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Implementation of Healthy Household Practices on Non-Smoking Indicators at the Pakuan Baru Community Health Center in 2024

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Abstract
The Clean and Healthy Living Behavior (PHBS) program aims to improve public health through behavioral change, one of which is the indicator of not smoking indoors. Based on data from Pakuan Baru Health Center in Jambi City (2023), the achievement of this indicator remains low at 40.95%, far below the national target of 72%. This situation indicates the need for a deeper evaluation of household-level PHBS implementation. This qualitative descriptive study collected data through in-depth interviews, Focus Group Discussions (FGDs), field observations, and documentation. The study revealed that the implementation of PHBS at Pakuan Baru Health Center remains suboptimal. Limited human resources, facilities, and funding were identified as major barriers. Nevertheless, community-based interventions have increased awareness among some families to avoid smoking indoors. Empowering community health cadres and strengthening cross-sector collaboration proved effective in promoting behavioral change. The findings emphasize the importance of capacity building and community engagement to achieve smoke-free households sustainably.

***Keywords**: PHBS, No Smoking Inside the House, Household, Program Implementation, Public Health*

INTRODUCTION

The Clean and Healthy Living Behavior (PHBS) is an essential effort to improve public health. This concept is not only a lifestyle choice but also a fundamental human right guaranteed by the *World Health Organization* (WHO), where every individual is entitled to the highest attainable standard of health regardless of race, religion, or socioeconomic status (Kemenkes RI, 2023).

Globally, indoor smoking remains a major challenge to achieving a healthy living environment. WHO (2023) reports that more than 1.3 million deaths occur annually due to passive smoke exposure. Nationally, Indonesia ranks third in the world in smoking prevalence, with 28.6% of individuals aged over 15 identified as smokers (Kemenkes RI, 2023). The groups most vulnerable to the dangers of cigarette smoke are children and pregnant women (Is et al., 2023). Children who are regularly exposed to cigarette smoke are at risk of asthma, respiratory tract infections, and even sudden infant death syndrome (Kemenkes RI, 2020). This highlights the urgency of implementing tobacco control policies at the household level.

In addition, harmful chemicals such as polycyclic aromatic hydrocarbons (PAHs) and tobacco-specific nitrosamines (TSNAs) can stick to walls, furniture, and clothing, posing a health risk even after smoking has stopped (Matt et al., 2021). Long-term exposure to these substances not only causes lung and heart problems, but also increases the risk of cancer for family members who do not smoke. The PHBS program in Indonesia was first introduced in 1996 by the Community Health Education Center, now known as the Health Promotion Center. This program aims to empower communities to maintain, improve, and protect their health independently through the application of healthy behaviors in their daily lives (Nugroho et al., 2021).

In a global context, PHBS also supports the achievement of the 2015–2030 Sustainable Development Goals (SDGs), which emphasize the importance of good health and well-being for all levels of society (WHO, 2022). At the household level, there are ten PHBS indicators,

including delivery by health workers, exclusive breastfeeding, routine weighing of infants and toddlers, use of clean water, hand washing with soap, use of healthy toilets, mosquito larvae eradication, consumption of fruits and vegetables, physical activity, and no smoking in the house (Situmeang et al., 2024).

The implementation of PHBS in the community still faces various obstacles. Based on the latest targets, the national achievement of PHBS Households still requires serious attention. Data shows that the percentage of households that fully implement PHBS has not reached the expected target, highlighting the challenges in community empowerment (Kemenkes RI, 2021). In Jambi Province, the level of PHBS implementation has also fluctuated. In 2020, the proportion of households implementing PHBS was recorded at 43.40%, increasing to 54.85% the following year, but then declining again to 53.89% (BPS Jambi, 2023). This condition shows that efforts to implement PHBS are still unstable. A similar situation is also seen in the city of Jambi, where the latest data shows that the Healthy Family category still needs significant improvement, far below the minimum target set (Dinkes Kota Jambi, 2022).

Of the ten PHBS indicators, the behavior of not smoking indoors is still low, at only around 46.3% nationally (Situmeang et al., 2024). In Jambi Province, around 16.8% of the population are still active daily smokers and 4.2% are occasional smokers (Nasution et al., 2024). Various factors influence smoking behavior at home, such as low education levels, social pressure, stress, and lack of knowledge about the dangers of cigarette smoke to families (Arianti et al., 2023).

