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Factors Affecting the Healthy Lifestyle Implementation

A Case Study in Klampok Lor Village, Demak, Jawa Tengah

[1]Muhammad Purnomo*, [1]Ika Tristanti, [1]Dewi Hartinah, [1]Yuli Setyaningrum
Corresponding Author: * muh.purnomo@umkudus.ac.id
[1] Universitas Muhammadiyah Kudus, Jawa Tengah, Indonesia

Abstract

This research investigates the factors affecting the implementation of Health Regulation (No. 2269/2011) within families in Klampok Lor Village, Kebonagung, Demak. The study examines the relationships between maternal education levels, family income, family decision-making, and Clean and Healthy Living Behavior (CHLB) as specified by the regulation. The research employs a cross-sectional approach, gathering data through questionnaires distributed to 85 respondents within the village. The key findings indicate that most mothers in Klampok Lor Village possess only a primary education level, with a minority having advanced education. Family income levels predominantly fall below the Minimum Regional Wage (UMK). Moreover, most families in the village make decisions jointly between spouses. However, implementing Health Regulation within families shows room for improvement, with the majority demonstrating less satisfactory compliance. The research reveals significant relationships between maternal education, family income, decision-making, and CHLB compliance. Mothers with advanced education tend to exhibit better compliance with the regulation, emphasising the role of education in improving health outcomes. Families with higher incomes are more likely to follow CHLB, while collaborative decision-making within families contributes to enhanced compliance. This research underscores the complex interplay of socioeconomic factors, decision-making processes, and health regulation adherence within families. It emphasises the importance of education, economic support, and collaborative decision-making in promoting healthier practices. These findings can inform targeted interventions to bridge socioeconomic gaps and enhance health practices in Klampok Lor Village and similar communities.

Keywords: *Healthy Lifestyle, Health Regulation, Household*

Introduction

Implementing Regulation No. 2269/MENKES/PER/XI/2011 on Clean and Healthy Living Behaviors (CHLB) is a critical factor in supporting the improvement of the population's health status. The Ministry of Health's Strategic Plan for 2020-2024 aims to achieve an 80% adoption rate of CHLB. However, as of 2019, only 53.9% of households practised these behaviours, with 56.5% in 2018 and 55.0% in 2017. These figures must meet the government's set targets [1]. The limited success in achieving these targets can be attributed to the suboptimal implementation of health promotion services [2], community empowerment [3], and the need for more health promotion personnel [4] in executing CHLB programs.

Furthermore, the 2019 Riskesdas results highlighted three indicators that overlap with CHLB indicators, which still need to reach their targets [5]. The first indicator is smoking prevalence among individuals aged 10-18, at 9.1%. The second indicator is the proportion of insufficient physical activity among individuals aged ≥ 10, with a national average of 33.5%. The third indicator is the proportion of fruit/vegetable consumption insufficiency among individuals aged ≥ 25, with a national average of 95.5%.

By the 2019 Central Java Health Profile, the province of Central Java achieved a 60% target set in the Strategic Plan, with a PHBS achievement rate of 84.21% [6]. In 2019, the Grobogan Regency reached an 80% target set in the Strategic Plan, with a CHLB achievement rate of 85% [7].

It is important to note that CHLB within a household strongly correlates with its members' health status. Higher levels tend to be associated with lower frequencies of illness among family members. Education is a crucial asset for every individual, particularly for those who assume the role of a family head. Family heads must guide their family members in various aspects to create a high-quality and prosperous family life within the community [8]. Family health relies on essential facilities and tools to support healthy behaviours. Family income significantly influences the resources available for maintaining a healthy lifestyle [9]. Family decision-making is a process in which families make choices, judgments, and conclusions that guide their behaviour. In modern perspectives, both husbands and wives play a role in family decision-making, leading to negotiations in the decision-making process. This shift from traditional to current views is driven by socioeconomic changes, with more educated and working couples resulting in equal influence between spouses in family decision-making [10].

