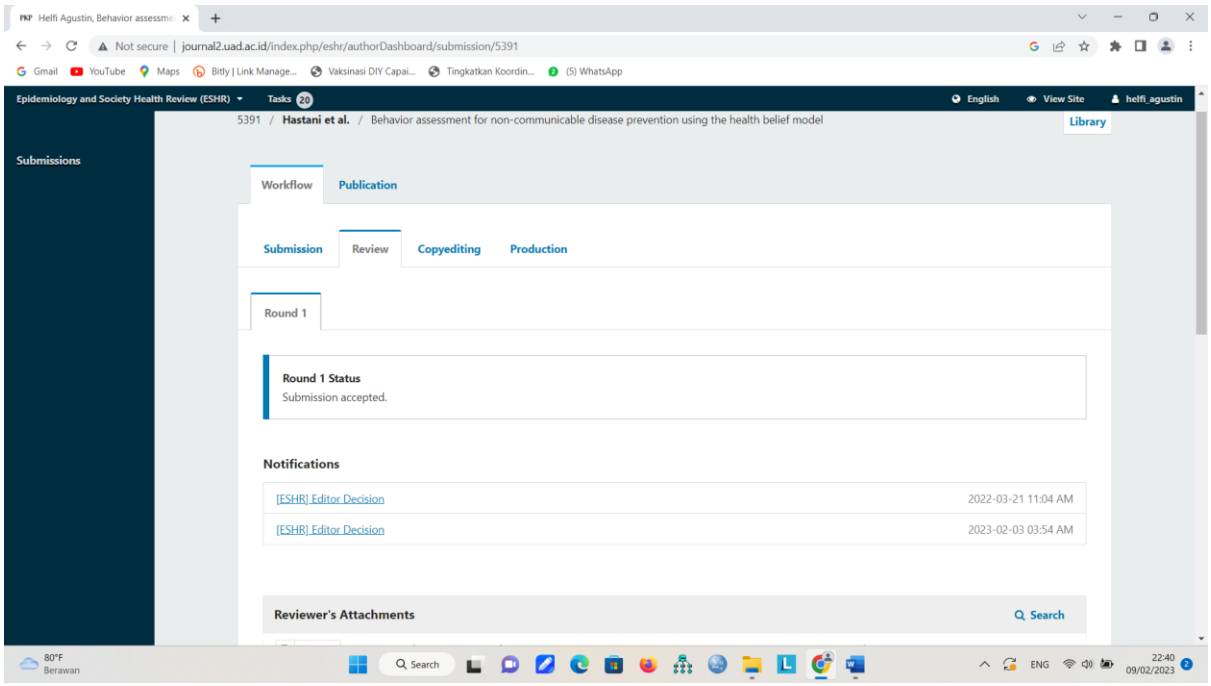
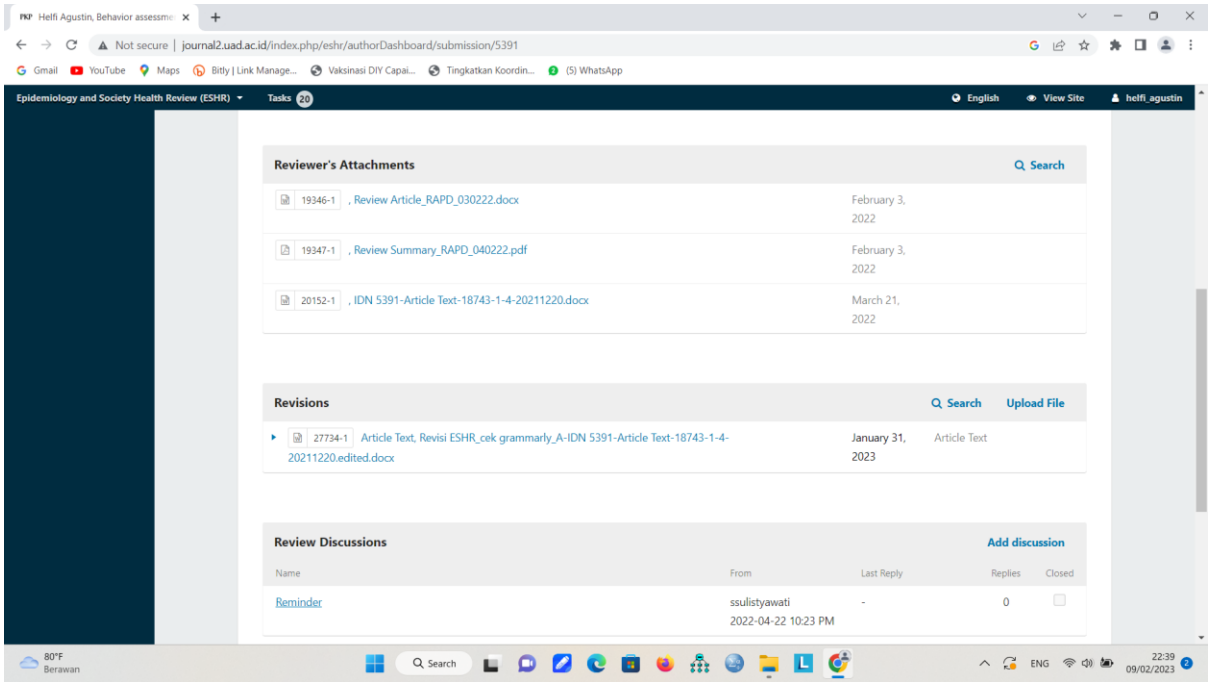
Bukti dg Editor