Based on data from the Jambi City Health Office (2023), it appears that the achievement of the PHBS program at the household level has not reached the national target of 72%. Of the 20 community health centers in Jambi City, the Pakuan Baru Community Health Center has one of the lowest achievements, with an indicator of not smoking at home of only 40.95%. Initial observations show that out of 210 households monitored in the health center's working area, most have implemented most of the PHBS indicators, but the indicator of not smoking at home is still low.

This condition shows a gap between the target and implementation in the field. Therefore, this study was conducted to analyze the implementation of the Clean and Healthy Living Behavior (PHBS) Program in households on the indicator of not smoking indoors in the working area of the Pakuanbaru Community Health Center in Jambi City in 2024.

RESEARCH METHODS

This study uses a qualitative method with a descriptive approach. According to Sugiyono (2019), qualitative methods are used to study natural conditions, where researchers play a key role, and the results of the study emphasize meaning rather than generalization. This research was conducted at the Pakuan Baru Community Health Center in Jambi City, located at Jl. Jend. Sudirman No. 75, RT 25, Tambak Sari Village, South Jambi District, Jambi City, Jambi Province. The research was conducted from August 2024 until it was declared complete.

Informants were selected using purposive sampling, a total of 17 informants were involved, consisting of two key informants, one main informant, and fifteen supporting informants selected, which is the selection of informants based on specific considerations in accordance with data requirements. Inclusion criteria included: (1) residing for at least one year within the Pakuan Baru Health Center's working area, (2) having at least one smoker in the household, and (3) willingness to participate as respondents. Informants in this study consisted of the Head of the Pakuan Baru Community Health Center (Dr. Hj. Raodah) as the key informant, Health Promotion Expert Advisor (Sofyanengsih, SKM., MKM.) as the main informant, and the community in the

Pakuan Baru Community Health Center working area as supporting informants. Data collection techniques were carried out through in-depth interviews, field observations, and documentation.

The data validation was conducted through source and method triangulation, comparing the results of interviews, observations, and documentation to ensure validity. Data in this study consists of primary and secondary data. Primary data was obtained directly from interviews and observations, while secondary data was obtained from articles, journals, and official documents relevant to the research topic. Data analysis used the Miles and Huberman model, which consists of three main stages, namely data reduction, data presentation, and conclusion drawing/verification. Data reduction was carried out to sort and simplify important data, data presentation was carried out in the form of descriptive narratives, while conclusion drawing was carried out continuously during the research process to produce valid and meaningful findings.

RESULTS AND DISCUSSION

The Pakuan Baru Community Health Center is one of the technical implementation units under the Jambi City Health Office that plays a role in providing public health services in the South Jambi District. This community health center is classified as an inpatient community health center located in an urban area and oversees three sub-districts, namely Tambak Sari, Pakuan Baru, and Wijaya Pura, with a total population of 25,947.

This study involved 17 informants obtained through two data collection methods, namely in-depth interviews and focus group discussions (FGDs). In-depth interviews were conducted with two key informants, namely the Head of the Community Health Center and the Expert Advisor on Health Promotion, while the FGD involved 15 residents who were members of community organizations in the working area of the Pakuan Baru Community Health Center.

Table 1. Characteristics of Research Informants

Initial	Age	Sex	Work	Types of Informants
R	50	P	Head of Pakuan Baru Community Health Center	Key Informant
SN	45	P	Expert Advisor in Health Promotion	Primary Informant
M	40	P	Residents Near the Health Center: Women's	Supporting Informant
Y	40	P	Residents Near the Health Center: Women's	Supporting Informant
N	42	P	Residents Near the Health Center: Women's	Supporting Informant
N	37	P	Residents Near the Health Center: Women's	Supporting Informant
S	30	P	Residents Near the Health Center: Women's	Supporting Informant
R	41	P	Residents Near the Health Center: Women's	Supporting Informant
T	35	P	Residents Near the Health Center: Women's	Supporting Informant
D	36	P	Residents Near the Health Center: Women's	Supporting Informant
I	40	P	Residents Near the Health Center: Women's	Supporting Informant
P	35	P	Residents Near the Health Center: Women's	Supporting Informant
L	39	P	Residents Near the Health Center: Women's	Supporting Informant
M	38	P	Residents Near the Health Center: Women's	Supporting Informant
S	34	P	Residents Near the Health Center: Women's	Supporting Informant

