of health issues among KAT communities can be attributed to the inadequate implementation of Clean and Healthy Living Behaviour (PHBS), which is often due to a lack of understanding of this behaviour. (Ridwan *et al.*, 2023). The implementation of personal hygiene is a prerequisite for acceptance by the community, which is necessary for communication and interaction with the surrounding community. The practice of KAT unsafe childbirth behaviours, such as giving birth with traditional birth attendants (dukun) and in 'peranakan houses' in the forest, is a significant risk factor for maternal and infant mortality, given the high risk of complications involved. (Guspianto, Amir and Mekarisce, 2019). Furthermore, there are still infants who are not weighed on a regular basis and who are not exclusively breastfed. Additionally, there are KATs who do not use latrines when defecating, as well as individuals who smoke, do not brush their teeth, and engage in littering. (Kalsum, Halim and Fitri, 2018). A decline in the health of the beneficial bacterium PHBS can create an environment that is more conducive to the proliferation of pathogens responsible for a range of infectious diseases, including diarrhea, malaria, helminthiasis, and hepatitis B. (Fatmawati, Indrawati and Ariyanto, 2017)(Oktafia *et al.*, 2022). The historical prevalence of infectious diseases is inversely correlated with the incidence of stunting, with a reduced incidence of one phenomenon leading to an increased incidence of the other. (Dhefiana, Reni Suhelmi and Hansen, 2023). The lack of PHBS can be influenced by knowledge (Fatmawati, Indrawati and Ariyanto, 2017). The provision of education resulted in an increase in knowledge and a change in PHBS. (Ridwan *et al.*, 2023). The utilisation of educational media in the format of dynamic animations, appealing colours and audio-visual elements has the potential to enhance knowledge

and skills. (Safitri *et al.*, 2018). The utilisation of pop-up book media has the potential to enhance the knowledge, attitudes, skills and behaviour of PHBS. (Tunggal Dewi, 2022). The objective is to enhance the visibility of PHBS as a strategy for the prevention of stunting (Zakiah *et al.*, 2024).

The person in charge of KAT or "inheritance" informed that the existence of KAT in Hajran Village has existed since the establishment of Hajran Village. There are 50 KAT who are active and live in Hajran Village. KAT conduct self-treatment with plants that grow in the forest and ask for help from traditional healers to cure diseases and help with childbirth. KAT do self-treatment, traditional remedy, and still believe in treatment with jampi and objects that are considered to be able to protect themselves from various diseases and mystical language. (FKM UNJA, 2019). KAT has initiated a programme of education with nature schools or jungle children schools, led by one resident who acts as a voluntary companion and is a member of an inherited family. KAT in Hajran Village continues to require attention and support in the health sector due to limited communication and their continued adherence to the traditional practice of melangun (moving).

Hajran Village is one of the villages in Batin XXIV Subdistrict, Batanghari Regency, with an area of approximately 9,200 hectares and a population of 1,109 individuals, distributed across 301 families. A total of five individuals in Hajran Village were identified as stunted, and two were classified as malnourished in June 2024. This community empowerment activity programme is aligned with the identified challenges in the implementation of village development in the health sub-sector of the Hajran Village RPJM (2021-2027 period). These challenges include the need to enhance individuals' clean and healthy living behaviours and to address stunting in toddlers and children.

Pondok Edukasi Kesehatan Suku Anak Dalam (PODKESAD) was established as a means of obtaining health-related information through the application of technological development and innovation, with the objective of preventing the risk of stunting. This was achieved by creating an educational media resource in the form of a digital pop-up book, a PHBS animation video, and a PHBS facilities guide, which were distributed to remote indigenous communities in order to facilitate the creation of a healthy and prosperous life. In light of the aforementioned background description, the author is interested in proposing the title "Empowering the Indigenous Communities on Clean and Healthy Behaviours Through PODKESAD" for further consideration.

METHOD

The location and time of the event are as follows: The PHBS educational programme was delivered in the remote indigenous community of Hajran Village, Batin XXIV Subdistrict, Batanghari Regency on the following dates: 23, 25, 27, 30 September and 2 October 2024.

The entities designated as partners in this undertaking are as follows: The target partners in this activity are remote indigenous communities, with a total population of 36 individuals.

Method of Service: The method of service employed is to provide education utilising the lecture method on 10 indicators of household PHBS, namely childbirth assisted by health workers, exclusive breastfeeding, weighing babies and toddlers, the use of clean water, handwashing with clean water and soap, the use of healthy latrines, the eradication of larvae at home, the consumption of fruits and vegetables daily, daily activities, and the prohibition of smoking in the house. This is achieved through the use of the media 'Pop Up Book Digital PHBS Animation Video', which is provided in accordance with the jungle children's school schedule, around 4 times in a week.

Indicators of Success. This activity is said to be successful if there is an increase in knowledge and changes in clean and healthy living behaviour by 75% after providing education.

