

Original research

# Factors Associated with the Implementation of GERMAS (Healthy Living Community Movement) in the Community of Cengkareng Timur Village

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## Abstract

**Background:** Healthy Community Movement (GERMAS) is a systematic and planned effort carried out jointly by the entire nation with awareness, willingness, and ability to behave healthily to improve quality of life. Based on the results of preliminary studies of visitors of the Cengkareng Health Center who live in the East Cengkareng area, it was found that the application of GERMAS in the Cengkareng community was still relatively insufficient and the number of Non-Communicable Diseases (NCDs) increased.

**Objective:** This study aimed to identify factors associated with the implementation of GERMAS in East Cengkareng Village

**Methods:** This study used a quantitative and correlational approach with a cross-sectional design. The population of this study is the East Cengkareng Community of adults aged 20-49 years. An accidental sampling technique was used to obtain 300 respondents. This research instrument was adopted from previous research conducted by Laksmi in 2019 to measure the implementation of GERMAS, attitude, and knowledge. The data obtained were analyzed using univariate analysis and bivariate analysis with Chi-Square.

**Results:** The results showed that the people in the East Cengkareng village as many as 252 (84.0%) respondents implemented GERMAS well and as many as 48 (16.0%) respondents did less implement GERMAS. The factors that have a significant relationship with the implementation of GERMAS are age (p-value=0.004), occupation (p-value=0.023), and attitude (p-value=0.013)

**Conclusions:** Age, occupation, and attitude can affect GERMAS implementation. Future researchers can analyze the application of GERMAS on different characteristics of respondents such as the elderly, pregnant women, adolescents, and on respondents with certain conditions.

**Keywords:** Age; attitude; GERMAS; occupation

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## Background

Health is a condition of complete physical, mental, and social well-being and not just being free from disease or weakness (World Health Organization, 2022). The Health Law of the Republic of Indonesia number 36 of 2009 explains that health includes physical, mental, and social health that enables everyone to be able to live socially and economically productive lives (Undang Undang Republik Indonesia, 2009). Health is a condition that must be maintained and improved by all components of the nation, the aim is to increase awareness, willingness, and ability to live a healthy life for everyone, so that the community can achieve the highest degree of health (Kementerian Kesehatan Republik Indonesia, 2018b).

Global health is currently experiencing a problem called the triple burden, which is a situation of increasing cases of non-communicable diseases (NCDs) and the re-emergence of types of diseases that should have been successfully overcome (Kementerian Kesehatan Republik Indonesia, 2018b). In 2018, the World Health Organization (WHO) declared NCDs as the number one cause of death in the world and made NCDs one of the biggest health problems of the 21st century. About 80% of these deaths occur in middle- and low-income countries. 73% of deaths are currently caused by NCDs, of which 5% are cardiovascular diseases, 12% are cancer diseases, 6% are chronic respiratory diseases, 6% are diabetes mellitus, and 15% are other NCDs. In 2019, the proportion of NCD deaths worldwide increased from nearly 61% to 74% (World Health Organization, 2022).

In Indonesia, the current public health conditions are increasingly complex, this is because Indonesia is experiencing changes in behavior patterns and disease patterns due to modern lifestyles. This is reflected in the prevalence of non-communicable diseases, where in 2018 the prevalence of cancer increased from 1.4% to 1.8%; stroke increased from 7% to 10.9%; and chronic kidney disease increased from 2% to 3.8%. Based on blood sugar tests, diabetes increased from 6.9% to 8.5%; and based on blood pressure measurements, blood pressure increased from 2.8% to 3.1% (Kementerian Kesehatan Republik Indonesia, 2018a). Meanwhile, lately, a new problem has emerged in the world of health that not only disrupts health problems in Indonesia but also the world, namely the coronavirus or COVID-19.

The government has a very important role in improving public health, namely by regulating health service practices in the form of guidance and supervision (Susetiyono & Iftitah, 2021). This is an action to minimize harmful policy-making and ensure that the health services obtained by the community follow the provisions of public services (Agustin & Syiam, 2020). To realize this function, the government has established the Healthy Living Community Movement (GERMAS) which is carried out in various regions in Indonesia (Susetiyono & Iftitah, 2021).

