




Implementation of the Healthy Living Community Movement (GERMAS) for students in Jayapura City

Mina Blandina Ayomi*¹

¹ Faculty of Public Health, Cenderawasih University, Jayapura, Indonesia
minabayomi@gmail.com¹

Abstract. Indonesia now has a higher rate of NCDs. Increases were seen in the prevalence of cancer (1.4%), stroke (10.9%), diabetes mellitus (6.9% to 8.5%), chronic renal disease (2% to 3.8%), and hypertension (25.8% to 34.1%). Lifestyle and society have a role in the rising incidence of NCDs (Riskedas, 2018). The aim of the research is to determine healthy lifestyle patterns among students in the city of Jayapura. The research was conducted from April to July 2023. The research was conducted at 15 state and private universities in the city of Jayapura. The student population is 145,455 students. The sample consisted of 100 students using the Slovin formula. Samples were taken using random sampling techniques. The research uses an instrument in the form of closed questions which will be answered by respondents. The data was analyzed univariately and presented in table form and narrated. The research results showed that there were 77 respondents (77%) who did not do physical activity, 33 respondents (33%), who consumed fruit and vegetables, 45 respondents (45%), who did not consume fruit and vegetables, 55 respondents (55%), who smoked. 34 respondents (34%) and 66 respondents (66%) did not smoke, 30 respondents (30%) drank alcoholic drinks and 70 respondents (70%) did not drink alcoholic drinks. There were 32 respondents (32%) who carried out regular checks and 68 respondents (68%) did not carry them out. Maintaining environmental cleanliness 100 respondents (100%) carry out environmental cleanliness, 86 respondents (86%) use healthy latrines, 14 respondents (14%) do not use them.

Keywords: Implementation, GERMAS, Students

1. Introduction

Non-Communicable Diseases (NCDs) are acute or chronic diseases that cannot be transmitted to other people and are the leading cause of death in Indonesia. This has become an important health problem and at the same time the increasing morbidity and mortality have become a double burden on health services, a challenge that must be faced in the development of the health sector in Indonesia [1]. Non-communicable illnesses accounted for 36 million annual deaths worldwide in 2016, accounting for around 71 percent of all causes of mortality. In middle- and low-income nations, almost 80% of these fatalities take place. Non-communicable illnesses presently account for 73% of fatalities; they include 35% from heart and blood vessel disorders, 12% from cancer, 6% from chronic respiratory conditions, and 6% from diabetes [2].

The total population in Papua province is 1,774,690 men and 1,604,612 women spread across all districts and cities in Papua. The number of students in the city of Jayapura who are in tertiary institutions at Bachelor level is 127,808 people and those at Diploma III level are 17,647 people [3]. PTM needs serious treatment to protect the

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public from the dangers of PTM, Jayapura city has PTM data for Asthma 3.51%, Diabetes Mellitus 1.80%, Heart 0.59%, Hypertension 7.77%, Stroke 0.70% for 4.24% of patients with student status, 0.11% with kidney failure, 0.03% with student status and 14.19% with joint disease and 2.89% of patients with student status [3].

The GERMAS (Healthy Living Community Movement) program is a strategy that is planned and implemented in the long term, one of the government programs to control PTM, namely the GERMAS program, this national movement was initiated by the President of the Republic of Indonesia Joko Widodo in 2016, prioritizing preventive and promotive efforts without eliminating curative and rehabilitative by involving all components of the nation in promoting a healthy paradigm [4]. The Ministry of Health (2019) lists seven factors that make up GERMAS, which include using restrooms, exercising, eating fruits and vegetables, abstaining from alcohol and tobacco, monitoring your health, and keeping your living space clean.

Jayapura was the capital of Papua Province before the 3 provinces were divided. Jayapura is an educational destination city for pupils and students from various districts in Papua province. Jayapura City has 5 state universities, namely Indonesian Cultural Arts Institute Tanah Papua, Cenderawasih University, IAIN Fattahul Muluk, Health Polytechnic, Jayapura Aviation Polytechnic and 11 private universities, namely Jayapura University of Science and Technology, Ottow Geissler University, Islamic Education Foundation, Bio Swadiri High School, Fajar Timur High School, IS Kijne high school, Port Numbay high school, Umel Mandiri high school, Al-Fatah state Islamic religious school, November 10 communication science high school, Muhammadiyah university [5].