A survey conducted in Klampok Lor Village, Kebonagung, Demak, revealed the following statistics among the surveyed families: 60% had deliveries assisted by healthcare professionals, 30% practised exclusive breastfeeding, 50% weighed their infants and toddlers every month, 60% used clean water, 40% practised handwashing with soap and clean water, 60% had access to proper sanitation facilities, 30% engaged in mosquito breeding site eradication, 60% consumed fruits and vegetables daily, 60% involved in daily physical activity, and 40% had family members who refrained from smoking inside their homes. The objectives of this research are to investigate the relationship between the mother's education level, family income, and family decision-making with the implementation of Regulation No. 2269/MENKES/PER/XI/2011 on CHLB in Klampok Lor Village, Kebonagung, Demak.

Literature Review

A. Clean and Healthy Living Behavior

CHLB refers to behaviours and practices that promote and maintain individual and family health while creating a clean and healthy household environment [11]. CHLB encompasses various essential aspects of daily life that contribute to overall health and well-being. These behaviours are typically adopted consciously due to learning and awareness, empowering individuals and families to take charge of their health and actively contribute to improving community health [12]. Critical indicators of CHLB within households include [13]:

1. Assisted Childbirth by Healthcare Professionals: This involves ensuring that childbirth is attended to by qualified healthcare providers such as midwives, doctors, or other trained personnel. This practice significantly reduces maternal and infant mortality rates, as skilled assistance during childbirth is crucial for ensuring the safety of both mother and child.
2. Exclusive Breastfeeding: Exclusive breastfeeding entails feeding infants with breast milk only for the first six months without introducing other foods or liquids. Breast milk provides essential nutrients and antibodies that help protect the baby from infections and diseases.

3. Regular Weighing of Infants and Toddlers: Monitoring the growth of babies and toddlers through regular weight checks at health centres or community clinics helps detect any growth-related issues and ensures timely interventions.
4. Access to Clean Water: Using clean and safe drinking water is fundamental to maintaining health. Clean water is essential for drinking, cooking, bathing, and other daily activities. Access to clean water helps prevent waterborne diseases and ensures personal hygiene.
5. Handwashing with Soap: Proper handwashing with soap is a critical hygiene practice to prevent the spread of diseases. It should be done after specific activities such as using the toilet, changing diapers, or before eating, as it helps remove harmful bacteria and viruses from the hands.
6. Sanitary Toilets: Using sanitary toilets or latrines is vital for maintaining hygiene and preventing the contamination of water sources. Proper sanitation facilities are essential to reduce the risk of waterborne diseases.
7. Mosquito Larvae Eradication: Regular efforts to eliminate mosquito breeding sites around households, including empty containers and stagnant water, help reduce the risk of mosquito-borne diseases like malaria and dengue fever.
8. Consumption of Vegetables and Fruits: A balanced diet that includes a variety of fresh vegetables and fruits provides essential nutrients for maintaining good health and preventing malnutrition.
9. Daily Physical Activity: Regular physical activity, such as walking, running, or exercising, for at least 30 minutes a day contributes to a healthy lifestyle by promoting cardiovascular and overall well-being.
10. No Smoking Indoors: Avoiding indoor smoking is crucial to prevent exposure to harmful secondhand smoke, which can lead to various health problems.

Implementing CHLB practices within households yields many benefits, profoundly impacting individuals and the broader community. First and foremost, adopting CHLB practices leads to a noticeable improvement in the health and well-being of household members. By diligently following these practices, families significantly reduce the risk of illness, providing a robust defence against various health issues. Such measures create an environment that fosters a higher quality of life, where individuals are less susceptible to diseases and their debilitating effects. Moreover, CHLB practices, like exclusive breastfeeding and the regular weighing of infants, play a pivotal role in ensuring children's healthy growth and development. By adhering to these guidelines, parents and caregivers provide their offspring with the vital nutrients and care needed for physical and cognitive development. The foundations for future well-being are laid in these early stages of life, setting the stage for a thriving and capable generation. A ripple effect of CHLB adoption is seen in the increased productivity of families. When family members enjoy good health and well-being, they are better equipped to participate in daily activities, contribute to the workforce, and engage in education. This heightened productivity benefits individual households and contributes to the prosperity of the wider community.

