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# Strengthening Health Behavior and Disaster Preparedness through Community-Based Education in Sawahan Tourism Village, Trenggalek

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**ABSTRACT** Sawahan Village, located in Watulimo District, Trenggalek Regency, is a durian forest tourism area with strong potential to develop as a healthy and disaster-resilient tourism village. However, the community still faces challenges due to limited knowledge and capacity in health and disaster preparedness. This community service program applied three integrated approaches: (1) Communication, Information, and Education (CIE) on Clean and Healthy Living Behavior (PHBS); (2) mentoring in tourism governance, including administration, financial management, and tourism object development; and (3) capacity building for disaster preparedness. Focus Group Discussions (FGDs) revealed that Sawahan Village has strong tourism potential in durian and clove plantations but requires improved facilities and infrastructure. The interventions improved the competencies of tourism managers, enhanced community knowledge and skills in PHBS, and strengthened household-level preparedness. Before the program, only a small portion of residents understood the importance of healthy tourism management; after the intervention, disaster knowledge increased from 10% to 84%. These results indicate that participatory education effectively empowers rural communities to integrate health behavior and resilience into tourism management. Data analysis was performed using descriptive statistics, presenting frequency and percentage changes between pre- and post-intervention results to illustrate improvements in community knowledge and behavior. Practically, this model offers a scalable framework for public health practitioners and local governments to strengthen literacy and preparedness in other rural tourism settings. Future programs should focus on institutionalizing such activities within local tourism policies to ensure sustainability and continuous community empowerment.

**INDEX TERMS** Healthy tourism villages; healthy lifestyles; disaster response and resilience.

## I. INTRODUCTION

Tourism villages in Indonesia have become one of the government's strategic priorities in promoting sustainable rural development. By integrating the potential of natural resources, cultural heritage, and local wisdom, tourism villages are expected not only to improve community welfare but also to contribute to the achievement of the Sustainable Development Goals (SDGs), particularly in eradicating poverty, improving health and well-being, and building resilient communities.

The potential possessed by a village becomes a form of development carried out by the village government based on the management rights it holds, one of which is the natural potential in the tourism sector [1]. The Ministry of Tourism and Creative Economy of Indonesia has identified thousands of villages with potential to be developed as tourism villages,

highlighting their importance as drivers of economic diversification in rural areas. Indonesia has approximately 75,000 villages, of which around 1,200 have the potential to become tourism villages [2]. This underscores the significant potential of tourism villages as part of economic diversification in rural regions. The development of tourism villages can provide tangible economic impacts for local communities, such as increased income and reduced land rental costs, thereby supporting economic diversification in rural areas [3].

However, the development of tourist villages is not merely an economic agenda. Sustainable tourist villages must also prioritize public health, environmental quality, and preparedness in facing disaster risks. This perspective aligns with the global concept of sustainable tourism development, which emphasizes a balance between

economic growth, environmental preservation, and social resilience. Stability and favorable conditions are essential aspects of rural tourism management. The concept of sustainable tourism influences community efforts in building resilience in managing rural tourism [4]. Communities in tourist villages need to adopt clean and healthy living behaviors, maintain adequate sanitation, and be equipped with knowledge and skills to face natural and non-natural disasters that may disrupt daily life and tourism activities.

Sawahan Village, located in Watulimo Subdistrict, Trenggalek Regency, East Java, is one of the villages with promising potential to become a sustainable tourism destination. The village is renowned for its fertile plantations, particularly durian and clove, as well as its proximity to Perigi Beach, attracting both domestic and local tourists. Tourism planning and development in a region involve various stakeholders who contribute collaboratively [5]. Since 2015, Sawahan has been officially designated as a tourist village, supported by the East Java Provincial Government and the Surabaya Ministry of Health Polytechnic. The involvement of the local community in tourism management, ranging from hospitality, cultural attractions, to agriculture-based ecotourism, reflects the bottom-up approach necessary for sustainable tourism development. The involvement of the community in managing sustainable tourism exemplifies the practical application of ecotourism principles [6].