Source: Processed Primary Data (2025)

1. Input

a. Human Resources (HR)

The availability of human resources is a major factor in the successful implementation of the Clean and Healthy Lifestyle (PHBS) program. Based on interviews with the Head of the Pakuan Baru Community Health Center, it was revealed that:

> "*We actually have the resources, but the challenge is quite significant. Health promotion officers and cadres have been deployed in the field, but their numbers are limited compared to the large number of families that need to be monitored*." (R, 50)

This situation shows that the number of officers is not proportional to the number of families that need to be served in the health center's large working area. This situation results in low coverage of interventions, meaning that many families are not reached by education or assistance. The limited number of personnel has led to an increased workload and an uneven distribution of tasks. This is in line with the explanation provided by the main informant, who is responsible for health promotion, who stated:

> *"...In addition, the limited number of officers is sometimes a hindering factor because the officers who run the PHBS program are sometimes the mothers themselves, while there are many residents in this area, so sometimes the mothers have to juggle this program with other programs..."* (SN, 45)

The limited number of personnel has resulted in uneven implementation of activities across the entire working area. Residents also feel that the presence of health workers in the field has been inconsistent, as expressed by one resident:

> *"Personally, we don't receive information very often, maybe only a few times a year, usually during health center visits or neighborhood association events."* (N2, 37)

Shortages in health promotion staff, materials, and funding were the main barriers. Limited personnel could not reach all targeted households, and budget constraints reduced the frequency of health promotion activities. Similar findings were reported by Dewi (2023) and Adsmi (2021), emphasizing that human and financial resources play a major role in successful health promotion. Thus, the limited number of health promotion personnel is a major obstacle in the implementation of PHBS programs in the working area of the Pakuan Baru Community Health Center.

Based on the results of the study, researchers assume that human resources (HR) are the most fundamental obstacle in implementing the PHBS program in terms of the indicator of not smoking inside the home in the working area of the Pakuan Baru Community Health Center. The limited number of health promotion personnel available is not proportional to the number of families that must be reached, which is 5,561 households. This indicates an imbalance between field needs and program implementation capacity.

b. Funding

Funding support is an important aspect that determines the success of PHBS program implementation. Based on interviews with the Head of the Community Health Center, the following information was obtained:

> *"Funding support is available, but it is limited. Some comes from community health centers, some from the city government."* (R, 50)

Limited funds had a direct impact on the intensity of health promotion activities. The key informant added that:

> *"Due to limited funds, our focus was only on 210 households per sub-district in accordance with the PIS-PK."* (SN, 45)

These conditions meant that outreach activities and home visits only reached a small proportion of target families. This was in line with residents' perceptions of the irregularity of outreach activities:

> *"...Yes, in terms of health workers, well... never mind, they come quite often to provide outreach, whether at the integrated health service post, neighborhood association events, or the community health center... Meanwhile, the counseling venue at the health center is quite comfortable, with chairs and fans, but when it's crowded, it gets a bit full, especially since the counseling isn't held in a special room, but more like in the waiting room."* (R, 41)

Budget constraints limit the frequency and scope of health promotion activities. This finding is in line with Dewi (2023), who asserts that limited financial resources in community health centers are a major limiting factor in the implementation of public health programs. The researchers assume that limited funds are a significant obstacle to the implementation of PHBS programs on the indicator of not smoking indoors. Limited funds prevent health promotion activities from being carried out intensively, resulting in low coverage of families monitored directly. This assumption is reinforced by policy implementation theory, which emphasizes that funding is a crucial element in the success of a program.

c. Resources

Resources are an important supporting factor in ensuring the effectiveness of health message delivery. The head of the community health center stated:

> *"We do have resources such as pamphlets and teaching aids, but not many."* (R, 50)

Limited resources mean that health education activities are more often conducted verbally without adequate media support, resulting in health messages that are less effective in influencing community behavior. The main informant added:

> "*We sometimes use CO_2 measuring devices so that residents can see the impact directly*." (SN, 45)