One of the more tangible outcomes of embracing CHLB practices is the potential for substantial savings on healthcare costs. By actively preventing illnesses and diseases through these practices,

families can significantly reduce their reliance on medical services, thus cutting healthcare-related expenses and the burden of medical bills. This financial relief enables families to allocate resources towards other essential needs and aspirations.

The primary recipients of CHLB practices within households are all family members, as their health and well-being take precedence. However, the positive effects of CHLB practices extend beyond the confines of individual homes. Secondary and tertiary beneficiaries include community leaders, healthcare professionals, and others who support and reinforce these practices. By nurturing a culture of cleanliness and health within households, communities benefit from improved overall health, reduced healthcare burdens, and a more productive population. Failure to adhere to CHLB practices can lead to various negative consequences, including an increased risk of disease transmission, complications during childbirth, impaired child growth and development, and other health-related issues. Therefore, promoting and maintaining CHLB practices within households is crucial to ensure the health and well-being of family members and the wider community.

B. The Impact of Maternal Education

In the realm of CHLB practices, the level of maternal education plays a pivotal role in shaping individual and community health outcomes [14]. This article delves into the significance of maternal education in fostering healthier lifestyles and reducing the risk of disease.

Health behaviour involves an individual's response to illness-related stimuli, healthcare services, nutrition, and the environment. One of the fundamental factors influencing knowledge in this context is education. The education level directly impacts the quality of Personal Hygiene and Sanitation practices. Education is particularly crucial for individuals who take on the role of heads of households. Family leaders must guide their members to ensure a high-quality and prosperous family life within the community. Lower levels of education often result in communities needing help understanding the importance of personal hygiene and environmental sanitation in preventing communicable diseases. This lack of awareness leads to a general indifference toward disease prevention efforts. Conversely, communities with higher levels of education tend to exhibit better practices [15]. Well-educated individuals are better equipped to maintain their health and promote cleanliness within their surroundings. Education empowers them to make informed decisions regarding their well-being.

Education is divided into formal stages, including primary, secondary, and tertiary levels. Primary education is the foundation for advancing to secondary education, encompassing general and vocational education. Tertiary education covers diploma, bachelor's, master's, specialist, and doctoral programs offered by higher education institutions. Several factors influence an individual's level of education. These factors include Ideology, Socioeconomic Status, Socio-Cultural Factors, Technological Advancements, and Psychological Growth.

In conclusion, maternal education is intricately linked to the adoption of CHLB practices within households and communities. Higher levels of education empower individuals to make informed decisions regarding health, hygiene, and sanitation [16]. By recognising the significance of education in promoting healthier lifestyles, communities can work towards improved well-being and disease

prevention. Education shapes individual destinies and contributes to the broader goal of building more beneficial and more prosperous societies.

C. The Impact of Family Income

Family income is the total real income generated by all household members, used to meet collective and individual needs within the home. It encompasses earnings and compensation received through various means, such as self-employment, employment with others, and returns from investments, which can be money or goods. Typically, human income consists of nominal income (money) and real income (goods).

Social, cultural, economic, and political factors profoundly influence health behaviour, with education and income being vital social determinants [17]. Therefore, the conditions of an environment that fails to meet health standards and unhealthy behaviours of individuals are often linked to the education and income levels of the community, irrespective of their religious beliefs. Communities generally recognise that an unsanitary environment and unhealthy behaviours can affect their health adversely [18]. However, they may be unable to improve these conditions due to low education and income levels. Family income levels are classified into two categories:

1. Income Below Minimum Wage (UMK): Earning less than Rp 2,511,526.00 per month, as per the UMK Jateng 2021 in 35 cities and districts under the Decree of the Governor of Central Java No. 561/62 of 2020.
2. Income Above Minimum Wage (UMK): Earning equal to or more than Rp 2,511,526.00 per month.

The income level of the head of the family significantly influences the shift in attitudes toward CHLB. Lower-income households may need help acquiring and comprehending the necessary information to make health-conscious choices. In conclusion, family income is crucial in determining community health behaviours and hygiene practices. Lower-income households may need help adopting CHLB due to limited access to information and resources. Recognising the impact of income on health behaviour is essential for designing effective public health interventions and policies that promote better hygiene and healthier lifestyles for all members of society.

