

Community Empowerment Through the Mobile JKN Health Education Program and Clean and Healthy Living in Patuhu Village

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Abstract

The Student Community Service Program (KKM) in Patuhu Village was conducted through educational activities on Mobile JKN and Clean and Healthy Living Behavior (PHBS). This activity aimed to increase public knowledge and awareness of the use of digital health services and the importance of implementing clean and healthy living behaviors in daily life. The activities were carried out through material presentation, socialization, discussion, and community assistance. The Mobile JKN material focused on introducing the benefits and utilization of digital health services, while the PHBS material emphasized personal hygiene, environmental cleanliness, and disease prevention. The results showed an improvement in the community's understanding of Mobile JKN utilization and the implementation of PHBS. The activity also encouraged community members to make better use of health services and develop healthy living habits within their families and communities. Direct and continuous education is expected to strengthen public awareness of health maintenance and improve the quality of life.

Keywords: *Mobile JKN, Clean and Healthy Living Behavior, Health Education, Community, Patuhu Village.*



A. INTRODUCTION

Improving the quality of public health depends not only on the availability of healthcare services, but also on the community's ability to access information and utilize healthcare services independently. The development of digital-based healthcare services through the Mobile JKN application provides an opportunity for National Health Insurance participants to gain easier access to administrative services. However, the utilization of these services still faces obstacles in the form of limited public understanding of operating the application, particularly among groups unaccustomed to digital services. Research by Utami, Asnawi, and Firah indicates that Mobile JKN can assist participants in accessing administrative services; however, issues regarding user misunderstanding as well as technology and network access constraints are still observed.

In addition to healthcare service access, improving public health status also needs to be supported by establishing clean and healthy living behaviors from an early age. Community education and empowerment serve as approaches that can increase public knowledge, awareness, and capacity to adopt healthy behaviors. Suprpto and Arda demonstrate that PHBS (Clean and Healthy Living Behavior) education can be utilized as an empowerment effort to enhance community understanding and

encourage involvement in maintaining personal, family, educational, and community health. An educational approach is also crucial because health behavior change cannot be achieved through information delivery alone, but requires involvement and mentoring tailored to the characteristics of the target group. This aligns with research by Yani et al., which shows that knowledge and attitudes are correlated with clean and healthy living behaviors within households.

A number of previous community service activities have addressed PHBS education and Mobile JKN dissemination separately. Regarding Mobile JKN, education and dissemination activities on application usage demonstrate that providing information on operating procedures and engaging in discussions with participants can help improve understanding of digital health services. Meanwhile, regarding PHBS, counseling activities have been used as a strategy to increase community knowledge and awareness about clean and healthy living practices. Thus, previous studies or community service activities have predominantly treated digital health service education and healthy living behavior education as standalone initiatives.

This condition indicates an opportunity for development through the integration of digital health service access education with clean and healthy living behavior education within a single village-based community empowerment approach. This approach is relevant for implementation in Patuhu Village, Randangan District, Pohuwato Regency. Based on observations made during the implementation of the KKM (Community Work Lectures), Patuhu Village has a population of 1,474 spread across four hamlets, with community characteristics dominated by livelihoods as plantation farmers and aquaculture farmers. The village also possesses strong social capital through community involvement in social and religious activities, which serves as potential for program execution.

Based on this situational analysis, the empowerment program is directed toward two practical health needs: enhancing community capacity to utilize Mobile JKN and fostering clean and healthy living habits among school-aged children. The Mobile JKN education program was conducted for community members enrolled in BPJS Kesehatan through the delivery of information on registration, checking membership status, using application features, and direct assistance. For community members experiencing difficulties in operating the application, direct guidance was provided until participants gained an understanding of using the application independently. This approach is consistent with the importance of increasing the effectiveness of Mobile JKN utilization through user understanding of service functions and procedures.

The uniqueness of this activity lies in combining education on digital health service utilization with education on clean and healthy living behavior into a unified community empowerment program at the village level. This approach is directed not only at increasing knowledge, but also at building the practical capacity of the community to access health services and establish healthy living habits. Based on this background, this activity aims to describe the implementation of community

empowerment through education on Mobile JKN usage and clean and healthy living in Patuhu Village, as well as to identify the benefits and obstacles encountered during program execution.