Review Notes

Title : Effectiveness evaluation of health belief model based-community empowerment for non-communicable disease prevention

Number.	Review Aspects
1.	Title : Effectiveness evaluation of health belief model based-community empowerment for non-communicable disease prevention
	The thing being studied is the effectiveness of the model. Though read that the purpose of this research is to use the model as an evaluation tool. I propose the title like to be: Evaluation of effectiveness of community empowerment for non-communicable disease prevention : A health belief model..or A health belief perspectives Or.. Model of community empowerment for non-communicable disease prevention based health belief perspectives Or … Behavior Assessment for Non-communicable disease prevention using Health Belief Model
2.	Abstract : more than 250 words
	Adjust the number of words with the provisions that apply in the journal. There are some words or sentences must be rearrange and relocate to appropriate part
3.	Introduction : update data, add references
	Update data as background .. or in method must be showed the time when this study be held Add references to the sentences or information Rearrange the aims sentences
4.	Method : rearrange sentences, grammar, and structure
	Many words are not properly arranged so that it confuses the reader. The use of grammar, especially the past tense, needs to be considered. It need more explanation about the steps of modeling by Health belief model Need more definition about variabel categorized (good and bad behavior)

Number.	Review Aspects
5.	Result :
	Grammar and past tense must be need urgent to correct all
6.	Discussion :
	Need more comparation with other studies
7.	Conclusion :
	must be answered the aims of study
8.	Recommendations :
	Ok
9	Acknowledgment :
	Ok
10.	References : minimum of 20 references, primarily with a minimum of 70% to international journal papers.
	Need more references according to the provisions/ journal guideline for author
11.	Originality and novelty
	Need to be proven by similarity test or plagiarism check There have been same kind of previous studies, novelty needs to be highlighted again
	Review Summary
	Review resuts : ~~1. Minor revised~~ 2. Major revised ~~3. Declined~~
	Banjarnegara, February 4, 2022 Reviewer (RAPD)

Research Article

Effectiveness evaluation of health belief model based-community empowerment for non-communicable disease prevention

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Received 05 February 2021; Accepted 04 March 2021; Published 05 March 2021: editor to enter

ABSTRACT

Background: *Non-communicable diseases are the main cause of premature death globally. Hypertension and diabetes mellitus are the most common diseases suffered by the elderly in Yogyakarta. a community-based program that aims to facilitate community behavior in implementing a healthy lifestyle carried out by a group of Jogokariyan people. This study aims to evaluate whether community-based programs have a positive effect on the behavior of the Jogokaryan community by assessing perceptions and practices of healthy living. Perception assessment using the Health Belief Model (HBM).*
Methods: *This was a quantitative research with a cross sectional approach. It was conducted in Jogokariyan-Yogyakarta, Indonesia.The population of this research total 165 people in the 36th neighbourhood at Jogokariyan. A sample of 54 people. The study using primary data obtained from questionnaires. This questionnaire uses a Likert scale as a measurement of the variables.Data was analized by using chi square test.*
Results: *The results of the chi square test showed statistical values of perceived vulnerability (p = 0.022), perceived seriousness (p = 0.012), perceived benefits (p = 0.018), perceived barriers (p = 0.007), self-efficacy (p = 0.202), and the stimulus to act (0.004). The conclusion from the research on the relationship between perception and non-communicable disease prevention behavior is that there is a relationship between participation in activities, perceived vulnerability, perceived seriousness, perceived benefits, perceived barriers, and stimulus to act with disease. preventive behavior. On the other hand, there is no relationship between self-efficacy and the stimulus to act.*
Conclusion: *The contribution of this research as input and evaluation material to measure the achievement of community-based health programs can be used by program managers and as material for consideration and development of further activities.*

Keywords: *Health Belief Model; Hypertension; Diabetes mellitus; Preventive behaviour*

10.26555/eshr.v3i1.3629

RAPD
Rearrange the title according to the aims of study
Reply

RAPD
words need be rearrange more effective and adjust to guideline (max 250 words)
Reply

RAPD
Only perception? How about participation?
Reply

RAPD
it seems more appropriate include to the method
Reply

RAPD
was
Reply

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was
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RAPD
how about non-communicable disease?

