

# Efforts Awareness And Interest Farmers Palm Sugar Through Health Promotion Media

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**Abstract:** *his study is aimed to determine the effect of health promotion media regarding food production an excellent way to increase awareness, interest, and evaluation palm sugar farmers in air miles atas village Rejang Rejang. Quantitative research methods to the design of the Pre posttest control group interventions through health promotion media. The results showed no effect of awareness and interest respondents were significantly before and after treatment with the extension of interventions for health promotion media but no influence evaluation significant respondents before and after treatment in treatment group provision of health promotion media. Researchers suggested that the Health Department Rejang Lebong guidance and supervision intensive, programmed and planned to process of palm sugar, in cooperation with stakeholders to maintain the quality and quantity of production of palm sugar and research can be continued with advocacy to regional governments and Rejang Lebong to issue certificates How Good Processed Food Production (CPPOB) from the relevant authorities.*  
**Keywords:** *palm sugar processing, CPPB, Health Promotion*

Household (IRT) in Indonesia generally have questions in terms of quality is inconsistently and potentially contain contaminants. The guarantee of food security is a must for food, including the basic needs of the most important and essential in human life.

Air Meles Atas Village District of Selupu Rejang is one of the reddest cave-producing villages in Rejang Lebong. According to the Village Head Above Water Meles, 65% of family heads have a business besides the brown sugar makers also have other jobs. Average per day, the village issued 2-7 tons of sugar taken or delivered to collectors. But in terms of quality, Rejang Lebong local community that the quality of sugar from the Water Village Meles Burk for containing detergent, the data obtained from the initial data collection on a haberdasher in Bang Market Curup Mego. This data is consistent with the findings Rejang Lebong District Health Office that the process of making brown sugar mixed with detergent. As can be uploaded to a website page: [7],[4],[1]

Processing and preservation of food and beverages need to be done correctly and adequately, accompanied by a strict monitoring system as this is done to avoid unintended negative consequences for the

Consumers. Besides, from the internal side of the farmers need also to measure how awareness, interest, and evaluation on whether or not local communities maintain the quality of the products it produces to improve their quality of life. So the purpose of the research is the influence of health promotion interventions to raise *awareness, interest, and evaluation* at the brown sugar farmers in the village of Upper Subdistrict Air Meles Selupu Rejang Rejang Lebong can be improved.

## I. INTRODUCTION

Media promotion of health as a means of education about health can be used as an effort to raise awareness, interest, and evaluation of what is needed from exposure to the media campaign, including how the production of palm sugar is good. Plant sugar palm (*Arenga pinnata*) has many benefits. With the growing season to bear fruit as long as 8 to 10 years, in every palm tree palm male can produce as much as 15 liters by once taken, where 10 liters can be 1 kg of palm sugar. Compared with other types of sugar, the sugar content in sugar from sugar water less so relatively safe consumption by diabetic patients, In addition, less sugar content, palm sugar is also known to contain other compounds that are useful such as thiamine, *riboflavin, ascorbic acid*, protein and vitamin C. In fact, there is no guarantee that the sugar plant can treat kidney stones, ulcers, and skin rashes ,

Aspects of quality and food safety are a significant problem in food production (Widaningrum and Winarti, 2007). Specifically may be mentioned that the food processing industry

## II. METHODS

The research is an actual experimental design with *pre-test post-test with control group design* in which researchers measured the effect of the treatment on the dependent variable will be tested by comparing the state of the dependent variable in the experimental group after being

treated with a control group that was not in entering treatment. The population of this research is all brown sugar farmers in the Water Village Meles Rejang Lebong District of Selupu orang. Teknik totaling 350 samples in this study is purposive random sampling, with criteria: farmers/processors palm sugar, villagers Air Meles Up, and long working > 5 years, so the number of samples obtained as many as 40 people, consisting of 20 examples of the control group and 20 person sample group intervention.

**III. RESULT**

**TABLE 1 RESPONDENT CHARACTERISTIC TREATMENT GROUP AND CONTROL GROUP**

Characteristic Respondent	intervension		Control		P
	f	%	F	%	
Education					
Elementary School	5	33,3	10	66,7	0,0
Junior High School	7	46,7	8	53,3	69
Senior High School	8	80,0	2	20,0	
Age					
20-45 years old	13	54,2	11	45,8	0,51
> 45 years old	7	43,8	9	56,2	9

The frequency distribution of respondents by level of education in the treatment group most are high school educated was (80.0%). As for the delivery of the respondents' education level in the control group at most an elementary education that is ten people (66.7%).

Most of the treatment group aged 20-45 years was 13 (54.2%). So also in the control group obtained the majority of the respondents were over the age of 20-45 years was 11 (45.8%). Statistical test results obtained by the value of education and age  $p > 0.05$ , it can be concluded there is no difference between the treatment groups with the control group.