GERMAS is one of the systematic and planned actions carried out by all components of the nation simultaneously, with the desire and ability to live a healthy life to improve the quality of life (Susilawati et al., 2021). GERMAS also aims to reduce the burden caused by infectious diseases, lower health care costs, increase population productivity and minimize the increased financial burden of health care costs on the population. In 2016-2017, the Ministry of Health of the Republic of Indonesia (Kemenkes) focused on three GERMAS program activities, namely physical activity, eating fruits and vegetables, and health checks (Kementerian Kesehatan Republik Indonesia, 2019).

The implementation of GERMAS in Cengkareng was first carried out in 2017 and focused on activities such as physical activity, eating vegetables and fruits, and regular health checks. The results of the preliminary study found that in 2018 the highest cases of NCDs in adults (20-49 years) in Cengkareng were hypertension with 10.483 cases and type 2 diabetes mellitus with 7.113 cases. In 2019, it was found that in NCD data in adulthood, hypertension increased by 120 cases to 10.603 cases and type 2 diabetes mellitus increased by 244 cases to 7.357 cases. In 2020 NCDs in adulthood, hypertension increased by 371 cases to 10.947, and diabetes mellitus increased by 64 cases to 7.421 cases. Then in 2021 NCDs in adulthood, hypertension increased from 696 cases to 11.643 cases and type 2 diabetes mellitus increased by 473 cases to 7.894 cases. Based on the data above, it was found that the most common NCDs suffered by adults are hypertension and diabetes mellitus.

Interviews were conducted with 20 visitors to the Cengkareng Health Center who experienced NCDs. The results showed that 17 out of 20 people said they had an unhealthy lifestyle and food consumption. 14 out of 20 people said they did not do enough physical activity, 12 out of 20 people said they did not consume fruits and vegetables every day, and 17 said they never had regular health checks. Based on the preliminary data, it can be seen that the implementation of GERMAS in the Cengkareng community is still relatively lacking and the number of NCDs is increasing. Therefore, the researcher is interested in knowing the factors associated with the implementation of GERMAS in the Cengkareng Timur urban community. The aim of the study was to see the factors associated with the implementation of GERMAS in the Cengkareng Timur community.

## Method

### Study Design

This study uses a quantitative research design with a Cross-Sectional approach where researchers want to know the relationship between health behavior factors and the implementation of GERMAS, with cross-sectional helping researchers to study whether there is a relationship between the independent variable and the dependent variable.

### Setting

The population used in this study were all adults in East Cengkareng Village, in the western part of Indonesia. Data collection was conducted from February to April 2023 in East Cengkareng Urban Village. Data collection is done by the researcher and does not use research assistants.

### Sample/Participants

The sampling method used was Accidental sampling with sample criteria aged 20-49 as many as 300 respondents. The criteria for respondents are adults aged 20-49 years. The researcher conducted activities in the East Cengkareng urban village area, and joined the activities carried out by the health center in the area. Participants who came to the activity who became research respondents in accordance with the predetermined criteria for respondents aged 20 to 49 years.

### Variable

The dependent variable in this study is GERMAS Implementation, while the independent variables are age, gender, education, occupation, attitude, and knowledge,

### Instruments

The instrument used in this study is a questionnaire adapted from Laksmi (2019) and has been tested again by researchers. The validity test results show that there are 29 valid questions with a value of  $r$  count  $>$   $r$  table, with  $r$  table 0.250. The results of the reliability test  $r$ -count with the knowledge variable are 0.379, the attitude variable is 0.899, and the GERMAS variable is 0.766 which shows that the  $r$  count results on the three variables are greater than the  $r$  table value of 0.250, so the research instrument is declared reliable. GERMAS implementation questionnaire with 10 questions and attitude factor questionnaire with 10 questions, and knowledge factor questionnaire with 9 questions. The questionnaire used included demographic data, namely initial name, age, gender, education and occupation, as well as questions regarding the implementation of GERMAS, knowledge factors and attitude factors. The questionnaire questions and statements used a standardized questionnaire with research criteria, namely the GERMAS implementation questionnaire using a guttman scale, if "Yes" is given a value of 1, if "No" is given a value of 0. The knowledge factor questionnaire uses multiple choice with 1 for correct answers and 0 for wrong answers. The attitude factor questionnaire uses a Likert scale with a choice of strongly disagree, disagree, hesitate, agree, strongly agree on the application of attitude factors. The questionnaire formed by the researcher amounted to 29 questions and had been tested for validity and reliability.

### Data collection

Data collection was conducted from February to April 2023 in East Cengkareng Urban Village. Data collection is done by the researcher and does not use research assistants.

### Data analysis

Data analysis was carried out univariately and bivariate using the Chi-square.