Non-communicable diseases are one of the leading causes of premature death globally. More than 41 million deaths occur due to non-communicable diseases, and 15 million deaths occur prematurely at the age of 30-70 years. The greatest burden is in low- and middle-income countries, where 78% of all deaths from non-communicable diseases and 85% of premature deaths occur (1). Based on Indonesia Basic Health Research in 2018 the percentage of non-communicable diseases in Indonesia is currently 69.91% (2). There was an increasing trends of the prevalence compared the data Indonesia Basic Health Research in 2013 (3). The prevalence of diabetes mellitus increased from 6.9% to 8.5%; The prevalence of hypertension has increased significantly from 25.8% to 34.1%; and obesity rose from 14.8% to 21.8% (4). Based on data health profile of the City of Yogyakarta in 2019, non-communicable diseases dominate the causes of death. Cases of hypertension in the population aged 18 years in the city of Yogyakarta were 118,283 people (36.88%). The distribution of hypertension by sex in women is 63% and men is 37%. Diabetes mellitus has increased the number of sufferers from 2017 as many as 2,493 people to 3,218 people in 2018 (5).

Non-communicable diseases have many risk factors. Modifiable behavioral risk factors are tobacco use, unhealthy diet, lack of physical activity, and harmful use of alcohol, obesity, increased blood pressure, and elevated cholesterol. These risk factors continue to be an important public health challenge in all countries, especially in low-income countries where more than three quarters of deaths from non-communicable diseases occur (6).

The strategy for controlling non-communicable diseases carried out by the Government of Indonesia is to create a movement to change people's healthy lifestyles. It was initiated by the President of the Republic of Indonesia, Jokowi, it aims to improve the health status of the community through promotive and preventive efforts through physical activity campaigns, consumption of vegetables and fruit as well as regular health checks.

A community-based health program in Jogokaryan have adapted the national movement healthy lifestyle, due to high cases of hypertension in the elderly group in this village. Jogokaryan located in the Mantrijeron sub-district in the southern part of the city of Yogyakarta. The Healthy Living Movement in Jogokaryan called "love healthy life movements". This programs aims to change community behaviour to a healthier lifestyle by smoke-free villages, health education, periodic health checks, physical activities with residents and advocacy to stakeholders to replace the snack menu at community meetings with fruit and vegetables.

This study aims to whether the community-based program has had a positive effect on the behavior of the Jogokaryan community. The evaluation carried out was an evaluation of the program output by assessing perceptions and practices of healthy living on participants and non-participants of the program. Perception and practice assessments were carried out to see whether efforts to provide education and increase awareness of healthy lifestyles had been internalized in the community. Perception assessment using the Health Belief Model (HBM).The HBM is a theory to predict healthy living practices in individuals by examining their perceptions or belief (7). Some public health research were conducted to identifies risk factors and drivers of healing behavior (7–12), means that the more patients believe in their illness, the more they will encourage patient behavior to comply with doctor's recommendations. Assuming that health education, awareness-raising carried out in Jogokarya can have a beneficial effect, this study assess the probability of behavior according to community participation/involvement in community-based activities based on perceptions and practices of preventing non-communicable diseases of hypertension and diabetes mellitus.

RAPD
Better if update data, min. 3 years
Reply

RAPD
Reference?
Reply

RAPD
Reference? Or maybe this information based on results of previous interviews or preliminary studies
Reply

RAPD
This is not aim sentence, but likely research question. Please rearrange to another sentence
Reply