**TABLE 2 DESCRIPTION OF AWARENESS, INTEREST, AND EVALUATION OF RESPONDENTS BEFORE TREATMENT IN EACH GROUP**

VARIABLE	Group		
	Treatment		
	Before treatment		
	Min	Max	Mean± SD
awareness	19	34	24,3+ 4,22
Interest	23	43	34,1+ 4,99
Evaluation	2	3	2,20 +0,41
VARIABLE	Group		
	Control		
	Before treatment		

	Min	Max	Mean± SD
awareness	19	34	24,8 + 4,46
Interest	34	54	42,0 + 5,43
Evaluation	2	4	2,85 ± 0,67

VARIABLE	Group		
	Treatment		
	Before treatment		
	Min	Max	Mean± SD
awareness	19	34	24,3+ 4,22
Interest	23	43	34,1+ 4,99
Evaluation	2	3	2,20 +0,41
VARIABLE	Group		
	Control		
	Before treatment		
	Min	Max	Mean± SD
awareness	19	34	24,8 + 4,46
Interest	34	54	42,0 + 5,43
Evaluation	2	4	2,85 + 0,67

Table 2 above, shows that the average awareness of respondents treated is 24.3 standard deviation of 4.22, control group awareness 24.8 average standard deviations of 4.46. Interest rates of respondents treated is 34.1 standard deviation of 4.99, interest respondents control group 42.0 with a standard deviation of 5.43. The average evaluation of the respondents addressed was 2.20 with a standard deviation of 0.41; the review of the respondents in the control group is 2.85 with a standard deviation of 0.67.

**TABLE 3 DIFFERENCES IN AWARENESS, INTEREST, AND EVALUATION BEFORE AND AFTER TREATMENT IN THE TREATMENT GROUP AND CONTROL GROUP**

Variable	Group		
	Treatment		P value
	Before treatment	After treatment	
	Average	Average	
Awareness	23,0 <sup>b</sup> + 4,22	31,0 <sup>b</sup> + 5,68	0,001 <sup>d</sup>
Interest	35,5 <sup>b</sup> + 4,80	50,0 <sup>b</sup> + 5,00	0,001 <sup>d</sup>
Evaluation	2,00 <sup>b</sup> + 0,41	2,00 <sup>b</sup> + 0,30	0,157 <sup>d</sup>

Variable	Group		
	Control		P value
	Before Treatment	After Treatment	
	Median	Median	
Awareness	24,8 <sup>a</sup> ± 4,46	31,9 <sup>a</sup> ± 4,35	0,001 <sup>c</sup>
Interest	42,0 <sup>a</sup> ± 5,43	44,7 <sup>a</sup> ± 6,95	0,090 <sup>c</sup>
Evaluation	2,85 <sup>a</sup> ± 0,67	20,0 <sup>a</sup> ± 0,00	0,007 <sup>c</sup>

Different test results showed a median awareness before treatment was 23.0 with a standard deviation of 4.22, the measurements obtained after treatment awareness median is 31, 0 with a standard deviation of 5.68, while the median interest in the treatment group was 35.5 with a standard deviation of 4.80, on measurements *post-test* obtained interest median is 50.0 with a standard deviation of 5.00. Evaluation before treatment in the treatment group was 2.00 with a standard deviation of 0.41, on measurements *post-test* obtained interest median is 2.00 with a standard deviation of 0.30.

Statistical test result Awareness ( $p = 0.001$ ) and interest ( $p = 0.001$ )  $p$ -value  $< 0.05$ , it can be concluded there is a significant difference awareness and attention before and after treatment in the treatment group. For evaluation ( $p = 0.157$ ) value of  $p > 0.05$  can be concluded there was no significant difference before and after treatment in the treatment group.

The average yield awareness *pre-test* in the control group was 24.8 with a standard deviation of 4.46, on measurements *post-test* obtained an average awareness was 31.9 with a standard deviation of 4.35. Interest control group showed an average *pre-test* was 42.0 with a standard deviation of 5.43, on measurements *post-test* obtained an average interest is 44.7 with a standard deviation of 6.95, the average evaluation *pre-test* is 2.85 with a standard deviation of 0.67, the measurements *post-test* obtained an average evaluation was 2.00 with a standard deviation of 0.00.

Results awareness different test ( $p = 0.001$ ) and evaluation ( $p = 0.001$ )  $p$ -value  $< 0.05$ , it can be concluded that there is a significant difference between *pre-test* and *post-test* and evaluation awareness in the group without treatment although it does not increase too. For interest ( $p = 0.090$ ) there was no significant difference between *pre-test* and *post-test*.

#### IV. DISCUSSION

The results showed that the average value of awareness the experimental group *pre-test* (23.0) and *post-test* (31.0). Furthermore, the average value of awareness the control group *pre-test* (24.85) and *post-test* (31.95). The above results indicate that the average awareness in the experimental group was higher than the control group. The results are consistent with research [11] that the average knowledge before training is 38.64 and rose to 41.64. It is influenced by the level of education they are average graduated from high school. Workers who have a college education will easily receive information that will act rationally to all behaviors to maintain hygiene in the processing of brown sugar. [10], the results of the test calculation *Paired sample* showed *t-test* test = -9543 with a  $p$ -value = 0.001. These results can be concluded that there

is the influence of education on changes in the value of knowledge about the habit of clean and healthy living behavior between *pre-test* and *post-test*.