Nevertheless, Sawahan Village still faces several critical challenges. In terms of management, there is limited capacity among community groups to organize and maintain tourism activities in a professional manner. Infrastructure, particularly sanitation facilities, remains underdeveloped, which may affect both the health of the local community and the comfort of visiting tourists. Health promotion related to Clean and Healthy Living Behavior (PHBS) has not yet been fully implemented, and public awareness regarding the importance of sanitation and hygiene in supporting tourism is relatively low. Previous community assessment found that fewer than 30% of households practiced regular handwashing with soap, and only 25% reported having basic first aid supplies at home [7]. Public space cleanliness efforts aim to prevent and manage deficiencies in unhealthy public spaces, especially related to the potential for infection, pollution, or other health issues [8]. Furthermore, as an area prone to disasters, particularly landslides and floods, Sawahan has not yet established adequate mechanisms for disaster preparedness and response. Observations indicated that less than 20% of residents were aware of evacuation routes or local emergency procedures [9].

These conditions illustrate a clear gap between the potential of Sawahan as a tourism village and its current capacity to become a healthy, responsive, and disaster-resilient community. If left unaddressed, these issues may not only hinder the growth of tourism but also pose significant risks to public health and community safety. To address these

challenges, structured community service programs are needed to build local capacity through mentoring, education, and participatory engagement.

To guide the design of this intervention, this study adopts Lawrence Green's PRECEDE-PROCEED model and Zimmerman's Empowerment Theory as its theoretical frameworks. The PRECEDE-PROCEED model posits that behavioral change results from the interaction of predisposing, enabling, and reinforcing factors within a community, emphasizing participatory and practice-based approaches to planning [10]. Meanwhile, Zimmerman's Empowerment Theory describes how individuals and communities can gain greater control over their lives through participatory processes that build capacity and collective efficacy. This theory consists of intrapersonal, interactional, and behavioral dimensions, which together strengthen self-efficacy, critical awareness, and active community engagement [11]. Combined, these frameworks provide a comprehensive foundation for integrating behavioral, social, and environmental dimensions in promoting a healthy, empowered, and disaster-resilient tourism village.

In line with these theoretical perspectives, previous participatory disaster response planning practices previously implemented in the Watulimo District, where local wisdom and multi-stakeholder collaboration were applied to develop evacuation routes and temporary shelters [12]. Such participatory planning strengthens institutional readiness and community empowerment in disaster-prone tourism areas, supporting the integration of health, environment, and resilience in sustainable village development.

Accordingly, this program aims to evaluate pre-post changes in community knowledge and behavior across three key domains: (1) clean and healthy living practices (PHBS), (2) tourism-village governance, and (3) disaster preparedness. Through participatory education and capacity-building, the program seeks to empower Sawahan Village to evolve into a tourism destination that not only attracts visitors but also safeguards community health, safety, and resilience.

## **II. METHODOLOGY**

The community service program in Sawahan Village, Watulimo District, Trenggalek Regency was carried out over a period of seven months using a participatory approach. The main activities included Communication, Information, and Education (CIE) on Clean and Healthy Living Behavior (PHBS) through Focus Group Discussions (FGDs) involving community members, village officials, and tourism managers. FGDs served as a platform to explore local potential, discuss strategies for developing a healthy tourism village, and formulate disaster preparedness measures. In addition, community mentoring was conducted on tourism village governance, covering administration, financial management, tourism object development, and strengthening the capacity of local managers in disaster health crisis response. The mentoring process also included emergency response training, simulation exercises, emergency sanitation management, and

the establishment of a village disaster response team. To ensure sustainability, monitoring and evaluation were carried out through field observations, questionnaires, and group discussions with stakeholders. The evaluation focused on knowledge improvement, behavioral changes related to PHBS, community participation in disaster simulations, and the commitment to sustaining Sawahan as a healthy, disaster-responsive, and resilient tourism village.

Data were collected through pre- and post-intervention questionnaires, FGD observations, and household checklists. Knowledge was assessed with a 15-item structured questionnaire (5 items for Competence of Healthy Tourism Village, 5 for Public Knowledge about Health Preparedness during Disasters, and 5 for Community Behavior in Health Preparedness during Disasters) using a Two-point scale (yes and No). Behavior indicators were defined as observed actions, such as availability of a first-aid kit, participation in drills, and handwashing facilities at home.