Focus 63%

METHOD

This study was a quantitative method with a cross-sectional approach, conducted in Jogokariyan located in the Mantrijeron sub-district.The population of this research totaling 165 people in the 36th neighbourhood at Jogokariyan. A sample of 54 people was obtained based on the inclusion criteria: 1) aged 45-75 years, 2) suffering from hypertension and diabetes mellitus, ~~and~~ the exclusion criteria for the sample were: 1) had moved from Jogokariyan village, 2) not willing to be interviewed. The study using primary data obtained from questionnaires. This questionnaire uses a Likert scale as a measurement of the variables. The Likert scale is widely used by researchers to measure a person's perception or attitude. The score for the answer is 1-4 (disagree-agree). This questionnaire consists of 8 types of questions. The first was found out community participation in community based-program. Second, the public's perception of the susceptibility of a disease (perceived susceptibility). The third was determined the respondent's belief in the seriousness of hypertension and diabetes mellitus disease (perceived severity). Fourth, was found out the perceived benefits of healthy living practices to reduce the threat of hypertension and diabetes mellitus disease. The fifth was found out public opinion about the barriers that can affect behavior in implementing healthy living practices (perceived barriers). The sixth was found out people's beliefs about their abilities in healthy living practices (self efficacy). Seventh found out the stimulus or stimuli that make people make decisions to practice healthy living (cues to action). The eighth was found out the daily lives health behavior of the Jogokaryan community. the Likert scale was used as a measurement of the variables.

The results of the validity test of community participation in community based health program were found to be valid with an r value 1.00. The results of the validity test of the questionnaire on the perception of vulnerability perception, seriousness, benefits, obstacles, self-efficacy and stimulus to act, it is known that there are 2 questionnaire items on the statement of vulnerability perception that are not valid with r values of 0.210 and 0.283. Invalid questionnaire items were subsequently not used for research. The results of the reliability test using Cronbach's Alpha. Reliability results were obtained on the questionnaire for participation in the program with a value = 1, perceived vulnerability value = 0.613, perceived seriousness value = 0.635, perceived benefit value = 0.725, perceived obstacle value = 0.787, self-efficacy value = 0.709, stimulus to act value = 0.756 and the implementation of behavior in the community value = 0.732 which indicates that the results of the questionnaire reliability test are reliable. The study conducted in February-Ocober 2021. The analysis using chi square test.

RESULT

The results of the univariate analysis describe the distribution of the frequency and percentage of characteristic of respondents, perception and prevention behaviour of non-communicable disease. Respondents were 54 people with an age range of 45 – 75 years. Age were divided into three groups, respondent which represented most; age group were 55 – 65 years (48.1%), women (53.7%), and education level is high school/equivalent (35.2%).

 10.26555/eshr.v3i1.3629

RAPD
How about explanation about Health belief model? Are there steps to create the model?
Reply

RAPD
Add time of study
Reply

RAPD
What is sampling techiniques was used?
Reply

RAPD
New sentences
Reply

RAPD
Past tense
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pas
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past tense
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was
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RAPD
how to crosscheck attitude?
Reply

RAPD
Was there classified by two types ? participation and perception? It needed clearly information

Non-Communicable Disease Prevention Behavior

The results shows that the respondents who have good behavior are more than bad behavior. We can see that 59.3% of respondents routinely carried out routine health checks at least once a year, 61.1% respondents do not smoke and avoid exposure to secondhand smoke. As many as 57.4% of respondents do not routinely do physical activity for at least 30 minutes a day. Furthermore, 46.3% of respondents do not get enough rest or sleep every day and 44.4% of respondents have not been able to manage stress well.

Perceived vulnerability

Respondents who express positive perceptions are more than negative perceptions on all research perception variables. 75.9% respondents agreed that smoking could increase the risk of hypertension and diabetes mellitus and 81.5% aagreed that unhealthy eating habits cause hypertension and diabetes mellitus. 25.9% of respondents agree that there is no health impact if they reduce their consumption of sugar, salt and fat, indicating that their knowledge about the management of hypertension and diabetes is still low. 76% agree that routine health checks can help early detection of hypertension and diabetes mellitus.

Perceived seriousness

Most of the respondents agreed that hypertension and diabetes mellitus are serious diseases 81.3% and can cause damage to internal organs 77.8% believe this disease will change their outlook for healthy living but 44.5% of respondents agree that hypertension and diabetes mellitus will not change the respondent's daily life. 37% of respondents believe that having hypertension and diabetes mellitus will not have a major impact on their lives and their families. 42% believe that hypertension and diabetes mellitus will not have a major impact on their career. 70.4% believe this disease will change their view of healthy living. 54.8%

Perceived of benefit

In this study, The results of the categorization based on the statement of perceived benefits can be seen that 66.7% of respondents believe that the behavior offered in the program is beneficial to prevent them from hypertension and diabetes mellitus. Most 88.8% respondents agreed that practicing healthy living can improve quality of life and 72.1% respondents agreed that managing weight can prevent hypertension and diabetes mellitus. Generally, people believe that avoiding smoking, limiting consumption of sugar, salt and consuming lots of vegetables and fruit can reduce the risk of hypertension and diabetes mellitus.

Perceived of barriers

More than half (64.8%) of the respondents feel confident that there are no barriers to healthy behavior. The study found that 46.3% of respondents agreed that losing weight is a new habit that is difficult to start and 55.7% of respondents agree that being busy at work is an obstacle to regular physical activity. 42.5% of respondents think it is too troublesome to make their own food.