D. Understanding Family Decision-Making

Decision-making is concluding with careful consideration, thought, or agreement. It can be seen as determining a choice or a specific course of action. In the context of family decision-making, understanding the decision-making patterns within a family is essential. It allows for an in-depth look at the family's structure and who is considered the primary decision-maker within the family based on factors such as income, education, age, and more.

Power is the ability to make decisions that affect the family's life. It helps identify whether power within a family is balanced or skewed. The method used to measure power in marital or family settings is often based on determining who makes the final decision on various family matters [19]. The power structure within a family can be observed through the decision-making process, including who makes decisions and how frequently they do so. Traditionally, there has been an assumption that women, particularly wives, have a limited role in decision-making, both within and outside the family [20]. The

prevailing norm is that husbands hold the most decision-making power. However, the reality varies, and families have different decision-making patterns. There are five variations in family decision-making roles: Decision-Making by the Wife or Husband Alone and Joint Decision-Making by Both Husband and Wife.

Modern views emphasise shared decision-making in which spouses have equal roles in family decision-making [21]. This shift reflects changes from traditional to current marital power dynamics. In conventional ideas, husbands held more significant influence in family decision-making, while modern perspectives prioritise equal force for both husbands and wives. Socio-economic factors, including higher education and increased participation of both spouses in the workforce, often drive this change [22]. Several factors influence decision-making, including Cultural, Social, Personal, and Psychological Factors.

In conclusion, family decision-making is a complex process influenced by various cultural, social, personal, and psychological factors. Understanding decision-making dynamics is essential for recognising how power is distributed within families and how it impacts individuals' lives. It helps create awareness of the need for balanced decision-making and the importance of considering all relevant factors in the decision-making process.

Material and Methods

A. Type of Research

This study falls under the category of correlational research. Correlational research aims to explore the correlation or relationship between independent and dependent variables. In this case, the study aims to investigate the relationship between the mother's education level, family income, and decision-making within the family with the implementation of Minister of Health Regulation No. 2269/2011. The research design employs a cross-sectional approach. Cross-sectional data is collected simultaneously or during the current period [23]. The study gathers questionnaire data on the mother's education level, family income, and family decision-making in compliance with Minister of Health Regulation No. 2269/2011.

B. Data Collection Method

This research follows a quantitative approach, a systematic, planned, and structured scientific method that collects information in numerical symbols or figures. Data for this research are collected through questionnaires on the mother's education level, family income, and family decision-making, in compliance with Minister of Health Regulation No. 2269/2011, distributed to respondents.

C. Population and Sampling

The research population consists of the residents of Klampok Lor Village, Kebonagung, Demak, as of September 2021, totalling 539 households. The sampling technique used in this research is purposive sampling, which involves selecting samples from the population according to the researcher's preferences or criteria. The sample size is determined using Slovin's formula. Given the population of 539 households, the sample size is rounded to 85 respondents.

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Results

Figure 1 shows the number and percentage of each factor (univariate statistics). Based on the education level, most mothers have a primary education level (64.7%). Based on Family Income, most families in Klampok Lor Village have income levels below the Minimum Regional Wage (MRW) (67.1%). Based on Decision-Making within Families, most families in Klampok Lor Village make decisions jointly between husband and wife (65.9%). Finally, most families exhibit a less satisfactory (bad) implementation of Regulation (60%).