### Ethical consideration

In the process of this research, the researcher tried to protect the rights of respondents by using ethical principles and had already conducted an ethical test by the Ethics Committee of the Faculty of Nursing, Universitas Pelita Harapan with ethical number 025/KEPFON/1/2023.

## Result

**Table 1** Data Distribution Based on GERMAS Implementation ( $n=300$ )

Kategori	Frekuensi	Persentase (%)
Good	252	84.0
Less	48	16.0

The results of the data distribution study based on GERMAS Implementation were 252 (84%) respondents who had implemented GERMAS well, and 48 (16%) respondents who did not implement GERMAS. Data distribution based on GERMAS implementation can be seen in **Table 1**.

**Table 2** Data Distribution Based on the Relationship between Respondents' Age and Implementation of GERMAS ( $n=300$ )

Age	GERMAS Implementation				Total	OR (95% CI)	P value
	Good		Less				
	n	%	n	%			
Young adult	171	79.9	43	20.1	214	100	0.245
Adult	81	94.2	5	5.8	86	100	0-0.6

The results of the data distribution study are based on the relationship between respondent age and GERMAS implementation, young adult respondents had better GERMAS implementation as many as 171 (79.9%) respondents. The Chi-Square test results obtained a p-value of 0.004, it can be concluded that there is a significant relationship between age and the application of GERMAS because the p-value <0.05. The results of the Risk Estimate difference analysis obtained an OR value of = 0.245, meaning that respondents with young adult age have a chance of implementing GERMAS 0.24 times higher than respondents with mature age. data distribution based on the relationship between respondent age and GERMAS Implementation can be seen in **Table 2**.

**Table 3** Data Distribution Based on the Relationship between Respondents' Education and Implementation of GERMAS ( $n=300$ )

Education	GERMAS Implementation				Total	P value	
	Good		Less				
	n	%	n	%			
Elementary	4	100	0	0	4	100	0.076
Junior High School	28	100	0	0	28	100	
Senior High School	91	82.7	19	17.3	110	100	
College	129	81.6	29	18.4	158	100	

The results of the data distribution study based on the relationship between respondents' education and the implementation of GERMAS were 129 (81.6%) respondents who had a college education level implemented GERMAS well. The Chi-Square test results obtained a value of  $p = 0.076$ , it can be concluded that there is no significant relationship between education and the application of GERMAS because the p-value > 0.05. These results indicate that respondents who have low and high education levels both apply GERMAS well. The distribution of data based on the relationship between respondents' education and the implementation of GERMAS can be seen in **Table 3**.

**Table 4** Data Distribution Based on the Relationship between Respondents' Occupation and Implementation of GERMAS ( $n=300$ )

Occupation	GERMAS Implementation				Total	OR (95% CI)	P value
	Good		Less				
	n	%	n	%			
Working	127	89.4	15	10.6	142	100	2.235
Not Working	125	79.1	33	20.9	158	100	1.1 - 4.3

The results of the data distribution study based on the relationship of respondents' occupations to the implementation of GERMAS were 127 (89.4%) respondents who worked implemented GERMAS well. While among respondents who did not work, there were 125 (79.1%) respondents who implemented GERMAS well. The Chi-Square test results obtained a p-value of 0.023, so it was concluded that there was a significant relationship between work and the implementation of GERMAS because the p-value <0.05. The results of the Risk Estimate difference analysis obtained an OR value = 2.235, meaning that respondents who work have a chance of implementing GERMAS 2.23 times higher than respondents who do not work. The distribution of data based on the relationship between respondents' work and the implementation of GERMAS can be seen in **Table 4**.

**Table 5** Data Distribution Based on the Relationship between Respondents' Attitudes towards GERMAS Implementation (*n=300*)

Attitudes	Implementation GERMAS				Total	OR (95% CI)	P value	
	Good		Less					
	n	%	n	%				
Positif	249	85.0	44	15.0	293	100	7.545	0.013
Negatif	3	42.9	4	57.1	7	100	1.6 – 34.8	

The results of the data distribution study based on the relationship between respondents' attitudes towards the implementation of GERMAS were 249 (85.0%) respondents who were positive about implementing GERMAS well. Chi-Square test results obtained p value = 0.013, it is concluded that there is a significant relationship between attitude and the application of GERMAS because p-value <0.05. The results of the Risk Estimate difference analysis obtained an OR value = 7.545, meaning that respondents with a positive attitude have a chance of implementing GERMAS 7.545 times higher than respondents with a negative attitude. Data distribution based on the relationship between respondents' attitudes towards the implementation of GERMAS can be seen in **Table 5**.