From the community's perspective, the use of visual media is considered very helpful for understanding, as expressed by one resident:

> "*The officer explained it using pictures of the lungs, so it was easier to understand*." (M1, 40)

These findings show that although facilities are available, their quantity and variety are still limited. Researchers assume that facilities and infrastructure serve as support in the implementation of various activities. Both can be interpreted as equipment owned by an organization to assist its members in carrying out their duties. In the context of the PHBS program, especially in the indicator of not smoking indoors, the availability of facilities and infrastructure plays an important role in supporting its successful implementation. These results are in line with Febriyeni's (2022) research at the Kota Baru Community Health Center, which states that health promotion facilities and infrastructure are not yet sufficient overall. In accordance with Indonesian Minister of Health Regulation No. 31 of 2018, facilities and infrastructure are important elements in the implementation and support of proper health services.

d. Methods

The methods used in health promotion activities at the Pakuan Baru Community Health Center vary considerably. The head of the Community Health Center stated that:

"Our methods consist of group counseling and home visits." (R, 50)

Meanwhile, the main informant added:

"*In addition to counseling, we use visual media, CO_2 level checks, and education during posyandu."* (SN, 45)

This combined approach is considered effective, although time and personnel constraints prevent the activities from being carried out regularly. One resident said:

"*As for the health workers, well... they come quite often to provide counseling, whether at the posyandu, neighborhood association events, or at the health center. Their explanations are friendly and easy to understand. However, sometimes the timing is not suitable for the residents' busy schedules, especially since most of the women here work, even if it's not in an office, so sometimes it's the elderly or caregivers who come..."* (R, 41)

These results show the importance of adjusting the timing and methods so that activities can be more inclusive. Researchers assume that the methods used in implementing the program play an important role in the success of achieving the indicator of not smoking in the home. Adsmi (2021) also emphasizes that counseling is effective when carried out by trained personnel using methods that are appropriate to the characteristics of the target community. This study is consistent with the findings at the Pakuan Baru Community Health Center, which show that the education methods used are relevant and varied, but the limited intensity of implementation is a major obstacle to achieving the indicator targets. Therefore, the researchers assume that increasing the consistency, frequency, and timing of education methods will be key to encouraging behavioral change in the community towards smoke-free homes.

2 Processes

a. Planning

The planning of the PHBS program at the Pakuan Baru Community Health Center was carried out in accordance with national policies and PIS-PK data. The head of the Community Health Center explained:

"Our planning refers to national PHBS indicators and PIS-PK data." (R, 50)

The first step taken by the health center in implementing this program was to develop a plan based on the healthy family data that had been collected and to adjust it to the national indicator targets. The main informant added:

"We set priorities for the families to be monitored based on the PIS-PK results, so not all of them are accommodated." (SN, 45)

This shows that the planning process is structured, but still limited in scope. Residents confirmed that activities sometimes do not fit in with their schedules:

"*That's right, sometimes when I take my grandchild to the posyandu because the mother is working*." (N1, 42)

These findings are in line with Simangunsong's (2025) research at the Balige Community Health Center, which explains that the planning process was carried out through home visits and direct advocacy to the community. The researcher assumes that weaknesses in the planning stage will affect the overall achievement of the program, so that in the future, a more adaptive planning strategy is needed, involving the community, and able to bridge the gap between national indicators and the reality in the field.

b. Implementation

PHBS activities are implemented through counseling, home visits, and environmental inspections. The head of the community health center said:

> *"Counseling, door-to-door visits, and environmental inspections are already underway, but they are not yet evenly distributed."* (R, 50)

The main informant reinforced that limited personel and funds were the main obstacles:

> *"Implementation is limited due to the number of personnel and funds, so we cannot visit all households."* (SN, 45)

Some residents appreciated the activities but considered the frequency to be low:

> *"The counseling is good, but the material often changes, so sometimes not all residents know about it."* (N2, 37)

These findings show that the program is already being implemented, but not optimally. This is in line with Agustina's (2023) research, which found that the goal of not smoking inside the home has not been fully achieved because the frequency of intervention is still low. Researchers assume that the success of the implementation is highly dependent on the availability of personnel, financial support, and leadership that is capable of mobilizing all potential resources to reach the community more broadly and sustainably.