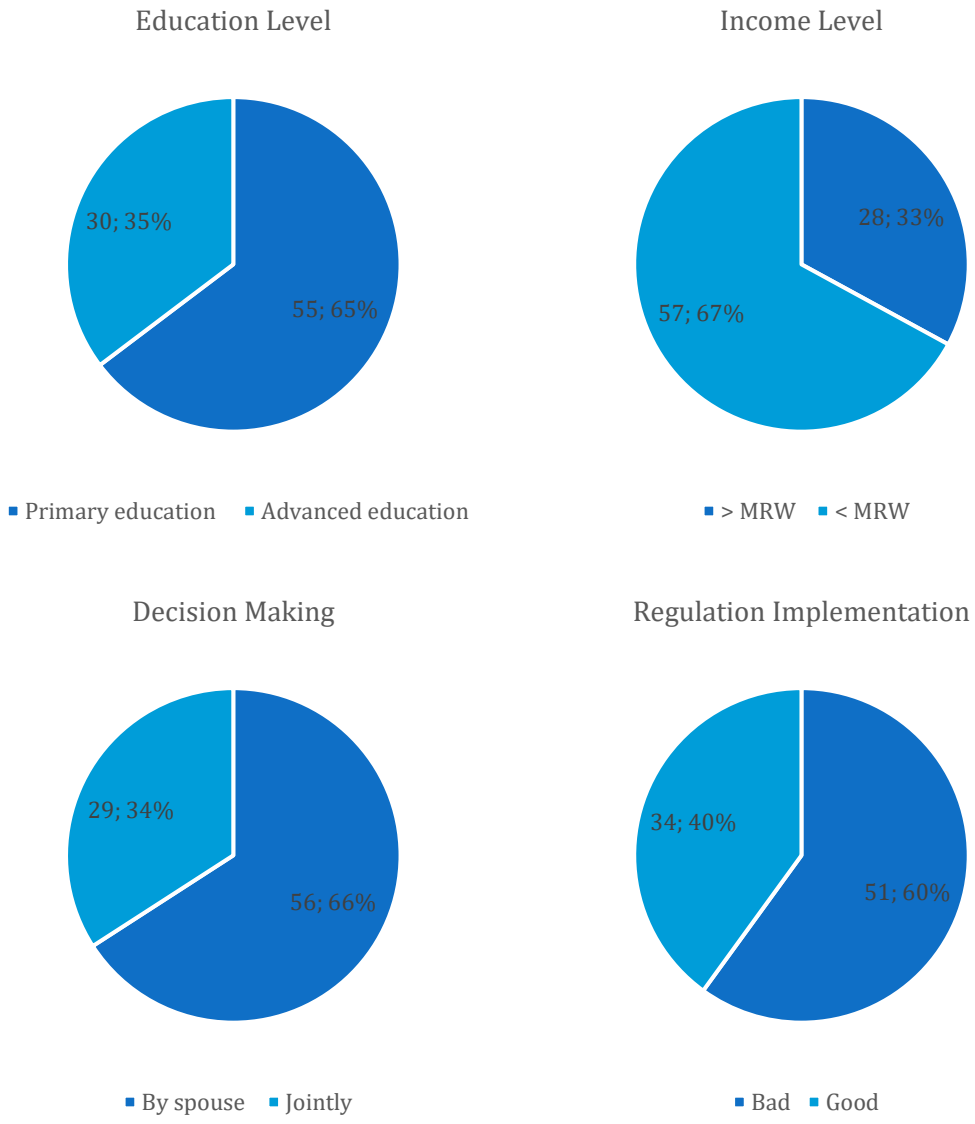


Fig. 1. Descriptive Statistics based on factors

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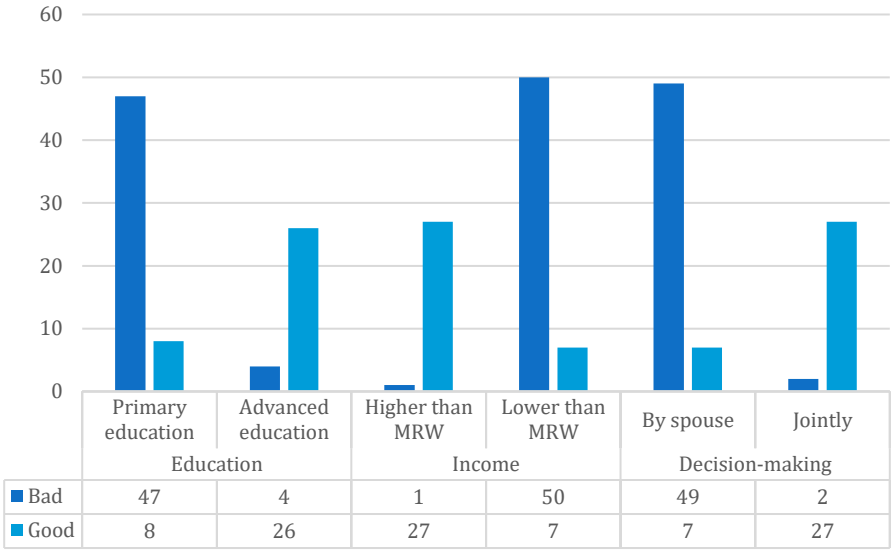