**Table 6** Data Distribution Based on the Relationship between Respondents' Knowledge and Implementation of GERMAS (*n=300*)

Knowledge	GERMAS Implementation				Total	OR (95% CI)	P value	
	Good		Less					
	n	%	n	%				
Good	30	90.9	3	9.1	33	100	2.027	0.370
Less	222	83.1	45	16.9	267	100	0.5 – 6.9	

The results of the data distribution study based on the relationship between respondents' knowledge and the implementation of GERMAS were as many as 222 (83.1%) respondents who had poor knowledge implemented GERMAS well. Chi-Square test results obtained p value = 0.370, it can be concluded that there is no significant relationship between knowledge and the application of GERMAS because p value > 0.05. The results of the Risk Estimate difference analysis obtained an OR value = 2.027, meaning that respondents with poor knowledge have a chance of implementing GERMAS 2.02 times higher than respondents with good knowledge. The distribution of data based on the relationship between respondents' knowledge and the implementation of GERMAS can be seen in **Table 6**.

## Discussion

The results of research conducted on 300 respondents in Cengkareng Timur urban village, the majority of respondents with good GERMAS implementation are young adults. Age indicates maturity in thinking and behavior, so the more mature a person is, the greater the motivation to implement clean and healthy living (Utama et al., 2020). Young adults tend to implement GERMAS well because their physical abilities are more supportive and it is easier to obtain information on existing health services. This shows that there is a significant relationship between the age of respondents and the implementation of GERMAS in the community in Cengkareng Timur urban village.

People with young adult age tend to be more active in doing physical activity in the living and working environment, this is because the age factor greatly affects a person's ability to do physical

activity. When someone is at a young age, they have more energy to do various types of activities. In addition, young adults have an average education between high school and college, so they have been exposed to the importance of doing physical activity and maintaining a healthy lifestyle. This knowledge encourages young adults to utilize physical activity more optimally (Abadini & Wuryaningsih, 2018). Young adults (20-40 years old) on average can obtain health service information better than adults (41-60 years old). This is because the majority of young adults have a tertiary education so they are often exposed to technology and information about the importance of maintaining health by doing physical activity, maintaining a diet, and practicing clean living. This information will help a person to understand and determine healthy living behaviors that will be carried out (Rahmadita et al., 2023). Meanwhile, adults tend to be more difficult to be exposed to the latest information related to health, due to limited knowledge of technology and the range of information that is not too wide.

In other circumstances, age does not determine the good implementation of GERMAS in the community. Good knowledge can encourage people to implement GERMAS in different age ranges because knowledge affects a person's behavior and increases awareness of implementing GERMAS (Lubis & Suryani, 2021). This can also be seen from some respondents of young adult age who still do not apply GERMAS, this is because young adults, especially those who are actively working, tend not to do much physical activity due to the amount of time spent working, causing a lack of physical activity (Abadini & Wuryaningsih, 2018). Therefore, it is not certain that age level affects the implementation of GERMAS in the community, because every age has the possibility of good GERMAS implementation. At any age, if someone has a strong inner drive to live a clean and healthy life it will be realized. Because the drive from within will realize the motivation to do an activity. From this motivation, healthy and clean living behavior is realized (Fatmawati et al., 2021).

The Relationship between Respondents' Gender and Implementation of GERMAS Gender is one of the factors associated with the implementation of GERMAS because there are differences in behavior patterns between men and women that make a difference in compliance with implementing GERMAS. In general, women are more diligent in maintaining cleanliness compared to men. In some cultures women are required to be able to maintain personal hygiene and the environment, women are accustomed to doing housework such as sweeping to keep the environment clean (Susanti et al., 2022). Women tend to know about how to care for and implement a clean and healthy lifestyle, but in doing physical activity men tend to be more active than women (Janwarin & Souisa, 2019).

In other conditions, men tend to implement GERMAS better than women. This is because men have more rationality than women. This rationale is developed with knowledge about the importance of caring for the environment. (Andana & Safrudin, 2021). This also means that there is no relationship between gender and the implementation of GERMAS because both men and women can implement GERMAS better. Women can understand that implementing GERMAS is important, but few are willing and able to carry out the recommended physical activities. In contrast, men tend to be better at physical activity because of the influence of the environment and social stigma that men should be better at doing physical activity or hard work (Ramdani et al., 2022).