Self-Efficacy

From the study, 53.7% of respondents agreed that they were not sure they were able to manage a healthy lifestyle to avoid the risk of disease. This can also be seen from 57.4% of

 10.26555/eshr.v3i1.3629

RAPD
Past tense
Reply

RAPD
More explanation about operational definition or classification about "good" or "bad" behavior
Reply

RAPD
Do not use "we"..."it's about 59,9%...."
Reply

RAPD
Medical check up?
Reply

RAPD
Past tense
Reply

RAPD
Past tense
Reply

RAPD
It should be never begin a sentence with a numeral, you should first try to reword the sentence.
Reply

RAPD
"Seventy nine percent..."
Reply

RAPD
idem
Reply

RAPD

Epidemiology and Society Health Review | ESHR
Vol. 3, No. 1, 2021, pp. 28-35 ISSN 2656-8052 (online) | 2656-1107 (print)

Research Article

Behavior assessment for non-communicable disease prevention; using the health belief model

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Received 05 February 2021; Accepted 04 March 2021; Published 05 March 2021: editor to enter

ABSTRACT

Background: *The study aims to evaluate a community-based health program facilitating community behavior in adopting a healthy lifestyle. The contribution of this research is that it can be used as material for consideration to develop the activities by program managers.*
Methods: *This quantitative research with a cross-sectional approach uses the perception assessment of the health behavior model (HBM). The population is 165 people, and the sample is 54 from the 36th hamlet at Jogokariyan sub-district -Yogyakarta, Indonesia. This research uses primary data obtained from a questionnaire using a Likert scale. Data were analyzed using the chi-square test.*
Results: *The results showed that statistically, the p-value of perceived susceptibility was 0.012, the p-value of perceived severity = 0.000, the p-value of perceived benefits = 0.003, the p-value of perceived barriers = 0.035, the p-value of self-efficacy = 0.341, cues to action pv= 0.000, and preventive behavior pv=0.000.*
Conclusion: *There is a relationship between active participation in activities and perceived susceptibility, perceived severity, perceived benefits, perceived barriers, cues to action, and prevention behavior. There is no relationship between participation and self-efficacy. Program managers should consider sanctions to encourage self-efficacy in behavior, especially for active smokers, they must not to smoke at home or in community meetings.*

Keywords: *Health Belief Model; non-communicable disease; Preventive behavior*

INTRODUCTION

Based on the Centers for Disease Control and Prevention data (2021), non-communicable diseases (NCDs) are responsible for 7 out of 10 deaths worldwide. The most significant burden is in low- and middle-income countries, where 78% of all deaths from non-communicable diseases and 85% of premature deaths occur (1). In Indonesia, heart disease, cancer, chronic lung disease, and diabetes mellitus are among the top 5 causes of death that impact quality of life and economic productivity. Every year the number of these cases

helfi agustin
Originality and novelty
Need to be proven by similarity test or plagiarism check There have been same kind of previous
Reply

helfi agustin
Reviwer B: Rearrange the title according to the aims of study
Reply

helfi agustin
Review Notes: Title :I propose the title like to be: .....etc
helfi agustin
Oke sdh diganti
Reply

helfi agustin
Reviwer A: words need be rearrange more effective and adjust to guideline (max 250 words)
helfi agustin
Oke sdh diperbaiki
Reply

helfi agustin
Reviwer B: Sudah ditambahkan NCD
Reply

helfi agustin
Introduction : update data, add references. Update data as background .. or in method must be showed the time when this study be held Add references to the sentences or information Rearrange the aims sentences
Reviwer B: Better if update data, min. 3 years
09 July 2022, 19:57
helfi agustin

189 words English (United States)

continues to increase along with increased risk factors, such as high sugar/salt/fat consumption, smoking, and low physical activity. In 2020, health insurance spent 17.05 trillion rupiahs for the service of the disease (2). Based on the data health profile of the City of Yogyakarta in 2019, non-communicable diseases dominate the causes of death. The Integrated Disease Surveillance Report (STP) at Hospitals in DIY in 2020 obtained data on the top 10 diseases, 8 of which are non-communicable. The top ten diseases in hospitals (outpatient) are hypertension (29944 cases), type II diabetes (14090 cases), and heart disease (3566 cases) (3).