Fig. 2. Correlation between factors and awareness

Fig. 2 shows the correlation between factors and awareness. Statistical analysis using the Chi-Square test indicates

- a significant relationship between the mother's education level and the implementation of Health Regulation (p-value = 0.000 < 0.05).
- a significant relationship between family income and the implementation of Regulation (p-value = 0.000 < 0.05).
- a significant relationship between family decision-making and CHLB (p-value = 0.000 < 0.05).

Discussions

The findings from the study conducted in Klampok Lor Village, Kebonagung, Demak, provide valuable insights into the relationships between various socio-economic factors and implementing Health Regulation (No. 2269/2011) within families. Most mothers in Klampok Lor Village have only received primary education (64.7%), while a smaller percentage have advanced education (35.3%). The significant relationship between a mother's education level and the implementation of Health Regulation suggests that education plays a crucial role in influencing health-related behaviours. Mothers with advanced education are more likely to exhibit good compliance with health regulations. This highlights the importance of promoting education, especially among women, to improve family health outcomes.

Several vital references have been cited in discussing the promotion of family health. These references shed light on the critical role played by various individuals and factors in improving health outcomes within families, including women. Ref. [24] emphasises the pivotal role of mothers as family health managers. It emphasises the need to equip women with the necessary tools and education to promote optimal child health. The study highlights the positive effects of informal health education on family health. This reference underscores the importance of empowering mothers to make informed

health-related decisions for their families. Ref. [25] addresses the role of fathers in child and family health. It emphasises that father involvement is associated with improved medical outcomes and healthcare utilisation. This reference emphasises the need to engage fathers in healthcare decisions and interventions, highlighting their potential to impact family health positively. Ref. [26] explores the link between social ties and health outcomes. It underscores the importance of social support and group dynamics in promoting health. This reference suggests that social learning and support group theories can be leveraged to improve health status.

Most families in the village have income levels below the Minimum Regional Wage (67.1%), indicating economic challenges for a significant portion of the population. The study demonstrates a substantial link between family income and CHLB. Families with higher incomes are more likely to exhibit good CHLB. This underscores the economic barriers that may hinder families with lower payments from adhering to health regulations. Targeted interventions and support programs may be needed to improve health practices in economically disadvantaged households. The correlation between healthy behaviours and family income is essential to public health research. Ref. [27] explores the relationship between healthy behaviours and income among low-income pregnant women. The study highlights that lower family income is associated with many poor health behaviours. This suggests that socioeconomic factors, such as income, can influence an individual's ability to engage in healthy behaviours during pregnancy. Ref. [28] delves into the influences of family and peers on health behaviours among low-income adolescents. The study reveals that parents and peers interact differently with adolescents regarding their weight status and health behaviours. This suggests that family dynamics and peer influences significantly shape health behaviours among low-income adolescents. Ref. [29] highlights the complexity of health-seeking behaviour in low-income countries in a broader perspective on health behaviour in low-income settings. It recognises that household income, among other factors, can impact health behaviour. The reference emphasises the importance of understanding preventive health behaviour in low-income populations. The research finding also underscores the significance of family and peer influences on health behaviours, highlighting the need for targeted interventions and support in low-income communities to promote healthier lifestyles.

Most families in Klampok Lor Village make joint decisions between husband and wife (65.9%), while a smaller proportion makes decisions solely by one spouse (34.1%). The relationship between decision-making within families and implementing Health Regulation is significant. Families that make decisions jointly are more likely to exhibit good compliance with health regulations. This indicates the importance of shared decision-making within families for better health practices. The study found that most families have less satisfactory implementation of Health Regulation (60%), while a minority exhibit good compliance (40%). These findings highlight the need for targeted health education and awareness campaigns within the community to improve compliance with health regulations. Efforts should address specific challenges faced by families with lower income and lower levels of maternal education.

In conclusion, the study emphasises socio-economic factors such as maternal education, family income, and family decision-making in shaping health behaviours and compliance with health

regulations. It underscores the importance of tailored interventions and policies to address these factors and promote better health practices within communities like Klampok Lor Village.