B. IMPLEMENTATION METHOD

This community service activity was conducted in Patuhu Village, Randangan District, Pohuwato Regency, Gorontalo Province, as part of the 2026 Universitas Bina Mandiri Gorontalo Independent Community Work Lecture (KKM) program. The activity focused on community empowerment through two forms of health education: education on the use of the Mobile JKN application for National Health Insurance (BPJS Kesehatan) participants and clean and healthy living education for 1st-grade elementary school students in Patuhu Village. The selection of target groups was based on initial observations regarding community conditions, needs, and available potential in the village.

The implementation utilized a participatory and educational approach involving KKM students, village government, community members, school officials, teachers, and students. The program stages began with observation and data collection to identify the needs and comprehension levels of the target audience. The findings served as the basis for determining educational content and delivery techniques. The empowerment approach positioned the community not merely as recipients but as active participants, enabling the knowledge imparted to be applied independently in daily life.

1. Mobile JKN Usage Education Education

On the use of Mobile JKN was carried out on August 6, 2026, targeting residents of Patuhu Village who are registered BPJS Kesehatan participants. The session commenced with observation and survey collection regarding public understanding of the Mobile JKN application. This was followed by outreach on registration procedures, checking active/inactive membership status, and utilizing features available in the application. Content was presented directly using simple, easily understandable explanations. Direct guidance was provided to participants encountering difficulties operating the application until they achieved an understanding of using it independently.

2. Clean and Healthy Living Education

Education on clean and healthy living was conducted on August 26, 2026, for 1st-grade elementary school students in Patuhu Village. Program stages included coordination with school authorities and teachers, developing age-appropriate content tailored to the students' capabilities, and delivering interactive classroom sessions. The curriculum focused on introducing the importance of personal and environmental hygiene and cultivating healthy daily habits. An interactive approach was employed to align delivery with the learning characteristics of primary grade students, making the material easier to grasp and apply.

3. Activity Evaluation

Activity evaluation was conducted descriptively based on target engagement and observed changes in understanding during program execution. For the Mobile JKN initiative, success indicators were measured by improved public understanding and capacity to access and utilize the Mobile JKN application independently. Meanwhile, for clean and healthy living education, success was assessed by increased student knowledge and awareness regarding personal/environmental hygiene and adopting healthy habits. Implementation challenges—such as residents still experiencing difficulty operating Mobile JKN and varying student attention spans—were addressed through direct mentoring and the use of simple, interactive material and language.



Figure 1. Education on the Use of the Mobile JKN Application



Figure 2. Clean and Healthy Living Education

C. RESULTS AND DISCUSSION

1. Implementation of Mobile JKN Education

The educational program on the use of the Mobile JKN application was carried out on August 6, 2026, targeting residents of Patuhu Village who are registered BPJS Kesehatan participants. The activity began with observation and data collection to assess public understanding of the Mobile JKN application. Subsequently, residents were educated on registration procedures, checking active or inactive membership status, and utilizing features available within the application. The session also

included direct assistance for residents experiencing difficulties in operating the application.

The results demonstrated that the educational initiative provided benefits by increasing public knowledge and capacity to use Mobile JKN, allowing them to access BPJS Kesehatan information and services more independently. However, during execution, some residents still showed a lack of understanding regarding application usage and faced difficulties in operating certain features. These obstacles were addressed by providing explanations using simple language and through hands-on guidance.

These findings align with research by Utami, Asnawi, and Firah, which demonstrates that utilizing Mobile JKN can support public access to administrative healthcare services; however, user capacity to comprehend and operate the application remains a critical aspect requiring attention. Thus, education accompanied by hands-on practice and direct mentoring serves as a relevant approach to introducing digital healthcare services to rural communities. Education not only provides information about the application's existence, but also directly assists the community in understanding its functions and operational procedures.

This approach also holds empowerment value, as community members are guided toward accessing healthcare services independently. The program went beyond mere dissemination by providing individuals facing difficulties with the opportunity to receive hands-on mentoring until they mastered application usage. This corresponds with previous Mobile JKN educational initiatives that positioned mentoring and practical application usage as vital components in enhancing participant understanding.

Table 1. Implementation of the Health Education Program in Patuhu Village

Program	Date	Target Audience	Activity Format	Main Material/ Activity	Implementation Results
Mobile JKN Application Education	August 6, 2026	Residents of Patuhu Village (BPJS Kesehatan participants)	Educational outreach and direct mentoring	Registration, checking membership status, and utilizing Mobile JKN features	Community gained understanding and capacity to use Mobile JKN more independently
Clean and Healthy Living Education	August 26, 2026	1st-grade elementary school students in Patuhu Village	Direct and interactive education	Personal hygiene, environmental cleanliness, and healthy living habits	Increased student knowledge and awareness regarding clean and healthy living

Source: Community Work Lecture (KKM) activity results data, 2026.