Non-communicable diseases have many risk factors. Modifiable behavioral risk factors are tobacco use, unhealthy diet, lack of physical activity, harmful use of alcohol, obesity, increased blood pressure, and elevated cholesterol. These risk factors remain a significant public health challenge in all countries, especially in low-income countries where more than three-quarters of deaths from non-communicable diseases occur (4). The Government of Indonesia creates a movement to change people's healthy lifestyles to control non-communicable diseases. It aims to improve the health status of the community through promotive and preventive efforts through physical activity campaigns, consumption of vegetables and fruit, and regular health checks (5).

A community-based health program in Jogokaryan has adopted the national movement's healthy lifestyle due to the high prevalence of hypertension in the elderly group at Jogokaryan, Yogyakarta. The program is called "Germacis," this program aims to change community behavior to love healthy life movements. The activities are smoke-free villages, health education, periodic health checks, physical activities, and advocacy to replace the snack menu at community meetings with fruit and vegetables (6).

Perceptions determine a person's behavior formation, which is essential in studying behavior (Zainal, 2019). Each individual tends to see an object differently depending on knowledge, experience, and point of view. Perception is also related to a person's perspective on a particular object differently by using their senses and then trying to interpret it. The subconscious mind will store positive and negative perceptions like a file. Previous studies using HBM have established that adult perceptions indirectly positively affect hypertension prevention behavior (7). Jorvand ((2020) found that implementing educational interventions based on Telegram messenger with an emphasis on health beliefs can lead to exercise. It means that the more patients believe in their illness, the more they encourage healthy behavior (7–12).

The participant's experience after one year in this community-based health program should have increased their perception, willingness, and ability to practice a healthy lifestyle. This study aimed to determine the relationship between community participation in community-based programs and the perception or practice of preventing non-communicable diseases using the Health Belief Model (HBM).

METHOD

This quantitative study has used the theory of health belief model to evaluate the perception and practice of healthy living in individuals based on the level of participation during community-based health programs (7). Data were collected from February until March 2021 at Mantrijeron sub-district, Yogyakarta, Indonesia. The total population was 165 people and total sample was 54 respondents at 36th hamlet, Jogokariyan village-Mantrirejon sub distric, Yogyakarta

helfi agustin
Reviwer B: Reference?
helfi agustin
Oke. Sitasi sdh ditambahkan
Reply

helfi agustin
Reviwer B: Reference? Or maybe this information based on results of previous interviews or preliminary studies
helfi agustin
Oke, Sdh dijelaskan oleh kalimat sebelumnya
Reply

helfi agustin
Method : rearrange sentences, grammar, and structure
Many words are not properly arranged so that it confuses the reader. The use of grammar
Reply

Based on the inclusion criteria were 1) only for participants of ' the program (active and non-active participants), 2) aged 45-75 years, 3) suffering from hypertension and diabetes mellitus, and the exclusion criteria for the sample were: 1) had moved from Jogokariyan village, 2) not willing to be interviewed. The study used primary data obtained from questionnaires. a Likert scale as a measurement of the variables since it is suitable to measure a person's perception or attitude. The answer score was 1-4 (scale of 1 to disagree to 4 to agree) and vice versa for unfavorable questions. Due to the small number of samples, the variables were categorized into two groups to avoid empty cells. The scores for each variable are added and then grouped based on the: if the total score on one variable is more than the median, then it is grouped to be positive or vice versa.

This questionnaire consists of 8 types of questions. The first was community participation in community-based-program. Second, the public's perception of the susceptibility of a disease (perceived susceptibility: median when the score >=15). The third was determined the respondent's belief in the severity of hypertension and diabetes mellitus disease (perceived severity; when the score >=20). Fourth, the perceived benefits of healthy living practices to reduce the threat of hypertension and diabetes mellitus disease (when the score >=29). The fifth was public opinion about the barriers that can affect behavior in implementing healthy living practices (perceived barriers) when the score >=29). The sixth was people's beliefs about their abilities in healthy living practices (self efficacy= when the score>=24). Seventh was the stimulus or stimuli that make people make decisions to practice healthy living (cues to action was categorized as "good" when the score >=35). The eighth was found out the health behavior of the Jogokaryan community, with scores of 4-6.

The validity test results of community participation in community-based health programs were to be valid with an R-value of 1.00. The results of the validity test of the questionnaire on the perception of susceptibility perception, severity, benefits, obstacles, self-efficacy, and stimulus to act, it is known that there are two questionnaire items on the statement of susceptibility perception that are not valid with r values of 0.210 and 0.283. Invalid questionnaire items were subsequently not used for research. The results of the reliability test using Cronbach's Alpha. Reliability results were; for participation in the program with a value = 1; perceived susceptibility value = 0.613; perceived severity value = 0.635; perceived benefit value = 0.725; perceived obstacle value = 0.787. Self-efficacy value = 0.709; the cues to actionvalue = 0.756 and the implementation of behavior in the community value = 0.732, indicating the reliability of the questionnaire reliability test results. The analysis used the chi-square test.