Conclusion

The research conducted in Klampok Lor Village, Kebonagung, Demak, has provided valuable insights into the factors influencing the implementation of Health Regulation (No. 2269/2011) within families. The study sheds light on the intricate relationship between socioeconomic factors, family decision-making, and adherence to health regulations. The level of education among mothers in the village plays a pivotal role in determining the degree of compliance with health regulations. Mothers with advanced education are more likely to exhibit good compliance with health regulations, highlighting the significance of promoting education, especially among women, to improve family health outcomes. Economic disparities within the community have a profound impact on health-related behaviours. Families with higher incomes are more likely to follow (CHLB), while economic challenges pose barriers to compliance for families with lower incomes. Targeted interventions and support programs are essential to bridge these financial gaps and enhance health practices in disadvantaged households. The study underscores the importance of shared decision-making within families for better health practices. Families where decisions are made jointly between husband and wife exhibit a higher likelihood of good compliance with health regulations. Encouraging open and collaborative decision-making processes can contribute to improved health outcomes. While there is room for improvement, most families in the village are willing to adhere to health regulations. However, efforts should be directed toward raising awareness and educating the community about the importance of consistent and effective implementation of these regulations.

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Authors



Muhammad Purnomo is a lecturer at Universitas Muhammadiyah Kudus, Indonesia. His diverse academic background characterises his educational and professional journey. In 1989, he began his educational path at Aisyiyah Solo. He continued his studies at AKPER Muhammadiyah Semarang in 2001. He pursued a Bachelor of Nursing degree at FIK Sahid Solo, which he completed in 2006. His academic interests expanded, leading him to obtain a Bachelor of Law degree from Universitas Tujuhbelas Agustus in 2013. Demonstrating his commitment to the intersection of law and healthcare, he earned a Master's degree in Health Law from Universitas Katolik Soegija Pranata Semarang in 2009. (email: muh.purnomo@umkudus.ac.id).



Ika Tristanti is a lecturer at Universitas Muhammadiyah Kudus, Indonesia. She began her educational journey in 2003, pursuing a Diploma in Midwifery (D3) at Poltekes Kemenkes in Semarang. Following her passion for midwifery, she continued her studies in 2004, earning a Diploma (D4) at STIKES Ngudi Waluyo in Ungaran. Her commitment to the field led her to become a certified Midwifery Educator. In 2009, she furthered her education by pursuing a Master's degree in Health Profession Education at Sebelas Maret University, solidifying her expertise in the healthcare profession. (email: ikatristanti@umkudus.ac.id).



Dewi Hartinah is a lecturer at Universitas Muhammadiyah Kudus, Indonesia. She embarked on her educational journey in the field of healthcare. 1999 she completed her Diploma (D3) in Nursing at AKPER Muhammadiyah Klaten. Continuing her pursuit of excellence in healthcare, she earned her Bachelor of Nursing degree and a Nursing Profession (Profesi Ners) certification from Universitas Muhammadiyah Yogyakarta in 2004. Demonstrating her commitment to advancing her knowledge, in 2014, she achieved a Master's degree in Biomedicine from Universitas Diponegoro Semarang. (email: dewihartinah@umkudus.ac.id).



Yuli Setyaningrum is a lecturer at Universitas Muhammadiyah Kudus, Indonesia. She has a solid academic background in the healthcare field. In 2002, she graduated from AKPER Muhammadiyah Kudus. She completed a Bachelor of Nursingdegree at Universitas Muhammadiyah Yogyakarta in 2004. Demonstrating her commitment to nursing, she obtained a Nursing Profession (Profesi Ners) certification from PSIK Universitas Muhammadiyah Yogyakarta in 2006. In 2014, Yulis earned a Master's in Biomedical Sciences from the Faculty of Medicine at Universitas Diponegoro. Continuing her academic journey, she recently completed a Master's in Nursing at Universitas Karya Husada Semarang in 2023. Her extensive educational background highlights her dedication to healthcare and her continuous pursuit of knowledge and expertise. (email: yulisetyaningrum@umkudus.ac.id).