2. Implementation of Clean and Healthy Living Education

Clean and healthy living education was conducted on August 26, 2026, targeting 1st-grade elementary school students in Patuhu Village. The activity commenced with coordination alongside school authorities and teachers, followed by

the development of educational materials tailored to the students' age and comprehension level. Content was delivered directly and interactively in the classroom, emphasizing the importance of maintaining personal and environmental hygiene and adopting healthy behaviors in daily life.

The implementation of this educational activity yielded benefits in the form of increased student knowledge and awareness regarding the importance of clean and healthy living. Education at school age is also aimed at forming positive habits that can be applied in daily routines. Challenges encountered during the activity included varying levels of comprehension and attention spans among students during the learning process. To overcome this, the materials were delivered using simple, interactive, and child-friendly language.

These results support research findings on PHBS education, which demonstrate that outreach can serve as a medium to enhance target audiences' knowledge and awareness regarding clean and healthy living practices. Providing education to elementary school students carries strategic value because content can be tailored to childhood developmental characteristics. The use of a simple and interactive approach in Patuhu Village represents an adaptation of methods to suit the target group's conditions, particularly since comprehension capabilities vary among early-grade primary students. Incorporating topics on personal and environmental hygiene for children also aligns with PHBS outreach activities that emphasize the importance of cultivating healthy habits from an early age.

The empowerment approach through PHBS education further aligns with research by Suprpto and Arda, which places educational outreach as a key effort in community empowerment to increase understanding of clean and healthy living behaviors. In the context of Patuhu Village, empowerment was achieved by fostering knowledge and awareness starting from the school environment, enabling students to bring these habits into their families and wider community. Fostering these habits also relates to the family's role in establishing and sustaining healthy lifestyle behaviors among its members.

Integration of Health Education as a Community Empowerment Effort The execution of both activities demonstrates that health empowerment in Patuhu Village can be achieved through an integrated approach that combines enhancing capacity to access healthcare services with establishing healthy lifestyle behaviors. Mobile JKN education was directed at community members as health service users, whereas clean and healthy living education was targeted at elementary school students as a group currently forming foundational habits. Both activities were carried out through direct education, tailoring methods to the characteristics of each target group.

This integration serves as a key value of the program, as empowerment is oriented not only toward the ability to obtain healthcare services, but also toward preventive measures through habituating healthy behaviors. PHBS education for elementary students aligns with research by Mizan et al., which positions the school environment as a crucial space for building children's knowledge and habits regarding clean and healthy living. Meanwhile, introducing Mobile JKN equips the

community with practical capabilities to utilize developments in digital health services more independently.

The success of the program implementation was also supported by the involvement of various stakeholders, including KKM students, village government, the local community, school authorities, and teachers. Activity reports indicate that this multi-party collaboration enabled the program to proceed smoothly despite challenges regarding Mobile JKN operational understanding, student attention spans, and resource constraints in other health activities. Program sustainability can be reinforced by encouraging the village government to assist residents who still experience difficulty using Mobile JKN, while prompting school authorities to consistently cultivate clean and healthy living habits.

Thus, the empowerment initiatives in Patuhu Village demonstrate that health education tailored to the needs and characteristics of target groups offers a practical approach to enhancing community capacity. The Mobile JKN program emphasizes independence in accessing healthcare services, whereas clean and healthy living education stresses the formation of preventive behaviors from school age. The combination of these two approaches represents a form of health empowerment that can be sustainably developed through the active involvement of village governments, communities, and educational institutions.

D. CONCLUSION

The KKM program in Patuhu Village, conducted through education on Mobile JKN and Clean and Healthy Living Behavior (PHBS), has contributed positively to enhancing public understanding regarding the utilization of digital healthcare services and the importance of maintaining personal and environmental hygiene. Mobile JKN education helped community members recognize the benefits and usage of healthcare services more conveniently, while PHBS education fostered awareness toward adopting clean and healthy living practices in daily life.

The implementation demonstrated that direct material delivery, accompanied by explanations and hands-on guidance, serves as an effective medium to increase knowledge and encourage community behavior change. Integrating Mobile JKN and PHBS education further reinforces the understanding that health encompasses not only access to healthcare services, but also disease prevention through healthy living habits. Consequently, it is hoped that these educational initiatives will be sustained through the active involvement of the village government, health cadres, families, schools, and the wider community, ensuring that Mobile JKN utilization and PHBS practices become enduring daily habits.

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