IDN
Reviewer A: Bagaimana anda merumuskan persepsi masing2 variabel HBM menjadi 2 kategori saja. Apa dasarnya? Apakah ada referensi yang mendukung? Masukkan jika ada
21 March 2022, 17:29

helfi agustin
Pengukuran persepsi dengan skala Likert, skala 1-4 , namun krn jumlah sample sedikit maka kemudian dikategorisasi sec dikotomi berdasarkan skor yg didapat pada masing-masing variabel. Kalimat telah penulis perbaiki pada paragraf pertama baris ke tujuh dst.
16 April 2022, 12:33

Reply

RESULT

The table 1 describe the distribution of the frequency and percentage of the characteristic of respondents. Respondent's ages were divided into three groups, represented most age groups were 55 – 65 years (48.1%), women (53.7%), and education level; high school or equivalent (35.2%).

helfi agustin
Result : Grammar and past tense must be need urgent to correct all

Reply

4489 words English (India) Accessibility: Investigate

Adelia (Evaluation of community-based programs for non-communicable prevention)

Table 1. Distribution of Respondent Characteristics Age, Gender, and Education Level in Jogokariyan Village

Number	Variable	Category	N	%
1.	Age	45 – 54 years old	15	27.8
		55 – 65 years old	26	48.1
		66 – 74 years old	13	24.1
2.	Sex	Male	25	46.3
		Female	29	53.7
3.	Level of education	Elementary school	12	22.2
		First, middle school	14	25.9
		High middle school	19	35.2
		University	9	16.7

Respondents with a positive susceptibility perception of 57.4% agreed that smoking could increase the risk of hypertension and diabetes mellitus by 75.9% and that unhealthy eating habits cause hypertension and diabetes mellitus by 81.5%. As much as 76% of respondents agree that routine health checks can help early detection of hypertension and diabetes mellitus. However, respondents agreed that there was no health impact if they reduced sugar, salt, and fat consumption by 25.9%. This data shows that their knowledge about managing hypertension and diabetes is still low.

As many as 77.8% of respondents perceived that hypertension and diabetes mellitus could cause damage to internal organs to believe that this disease would change their view of a healthy life. However, 44.5% of respondents agree that hypertension and diabetes mellitus will not change their daily life. As many as 37% of respondents believe that having hypertension and diabetes mellitus will not have a significant impact on their lives and that of their families. 42% believe hypertension and diabetes mellitus will not significantly affect their careers and believe this disease will change their view of a healthy life 54.8 %. From the statement about perceived benefits, 66.7% of respondents who answered believed the behavior offered in the program was beneficial for preventing hypertension and diabetes mellitus. Most 88.8% of respondents agree that practicing healthy living can improve their quality of life. Respondents agree that managing body weight can prevent hypertension and diabetes mellitus, believing that avoiding smoking, limiting consumption of sugar and salt, and consuming lots of vegetables and fruit can reduce the risk of hypertension and diabetes mellitus.

More than half, 64.8% of the respondents, feel confident that there are no barriers to healthy behavior. The study found that 46.3% of respondents agreed that losing weight is a new habit challenging, and 55.7% of respondents agree that being busy at work is an obstacle to regular physical activity. 42.5% of respondents think it is too troublesome to make their food. From this study, 53.7% of respondents were unsure they could manage a healthy lifestyle to avoid the risk of disease, and 57.4% did not avoid consuming foods containing lots of salt and caffeine.

This study found that the family has an essential role as a support system for healthy behavior, but 24.1% of family members will not reprimand if the respondent smokes. 59.3% of respondents think posters and banners do not provide enough information about hypertension and diabetes mellitus. The results show that the respondents who have good

Focus

behavior 61.1%. The respondents carried out health checks at least once when the program (59.3%); respondents do not smoke (61.1%) and avoid exposure to secondhand smoke. As many as 57.4% of respondents do not routinely do physical activity for at least 30 minutes daily. Furthermore, 46.3% of respondents do not get enough rest or sleep every day, and 44.4% of respondents have not been able to manage stress well.