Students with their college activities in an effort to complete their studies in the city of Jayapura, make them have to adapt and struggle with situations and conditions, to stay healthy in carrying out their activities. in a short interview with 2 students who were studying at one of the private and state universities in the city of Jayapura admitted that "I... often do physical activity, if there is fruit, well... eat it, if not, that's fine... If vegetables are rare, I suck five a day... sometimes 6 cigarettes, never have a health check, if you're sick... just go to the puskesmas." (PT, 20 years). The following is an interview with students at a state university "ketong... usually take part in gymnastics, when there is gymnastics... usually go for a walk with friends... I rarely eat fruit, if it's vegetables I usually don't smoke cigarettes... check your health... never mind (HS, 21 years old). The results of this interview show that students also have risky behavior, which if not prevented will have a bad impact on health.

2. Methods

The research method used was descriptive. The research was conducted from April to July 2023 where the research was conducted at 15 state and private universities in the city of Jayapura. The population in this study was 127,808 undergraduates and 17,647 people at diploma III level, a total of 145,455 students. The sample in this study consisted of 100 students using the Slovin formula. Samples were taken using random sampling technique. The research uses an instrument in the form of closed questions which will be answered by respondents, the questions consist of 7 GERMAS indicators.

3. Results and Discussion

3.1 Results

1. Characteristics

Table 1. Frequency distribution based on characteristics (age and gender) of implementation of the Healthy Living Community Movement (GERMAS) among students in the city of Jayapura.

No.	Variable	N	%
Age			
	17-19 years old	21	21
	20-22 years old	40	40
	23-25 years old	35	35
	>25 years	4	4
	Total	100	100
Gender			
	Man	49	49
	Woman	51	51
	Total	100	100

(Data source: primary data, 2023)

2. Research result

Table 2. Frequency Distribution of Implementation of the Healthy Living Community Movement (GERMAS) among students in the city of Jayapura

No.	GERMAS Indicator	n	%
Physical Activity			
	Yes	77	77
	No	33	33
Consume fruit and vegetables			
	Yes	45	45
	No	55	55
Smoke			
	Yes	34	34
	No	66	66
Consuming alcoholic drinks			
	Yes	30	30
	No	70	70
Check your health regularly			
	Yes	32	32
	No	68	68
Keep the environment clean			
	Yes	100	100
	No		
Use a healthy toilet			
	Yes	86	86
	No	14	14
	Total	100	100

(Data source: primary data, 2023)

3.2 Discussion

The Healthy Living Community Movement (GERMAS) program launched by the Ministry of Health of the Republic of Indonesia is an effort to overcome current health problems by promoting a culture of clean and healthy living. GERMAS presents seven steps to a healthy lifestyle: exercising, eating fruits and vegetables, abstaining from alcohol and tobacco, getting regular checkups, keeping a clean environment, and using the restroom. It is hoped that the implementation of GERMAS by the community can overcome the triple burden of disease faced by Indonesia, namely infectious diseases, non-communicable diseases and emerging cases that have been resolved (Ministry of Health 2017).

The results of research on the implementation of GERMAS on students in Jayapura City show that students are already doing physical activity, but there are still students who are not doing physical activity, who are not doing physical activity because their body weight is more than normal. 34 respondents did more moderate physical activity and 43 respondents did light physical activity and no respondents did heavy physical activity. The most time spent doing physical activity is 30 minutes. The most time used for doing physical activity is at home and in other places, namely on the sports field and in comfortable places. However, physical activity is not done routinely, more respondents do physical activity only sometimes.

Previous studies on North Sumatra University students during the COVID-19 pandemic in 2021 reveal a connection between predisposing characteristics (knowledge and attitudes) and GERMAS activities during the epidemic. Enabling factors—infrastructure and facilities—and GERMAS efforts during the Covid-19 epidemic are related. Peers and GERMAS acts during the Covid-19 epidemic are related, however there is no correlation between reinforcing variables (including family support and laws) and GERMAS actions. It is hoped that, in light of the research's findings, students will become knowledgeable about the significance of the Healthy Living Community Movement during the COVID-19 pandemic and be able to put GERMAS actions into practice. These actions include converting indolent, or lazy, behavior at home into active, healthy living practices by engaging in regular physical activity [6].

According to the World Health Organization (WHO), 400 grams of fruit or vegetables should be consumed each day. According to the World Health Organization (WHO), an individual should consume 400 grams of fruit and vegetables per day to maintain good health [7]. This includes 250 grams of vegetables (which is equivalent to two portions or two glasses of cooked and drained vegetables) and 150 grams of fruit (which is equivalent to three medium-sized Ambon bananas, one medium-sized papaya, or three medium-sized oranges).