Women have a healthier lifestyle that is better than men. This is because men are more likely to feel good about themselves, while women are more sensitive to health. This causes women to care more about living a healthy life than men. Women more often maintain their diet by paying attention to each ingredient or what type of food they will consume, how many ingredients each food they consume, and even women will go on a diet to maintain their body's health (Safitri et al., 2019). Types of food that are often consumed by most women are fruits, vegetables, and low-fat products. In contrast, men more often consume foods that are high in fat, carbohydrates, protein, sugar, and alcohol and tend to eat existing foods without paying attention to the effects of these foods on their health. (Ramonda et al., 2019). Based on this, the level of women's concern for health is better than that of men.

Based on research that was conducted on 300 people in the Cengkareng Timur sub-district, it was found that gender was not related to the implementation of GERMAS in the community. This is because both female and male respondents can apply GERMAS well, so there is no significant difference in the implementation between men and women. Both men and women have their factors that can increase motivation or awareness about the importance of implementing GERMAS. Such as women who apply GERMAS more because they are more sensitive to their health, and men who are more active in doing physical activities because of encouragement from their surroundings.

Education is one of the factors that supports the implementation of GERMAS, this is because higher education makes health knowledge better than someone with low education (Rochmawati & Rahayu, 2017). The higher a person's education indicates that he has received more understanding about how to maintain health and how to access current health services. When a person gets a good education

and knowledge, he will also have a good level of health awareness as well. This shows that education is a related part of implementing GERMAS because higher education helps a person better understand the importance of maintaining health by carrying out GERMAS programs.

Based on the results of research conducted on 300 respondents in the East Cengkareng sub-district, it was found that the majority had a good relationship between education and the implementation of GERMAS, with the average community having a tertiary education, but people with elementary education also continued to apply GERMAS well. This shows that there is no significant relationship between education and the implementation of GERMAS. Communities with the last elementary education still can implement GERMAS. Even though they have low education, the community still has good knowledge of consuming fruits and vegetables for their families (Kurniawan, 2019). The knowledge possessed by people with the last elementary school education level comes from the daily activities they usually do, such as cleaning the home environment, to preparing healthy food for the family and this is by the program in GERMAS.

A person's activeness in implementing GERMAS is also not affected by the level of education. Many people who have higher education end up working in a work environment that requires them to have little time for physical activity, for example, office workers (Abadini & Wuryaningsih, 2018). Someone who has low education usually does more work that makes the body actively move, because the wide field of work for them is usually related to physical and muscle strength, for example as coolies, laborers, and so on. Therefore, the level of education cannot determine whether a person implements GERMAS well or not, because both people with high and low education can implement GERMAS well and can also not implement GERMAS properly.

The low level of education causes individual awareness of the importance of cleanliness to be low. Respondents with higher levels of education view health as something more important than respondents with lower levels of education. Education can influence the perspective of a person and society, besides that higher education will make it easier to receive information or counseling provided (Murni & Irawan, 2020). As a result of this pattern of behavior, people with higher education can more easily receive information and implement GERMAS more quickly than people with low levels of education.

Employment is one of the factors that support the implementation of GERMAS, this is because people who work have better physical activity compared to people who do not work (Utama et al., 2020). Physical activity is the movement of the body that is influenced by skeletal muscles resulting in the use of body energy which generally improves health. By doing physical activity the risk of diseases such as diabetes, hypertension, and heart disease can decrease. So the worse the daily physical activity, the risk of disease will also increase. Employment is one of the main components of daily physical activity. When a person does not have a job, that person tends not to do physical activity so the implementation of GERMAS is not good.

Daily needs are increasing, making it difficult for unemployed adults to provide healthy food such as fruits and vegetables for their families. A high enough income can affect a person in fulfilling their needs and caring for their health (Janwarin & Souisa, 2019). Employment is not only related to physical activity but is related to economic income which will affect the provision of healthy food in daily life. Employment is very influential in the implementation of GERMAS where someone who has a job will have more opportunities to provide healthy food compared to people who do not have a job (Shafitra et al., 2020).

For some people, work does not affect the implementation of GERMAS, this can be seen from how families who do not work still try to provide fruit and vegetable food for their families. In addition, the presence or absence of work does not make people stop doing physical activities that help activeness in implementing GERMAS. Knowledge about the implementation of GERMAS is also not influenced by employment, because even people who do not work can receive knowledge about the importance of healthy living through various programs provided by the local government (Lubis & Suryani, 2021). Therefore, the implementation of GERMAS cannot only be seen in a person's employment status. Because both people who work and do not work can implement GERMAS well.