The results also showed that the average awareness in the control group increased — the average of their education at the primary school level. In theory, if someone with low education levels, will hinder the development of attitudes towards reception, information, and values the newly introduced. An increase in knowledge in the control group is due to the workers who received information from friends, family about the importance of hygiene in the processing of brown sugar. Their health information received will make a person would think about the importance of health and try to perform health actions [9] argues that the more a person acquires the knowledge of useful information will get better and will have a good behavior too.

No statistical test results obtained health promotion media influence on the experimental group awareness ( $p$ -value=0.000)and the control group acquired  $p$ -value awareness ( $p$ -value=0.000). The results are consistent with research Edyati (2014) that found no significant difference in knowledge and attitudes in the control group and the experimental group( $p$ -value= 0.000). Health promotion is the process to make individuals and communities in improving and control factors that affect their health so that an increase in individual and community health [6]. Health promotion to transform knowledge because in this study the provision of health promotion using visual and audiovisual media. Gale Edgar learning theory also states that when given health education using the audio-visual press, will be stored in the memory as the brain by 50% and will tend to apply the results obtained observations.

It showed the average result value of interest *pre-test* experimental group (35.5) and *post-test* (42.0). Meanwhile, the average value of interest *pre-test* control group (42.00) and *post-test* (44.70). Interest related to the increase in the respondents' knowledge about something that is applied to the information received in the form of an attitude. Changes in position include changes in behavior and feelings that are supported by an increase in skill, ability, and thinking [2]. Research results [8] found that the average value of the attitude in the group receiving the intervention amounted to 84.24 and that does not get the response amounted to 78.65. The above results indicate that the average value of the interest in the higher experimental group than the control group. An increase in the attitude in the experimental group due to the provision of health promotion that uses not only the print media but also electronic media. Appearance electronic media using audiovisual so animated images displayed will increase the motivation so that it can conduct a more positive attitude [3].

The results showed that there is a health promotion media influence on the experimental group interest ( $p$ -value=0.000)and the control group was obtained  $p$ -value interest (0.090). This study is in line with [9] found no significant association with the attitude of handlers hygiene in the food sanitationJohan Pahlawan sub-district of Meulaboh town of Aceh Barat District 2014.

This result pointed out that the average value of *pre-test evaluation* the experimental group (2.00) and *post-test* (2.00). The average value of *pre-test evaluation* the control group (2.85) and *post-test* (2.00). In this study, the smaller the average score, *assessment* the better. Wagustina other research (2013) shows that the average behavior before the training of food handlers is 29.27 while the average behavior after the practice of food handlers increased into 32.09.

Provision of health promotion is a learning process that will affect the dimensions of cognitive, affective, and behavioral. The influence on the aspects of behavior includes behavior change is not good to be good, good emotional behavior change and behavioral words [11].

Significant changes in *the evaluation* of the experimental group are influenced by the level of education and knowledge workers. Education has a role in the ease of receiving health education messages and knowledge relating to give someone the ability to think the importance of a health action and will quickly determine his attitude toward the health measure. It is supported by research

[11] that the study results to influence the value of the achievement of knowledge on the behavior of the value of 0.043, which means there is positive between a person's level of knowledge about hygiene behavior in Diner SMA Muhammadiyah 2 Surabaya.

Results bivariate *p-value evaluation* experimental

group (0.157) and *p-value evaluation* the control group (0.000). *Evaluation* in this study is the result that is judged by whether *hygiene* is recommended in the study applied or not applied in the form of behavior.

Research [8] study showed that training could improve the value of the subject's behavior before and after the training that is equal to 12.83. Based on the test results *paired sample t-test* showed a significant association ( $p < 0.001$ ). [9] It is shown a different scores seller hygiene practices before and after counseling with  $p$ -value = 0.000 extension activities proved efficient means to improve hygiene practices vending stalls in the neighborhood UDINUS. Research [12] obtained value  $p$  0,028  $< \alpha = 0.05$ , then there is a relationship between the behavior of street vendors with *hygiene* food sanitation in the town of Meulaboh in West Aceh.

## V. CONCLUSION

There is the influence of awareness of respondents were significant before and after treatment in treatment group provision of health promotion media, There is the impact of interest respondents were substantial before and after treatment in treatment group giving a media campaign, and there is no influence evaluation respondents were significant before and after treatment in group treatment provision of health promotion media.

It is recommended that the Department of Health Care Pro Rejang Lebong, stricter guidance and supervision intensive, programmed and planned to process of palm sugar in Rejang Lebong, need to work with cross-sector to maintain the quality and quantity of production of sugar in Rejang Lebong and this research could be followed by advocacy Rejang Lebong Regional Government to issue a certificate of Processed Food Production Method Good (CPPOB) from the relevant authorities.

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