The behavior of consuming fruit and vegetables based on research results shows that more respondents still consume fruit and vegetables, although there are still some who do not consume fruit and vegetables. Every human being should practice eating a diet rich in fruits and vegetables. Indonesians, particularly those who are young and in school, are recommended to consume 300–400 grams of fruit and vegetables per person each day, and 400–600 grams for adults and teens. You should really adhere to the Balanced Nutrition Guidelines when it comes to eating fruit and vegetables daily, which call for ingesting 3–4 servings of vegetables and 2-3 pieces of fruit, or half a plate of fruit and vegetables (with more vegetables) at each meal [8]. Regarding daily lifestyle

patterns, it was found that more than 50.0% of teenagers in Jaten Hamlet were active smokers. Apart from that, teenagers stated that they did not consume enough vegetables and fruit. These two behaviors are risk factors for non-communicable diseases (NCDs) [9].

Overall smoking activity was found among 34 male respondents, they all smoked cigarettes, namely cigarettes whose packaging material was paper. Most respondents smoked 1-6 cigarettes a day, but more of them smoked outside the home [10]. 50% of respondents had smoked 1 year ago and they had a reason to smoke, because they came from the village and smoked with the community, eliminating stress, eliminating sleepiness and reducing the burden on the respondents' minds. From the results of the distribution of respondents, it shows that students smoke for reasons and the reasons given are because of feelings.

Another research conducted in Sorong City on Medical and Engineering students showed that the behavior of smoking 1 cigarette every day in the last 30 days was found to be highest among FTTP students (29.8%) compared to FK (7.1%). The prevalence of smoking, smoking and alcohol consumption in engineering faculty students is higher than in medical faculty students. This is in line with this research of [11] that more non-health students smoke, but there are 5 health student respondents who smoke, thus the respondents' knowledge about the dangers of smoking is not able to make a decision not to smoke.

The habit of consuming alcoholic drinks in the community based on Riskesdas data is that there are 12.70 of the population aged 20-24 years, the majority of whom are men, with an educational level of 11.04 who have completed high school and have the most residences, namely in urban areas. 8.17. This data is in accordance with the results of research which shows that the most common age group is 20-24 years old and men who drink alcoholic drinks, based on their education, the respondents are students, so the opportunity to consume alcoholic drinks is also in accordance with the existing results. Access to drinks also depends on where they live, with respondents consuming most of it at home with friends, meaning there is a social environment that supports each respondent's alcoholic drinking activities [1].

Beer is the type of alcoholic drink most consumed by respondents, the beer content is 0.5-8% alcohol, the content of alcoholic drinks commonly consumed by humans is ethyl alcohol or ethanol which is made through a fermentation process from honey, sugar, fruit juice or tubers. Meanwhile, what is contained in adulterated liquor is not ethanol but methyl alcohol or methanol. Methanol is usually used as an industrial material as a solvent, cleaner and paint remover. Methanol can be found in thinner (paint remover) or acetone (nail polish remover). Without anything mixed with it, methanol is very dangerous for health and can even cause death. Moreover, it is mixed with various other ingredients whose type and content are not clear [12].

Respondents drink 4-6 bottles of alcoholic drinks in 1 day, meaning that alcoholic drinks are something that makes respondents feel comfortable in expressing emotions, eliminating stress, loneliness and disappointment through drinking. According to WikiHow, the reasons for drinking alcohol excessively are: wanting to feel accepted, feeling uncomfortable with yourself, wanting to relax or reduce stress, and wanting to have fun. The social environment also supports respondents in drinking alcoholic beverages, this can be seen by who the respondents drink from, most often with friends and most often drinking at home. The social environment is one of the factors that can

influence a person or group to take action and change the behavior of each individual. The social environment includes the family environment, peer environment, and neighbor environment. Peer support significantly influences the consumption of alcoholic beverages. According to a study by Dyah Setyo Anugraheni and Suryani, which investigated the relationship between peer interactions and drinking behavior among adolescent boys in Padan Keji Muntilan, Magelang, Central Java, there is a notable correlation between peer interactions and alcohol consumption among teenagers in the mentioned locality [13]. When alcoholic beverages are drunk often and in excess, they can make someone unconscious, convulse, or even kill them. Alcohol consumption can also result in severe mental health issues, liver damage, and stomach ulcers [12]. Respondents will experience the impact because the time they started consuming alcohol was more than 5-10 years, which is a long time for consuming alcoholic drinks.