Based on the results of research conducted on the relationship between attitudes towards the implementation of GERMAS in the community in Cengkareng Timur village, it is known that the majority of respondents have a positive attitude towards GERMAS and have implemented it well. The results also show that there is a significant relationship between attitude and the implementation of GERMAS in the community. Attitude is a readiness or willingness to act, and not an implementation of certain motives (Mustofa et al., 2021). People who have good GERMAS implementation mostly have a positive attitude towards GERMAS. This is because a person's attitude shows how much they understand about the knowledge that has been given, a positive attitude that arises will help realize good GERMAS

implementation. People who have a positive attitude tend to be more open in expressing their opinions directly (Herwanto et al., 2022). This is what encourages a person to be more active in the community and provides motivation to carry out all forms of activities that implement GERMAS a success.

Attitude is a description of the respondent's opinion towards things that have just been given as new knowledge. There are various kinds of factors that can influence a person's attitude, one of the most frequent influences on a person's attitude is the experience that the person has seen or observed (Dewi, 2021). In some specific cases, there may be no relationship between respondents' attitudes and the implementation of GERMAS. The lack of knowledge in some communities can make it difficult to accept the information provided and cause negative attitudes towards the implementation of GERMAS in the community.

Knowledge is the result of knowing, and this occurs after people perceive a certain object. Knowledge will greatly influence a person's behavior, because the higher the knowledge, the higher the awareness/desire to implement GERMAS (Lubis & Suryani, 2021). Knowledge is something that affects a person's actions. Actions that come from knowledge will be more organized than actions without knowledge. When someone does something because he knows about it, the action he takes will be better than the person who does something but does not know what he is doing.

Every human being has a different level of knowledge. The higher a person's level of knowledge, the higher the individual's level of knowledge in assessing an object. When a person has negative knowledge, the actions he takes will tend to be negative, and when a person has a positive attitude, the actions he takes will lead to positive things, so good knowledge about GERMAS will make the person implement GERMAS well and when someone has poor knowledge about GERMAS, it will make him do GERMAS less well (Wati & Ridlo, 2020).

Based on the results of the study, show that the majority of people in Cengkareng Timur village have poor knowledge about GERMAS, but the implementation of GERMAS that has been carried out by the community is classified as good. This lack of knowledge is due to the lack of curiosity of the community to participate in government programs held at health centers and hospitals, curiosity is one of the attitudes that greatly affects a person's knowledge (Saraswati, 2019). Because of this, people do not know what kind of programs have been created by the government to help people live a clean and healthy life. The absence of a significant relationship between knowledge and GERMAS implementation shows that people who implement GERMAS well do not necessarily have knowledge that is balanced with the activities they have done. People tend to implement GERMAS well because of the pattern of activities they usually do, such as housewives who have the last education of elementary school do not have sufficient knowledge about GERMAS, but their implementation is good because they are accustomed to keeping the home environment clean and always ensuring that their families get healthy food and vegetables and fruits. The relationship between knowledge and implementation cannot be defined because knowledge does not affect the implementation of GERMAS, although most respondents have poor knowledge, many respondents implement GERMAS well (Nurmadani et al., 2021)

The limitations of this research are this study only covers several factors of the GERMAS program so that the results obtained do not describe the overall implementation of the GERMAS program in the community, and this study only covers people with adult age (20-49 years), so it cannot describe the implementation of GERMAS in communities with other characteristics.

## Conclusions

This study found that young adults implement GERMAS well, the older a person is, the greater the motivation to implement clean and healthy living. Someone who has a job tends to routinely do physical activity while working, which indirectly causes someone who works to apply GERMAS in their daily life in the work environment. A person's attitude towards a healthy daily lifestyle and awareness of the importance of a positive attitude towards healthy living will increase the implementation of GERMAS in the community. Recommendations for future researchers on GERMAS, to be able to examine the application of GERMAS in vulnerable groups such as pregnant women, the elderly, adolescents, and other vulnerable groups.

### Declaration Conflicting Interest

The authors declared no competing interest.

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none

## Author Contribution

Each author played a significant role in every aspect of the work, from its inception to its final form. They all agreed on the publication of the final version, chose the journal for submission, and accept responsibility for the entire project.

## Author Biography

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