Evaluation Method. The evaluation method in this activity is using a question and answer questionnaire. Knowledge and behaviour are measured using pre and post guttman scales given before and after education.

RESULTS AND DISCUSSION

A PHBS education programme is to be delivered to the indigenous community in Hajran Village, Batin XXIV subdistrict, Batanghari Regency. This take place over four sessions, scheduled for 23, 25, 27, 30 September and 2 October 2024. A total of 36 individuals from remote indigenous communities participated in the aforementioned activity. Prior to the commencement of the educational programme, the participants were required to complete a pre-test in order to ascertain their existing knowledge base.

The educational media employed in this activity is a digital pop-up book animation video. This has been created with moving animations, attractive colours and audio-visuals in the local language of Jambi, in order to facilitate comprehension of the conveyed information.

After analysing the questionnaire results, it was found that there were changes in knowledge and behaviour of clean and healthy living after being given education, with the following results:

Table 1. KAT's Knowledge of Clean and Healthy Behaviour

Knowledge	Pretest		Posttest		Enhancement
	N	%	n	%	%
Knowledge KAT	36	26,1	36	61,9	76,2

Table 1 shows that there was an increase in KAT's PHBS knowledge by 76.2% after being given education. This result is in line with the study that showed good knowledge about PHBS of 91.2%. Knowledge is an element in shaping one's own behaviour. An individual's behaviour is determined by the individual's own knowledge. Knowledge itself is a description of the extent to which people know and understand about PHBS. Good knowledge is usually obtained through education, both formal and non-formal. The existence of increasingly advanced information media today also contributes to increasing a person's level of knowledge. (Dwi, Ambar and Ridlo, 2020).

This service activity uses PHBS Digital Pop Up Book Animation media designed in the form of moving animations, attractive colors and audio visuals with the local language of Jambi so that the information conveyed is about clean and healthy living behavior can be well understood by this remote indigenous community. PHBS education assistance activities to KAT special Posyandu cadres and also KAT through videos or film screenings provide faster knowledge and understanding of the application of PHBS. (Ridwan *et al.*, 2023). The results also found that the use of animated videos is favoured not only because it is attractive in terms of appearance but also has an interesting sound so that people feel easier to understand the information provided

and feel happy during the knowledge transfer process. (Emergensi, Ilmu and Fk, 2021). This is also corroborated by the research findings which state that the level of knowledge after being given PHBS health education with video media, most respondents are in the good category. (Mulyadi, M. Isra and Chrisnawati, 2022).



Picture 1. Providing the Education by Using the Animation Video of Pop Up Book Digital PHBS
 The capacity to recall information can impede the expeditious acceptance of new knowledge among KAT. Assistance will instill confidence in the applicability of the provided materials. It is more straightforward for KAT to imitate a behaviour that will be applied through continuous examples demonstrated by outsiders who reside with them, who have been entrusted and accepted by this community. In the course of this community service activity, the team has devised a schedule for the education of volunteer assistants, who are to conduct four weekly sessions at the school for jungle children.

Table 2. KAT Behaviour on Clean and Healthy Living Behaviour

Behavior	Pretest		Posttest		Enhancement %
	N	%	n	%	
Behavior KAT	36	23,3	36	54,7	77,9

Tabel 2 showed a change in PHBS behavior in KAT of 77.9%. The results of the assistance to children were able to make children wash their hands with soap properly. (Fauziah, 2021). The results showed that PHBS behavior was in the good category at 68.3%. The knowledge factor is a predisposing factor to the formation of a behavior that becomes a habit, belief, and socio-economic level. Limited knowledge can reduce a person's motivation to live a clean and healthy life behavior. (Dwi, Ambar and Ridlo, 2020). PHBS is a manifestation of an individual against a stimulus or object related to a disease leading to illness. The application of the manifestation of behaviour in terms of maintaining and maintaining personal health so as not to experience

illness is divided into two, namely the application carried out on someone who has a healthy body condition so that his health is maintained and will continue to survive. This behaviour is often also referred to as healthy behavior, which includes behaviour (overt and covert behavior) as a form of behaviour to overcome disease and its causes, as well as behaviour in seeking to improve health (promotive behaviour) (Notoatmodjo, 2014).



Picture 2. Clean and Healthy Living Behaviour in KAT

It is suggested that the Hajran Village government provide guidance for the sustainability of the programme in remote indigenous communities so that the risk of stunting can be reduced through the habituation of clean and healthy living behaviours.

CONCLUSION

The empowerment of indigenous communities through Pondok Edukasi Kesehatan Suku Anak Dalam (PODKESAD) has been demonstrated to enhance knowledge (76.2%) and facilitate changes in clean and healthy living behaviours (77.9%). The empowerment of the KAT through PODKESAD can improve knowledge and clean and healthy living behaviour. It is anticipated that the Hajran Village government will provide guidance for the sustainability of PODKESAD, thereby reducing the risk of stunting through PHBS habituation.

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