Carrying out regular or routine health checks is an important part for every human being, with various risky activities you definitely have to have a health check. A health check is an examination that focuses on primary and secondary prevention efforts, namely detecting various health factors as a whole that can cause certain diseases in the future. The hope of carrying out a health check is to know the various risk factors for disease so that you can prevent the disease by making changes, for example changing detrimental habits and maybe also some help with medication [14]. Respondents are in the age group 17-34 years, this age is the age of early adulthood and productive age, so respondents have the ability to do things that can be beneficial or detrimental to themselves, with the activities of smoking and consuming alcohol carried out by respondents showing that there are still respondents who carry out activities that harm themselves. Self-harming behavior is more often carried out by teenagers because adolescence is a period full of conflict so they are vulnerable to committing self-harm [15].

In carrying out regular health checks, more people did not do so, namely 68 respondents, students are a risk group who need to be monitored and guided in their behavior even though they are already in the early adulthood category. This has received support from research's Siti et al. entitled Risk factors and health status of adolescents with the worrying results being the high prevalence of smoking, a diet lacking in fiber and lack of physical activity which are contributors to NCDs in adulthood [16]. Regular health checks can enable each individual to know their health status as early as possible, and if they get abnormal results, they can take preventive action. Of the respondents, 14 respondents who carried out regular checks only limited to checking blood pressure, measuring weight and height and there was 1 respondent who checked for HIV/AIDS and 1 respondent checked for pulmonary TB, and other tests such as sharp eyesight and hearing to detect visual impairment and hearing impairment. On average, respondents in a year only undergo an examination once, if the results are abnormal there is no further examination. Based on RI Law no. 36 concerning health, article 5 paragraphs 1-3 states that everyone has the right to obtain safe, quality and affordable health services. Every person has the right to independently and be responsible for determining the health services needed for him or herself (Kes Law no. 36 of 2009). It means that everyone has the right to receive health services, thus the respondent has not carried out his obligations as a citizen, because he has not utilized health services to check his personal health.

Maintaining cleanliness is an activity carried out by all respondents, meaning that respondents have made efforts to maintain the cleanliness of the environment where they live, the type of environmental cleanliness carried out is not throwing rubbish anywhere, regularly sweeping and mopping the floor, cleaning the yard and gutters, cleaning bathroom, within 2 weeks the respondent was able to clean the environment well. Respondents have very good reasons because they want to be in a clean, healthy and comfortable environment, so that it does not affect human health.

Jayapura City Regional Regulation No 10 of 2017, Chapter II obligations in maintaining city cleanliness Article 2 paragraph (2) Every person and business entity is obliged to: a. Having a collection cart to transport waste from homes, offices and/or buildings and entertainment venues to Temporary Disposal Sites; b. Maintain the cleanliness of the building and surrounding yard, including the yard outside the fence that borders the public road; c. Maintain the cleanliness of water channels around the building; d. Maintain and mow the grass between building yard boundaries to keep it clean; and e. Maintain the yard so that there are no open pools of water, so that it does not cause sources of disease to emerge. Respondents have been able to implement Jayapura City regulations very well, where respondents clean the place where they are and help clean the environment, respondents clean their home environment and community environment so that they feel comfortable and healthy in their home environment and community environment.

When everyone in a community stops engaging in open defecation—a practice that has the potential to transmit disease—the condition is known as Stop Open Defecation. Cultivate healthy defecation behavior that can interrupt the flow of human waste contamination as a source of disease in a sustainable manner and provide and maintain defecation facilities that meet health standards and requirements [17]. There are still respondents who do not defecate in healthy latrines, namely 14 respondents, defecating in any place is done if they are at home, while if the respondent is on campus there are well-available latrines. 86 respondents said they used a latrine because they felt comfortable and did not want to pollute the environment.

4. Conclusion

The conclusion that can be drawn from the explanation above namely 1) there were 77 respondents (77%) doing physical activity, 33 respondents (33%) did not do it. 2) Consuming fruit and vegetables there are 45 respondents (45%) who do not consume fruit and vegetables there are 55 respondents (55%). 3) There were 34 respondents (34%) who smoked and 66 respondents (66%) who did not smoke. 4) There are 30 respondents (30%) who drink alcoholic drinks and 70 respondents (70%) who do not drink alcoholic drinks. 5) Carrying out regular checks, there were 32 respondents (32%) who did not do it, there were 68 respondents (68%). 6) Maintaining environmental cleanliness 100 respondents (100%) carry out environmental cleanliness. 7) There were 86 respondents (86%) who used healthy latrines and 14 respondents (14%) who did not use them.

Suggestions

1. Advocating to higher education leaders to carry out CERDIK actions that is; C=Check your health regularly, E=Get rid of cigarette smoke, R=Be diligent in physical activity, D=Healthy diet with balanced calories,
2. Collaborate with health partners to train GERMAS cadres at universities in Jayapura City
3. Monitoring and evaluating advocacy and collaboration in higher education

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