The activeness of the respondents was interpreted by participating in healthy gymnastics or participating in health checks held by the programmer team, or participating in declarations of commitment not to smoke at community meetings, in the house, and near mothers and children. Using a simple randomized technique, from 54 respondents, we found 38 active participants and 16 inactive participants. Table 2 shows the variables that have been categorized:

Table 2. Frequency Distribution of variables based on category

No	Variable	Category	n	%
1.	Perceived susceptibility	Negative	23	42,6
		Positive	31	57,4
2.	Perceived severity	Negative	27	50
		Positive	27	50
3.	Perception of benefits	Negative	18	33,3
		Positive	36	66,7
4.	Perception of barriers	Negative	19	35,2
		Positive	35	64,8
5.	Self-Efficacy	Negative	25	46,3
		Positive	29	53,7
6.	Cues to action	Negative	23	42,6
		Positive	31	57,4
7.	Membership status	Active	38	70.4
		Non-active	16	296
8.	NCD's Prevention Behavior	Bad	21	38,9
		Good	33	61,1

Source: Data Primary, 2021

The relationship between participation in community-based health and the perception

The chi-square test results show that participation is significantly related to the perception of five components of the health belief model (HBM) in preventing hypertension and diabetes mellitus. For example, based on the results of the analysis of the relationship between participation in community-based health activities and the perception of susceptibility, there is a significant difference in the percentage of negative susceptibility perceptions (68.8%) of respondents who did not participate compared to respondents who participated (31.6%). The statistical test results obtained a p-value = 0.012, which means statistically, there is a relationship between active participation in activities and perceptions of susceptibilityd. Likewise, with the results of the analysis of the relationship between participation and perceived severity, the results of the statistical test obtained a p value= of 0.000; perceived benefit p value = 0.003; perceived barrier 0.035; cues to action p value=0.000 which means that statistically there is a relationship between participation and perceptions.

IDN
Reviewer A: Mohon masukkan dimetode bagaimana anda mengkategorikannya
helfi agustin
Sudah, dimasukkan di metode
Reply

The relationship between participation in community-based health activities and the perception can be seen in table 3.

Table 3. Test Results Relationship of participation in program community-based health with perceptions and behaviors of NCD prevention

Participation	Perception and Behaviors of NCD prevention							
	Perceived Susceptibility							
	Negatif		Positif		Total		P Value	PR (95% CI)
	n	%	n	%	n	%		
No Active	11	68.8	5	31.3	16	100		2.177
Active	12	31.6	26	68.4	38	100	0.012	(1.228-3.861)
	Perceived severity							
No Active	14	87,5	2	12.5	16	100		2.558
Active	13	34.2	25	65.8	38	100	0.000	(1.585-4.126)
	Perceived Benefit							
No Active	10	62.5	6	37.5	16	100		2.969
	8	21.1	30	55.6	38	100	0.003	(1.440-6.119)
	Perceived Barriers							
No Active	9	56.3	7	43.8	16	100		2.138
Active	10	26.3	28	73.7	38	100	0.035	(1.077-4.242))
	Self Efficacy							
No Active	9	56.3	7	43.8	16	100		1.336
Active	16	42.1	22	57.9	38	100	0.341	(0.755-2.364)
	Cues to action							
No Active	14	87.5	2	12.5	16	100		3,698
Active	9	23,7	29	76,3	38	100	0.000	(2,027-6,732)
	NCD prevention behavior							
No Active	12	75	4	25	16	100		3,167
Active	9	23.7	29	76,3	38	100	0,000	(1,675-5,988)

The relationship between participation and the NCD prevention behavior

The results show a relationship between community participation in community-based health activities and NCD prevention behavior. The study results found a significant percentage difference between respondents who participated and did not participate in the behavior to prevent NCD. The statistical test results obtained a p-value of 0.000 which means that statistically, there is a relationship between activity participation and NCD prevention

IDN
Reviewer A: Tabel ini seharusnya menggunakan persentase baris bukan total, sulit dibandingkan jika pakai persentasi total
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Sudah diganti menjadi persentase baris
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CONCLUSION

There is a relationship between the level of participation and perception (perceived susceptibility, perceived severity, perceived benefit, perceived barriers and cues to action) and prevention behavior). There is no relationship between participation and self-efficacy. Health empowerment must touch at-risk community groups regularly. For the program's sustainability, it is necessary to involve the cooperation of all parties to take on the habituation of healthy living practices and create sanctions for active smokers at community gatherings and at homes. There is a need for regular monitoring, support, and assistance from health workers so that the elderly can optimally participate in activities and can encourage the community to be more active in practicing healthy living and maintaining the sustainability of the program.

Authors' contribution

HA contributed to the research design, analysis, and manuscript. AY contributed to data collection and analysis. EA and HB contributed to manuscript editting

Funding/Acknowledgement

This research has not received external funding.

Conflict of interest

There is no conflict of interest in this research.

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Conclusion : must be answered the aims of study
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Recommendations : OK
Reply

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Recommendations : OK
Reply

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References : minimum of 20 references, primarily with a minimum of 70% to international journal papers.
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