c. Assessment

Program evaluation is conducted periodically based on PIS-PK data. The head of the Puskesmas stated:

> *"We conduct evaluations through monitoring PIS-PK data and activity reports"* (R, 50)

The main informant added:

> *"Assessment is also based on behavioral changes, but the results are not yet significant; many people still smoke at home."* (SN, 45)

The community acknowledges that there have been positive changes, although they are not yet consistent:

> "*In our family, there have been gradual changes; my husband now smokes more often on the porch or in the yard. It's not 100% smoke-free at home yet, but it's better than before. The children also cough less often. But sometimes when it rains or at night, my husband goes back to smoking inside the house.*" (S1, 30)

These results indicate that evaluations have been conducted, but changes in community behavior still require time. The researchers assume that the assessment stage of the PHBS program on not smoking indoors at the Pakuan Baru Community Health Center has been carried out through a monitoring and evaluation mechanism based on PIS-PK data and activity reports.

This is in line with Arif (2021), who explains that smoking indoors is an indicator with the lowest achievement in Masalle Village.

3 Output

a. Evaluation

The head of the community health center emphasized that the achievements of the PHBS program were still far from the national target:

> *"This program has not reached the national indicators because its coverage is limited and the culture of smoking is still strong."* (R, 50)

The person in charge of health promotion added:

> *"There have been changes, but they are gradual. It can't happen quickly because it has become a habit for the community."* (SN, 45)

Residents who participated in the activity expressed similar sentiments:

> *"The children are sick less often since my husband smokes outside the house, even though he sometimes still comes back inside."* (S1, 30)

Smoking culture remains socially accepted, especially among men. Social norms that tolerate indoor smoking slow down behavioral change, consistent with Siregar (2023) who found that smoking behavior is heavily influenced by social and cultural environments. Researchers assume that even though the national target has not been achieved, the implementation of the PHBS program on the indicator of not smoking indoors has had a positive impact in the form of behavioral changes among some members of the community.

Based on the analysis of inputs, processes, and outputs, the implementation of the PHBS program on the indicator of not smoking indoors in the working area of the Pakuan Baru Community Health Center has not been fully optimized. Limited personnel, funds, facilities, and intensity of counseling remain the main obstacles. However, on the other hand, behavioral changes among some members of the community who have begun to reduce their smoking habits indoors indicate that the program has had a positive impact, albeit not yet consistent.

The findings imply the need to strengthen resources and implementation strategies. First, community health centers should increase health promotion personnel or conduct cross-program training to ensure more even health education. Second, funding should be increased to expand the reach of monitored families. Third, PHBS indicators must be synchronized with the PIS-PK application to improve program reporting and evaluation accuracy. Fourth, health education methods should be strengthened through community-based approaches by involving posyandu cadres, community leaders, and PKK groups to accelerate message dissemination and support sustainable behavior change. Positive behavioral changes have emerged, with several families shifting smoking activities outdoors, leading to reduced respiratory complaints among children. However, such changes remain gradual and inconsistent.

CONCLUSION

The implementation of the Clean and Healthy Lifestyle (PHBS) program with the indicator of not smoking inside the house in the working area of the Pakuan Baru Community Health Center in Jambi City has not been optimal. Overall, the implementation of PHBS at Pakuan Baru Health Center shows progress but remains suboptimal. The main barriers lie in limited resources and socio-cultural norms, while the main enablers are community participation and cadre-led education. Strengthening community engagement and multi-sector

collaboration is essential for sustaining smoke-free household initiatives. Limited human resources, funds, facilities, and extension methods have resulted in inconsistent and uneven implementation. The lack of synchronization between PHBS indicators and the PIS-PK system has also affected the effectiveness of program planning and reporting.

To improve the effectiveness of the program, it is recommended that community health centers increase and train health promotion personnel, optimize available funds, and strengthen community-based counseling methods through posyandu cadres, PKK, and community leaders. Local governments need to synchronize PHBS indicators with the PIS-PK system and provide adequate budgetary support. On the other hand, the community is expected to raise awareness about not smoking indoors and form health-conscious groups as a joint control effort. It is hoped that behavioral changes towards smoke-free households can be achieved in a sustainable manner.

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