### III. RESULT

The findings are presented descriptively, focusing on the percentage increases observed between pre- and post-intervention assessments. The analysis highlights substantial improvements in community knowledge and behavior related to tourism village management, healthy living practices, and disaster preparedness. These descriptive comparisons reflect the effectiveness of participatory education in strengthening community readiness and health resilience without employing inferential statistical testing.

#### A. Enhancing the Competence of Healthy Tourism Village Managers, Tourism Village Practitioners, and Local Communities in Developing Tourism Villages and Healthy Tourism Village Destinations

Efforts to improve the competence of Healthy Tourism Village managers, tourism village stakeholders, and the community are carried out through a series of educational activities and Focus Group Discussions (FGDs) designed to explore understanding, strengthen knowledge, and build collective awareness in the development of tourism villages. These efforts aim to enhance the community's understanding, awareness, and capacity in managing a healthy tourism village [13]. These activities not only aim to introduce the concept of sustainable tourism village management but also emphasize the importance of clean and healthy living behaviors (PHBS), the implementation of handwashing with soap (CTPS), and waste management through the Waste Bank as one of the main pillars in achieving a healthy tourism destination. Through this process, the level of participants' understanding was measured both before and after the FGD, revealing significant changes in the knowledge and behavior of the community.

Based on FIGURE 1., it is clear that the indicators measuring community knowledge about waste management via the Waste Bank have shown improvement. At first, only 5 individuals (10%) recognized the need for management in tourist villages, but following the Focus Group Discussion

(FGD), this figure rose to 42 individuals (84%). Ten people (20%) understood the importance of healthy behavior in tourist villages, which increased to 48 people (96%). Then, only 9 people (18%) understood the importance of CTPS in tourist villages, which increased after the Focus Group Discussion (FGD) to 46 people (92%). Thirteen people (26%) understood the management of waste banks in handling waste management in tourist villages, after the Focus Group Discussion (FGD) and post-test assessment, 42 people (84%) understood the management of waste banks in handling waste management in tourist villages. 7 people (14%) understood the procedures for managing tourist villages, and after the post-test, this increased to 45 people (90%).

#### B. Health Emergency Response to Disasters

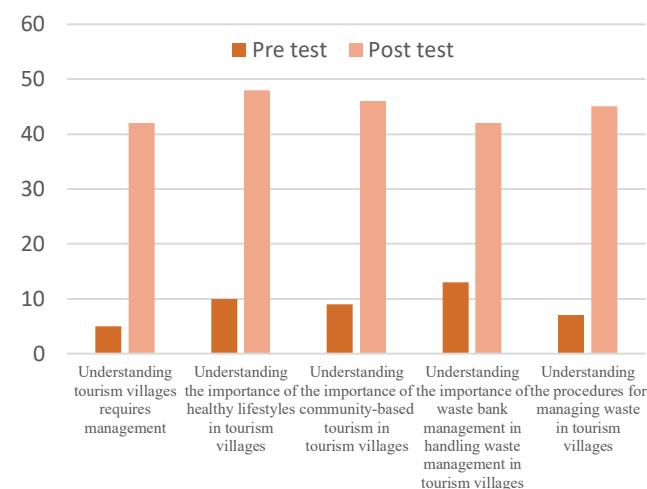


FIGURE 1. Level of Public Knowledge Related to the Competence of Healthy Tourism Village Managers

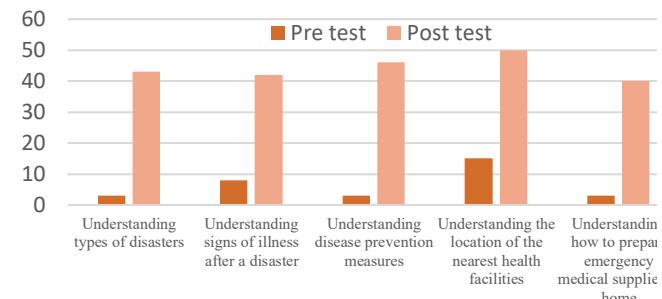


FIGURE 2. Level of Public Knowledge about Health Preparedness during Disasters

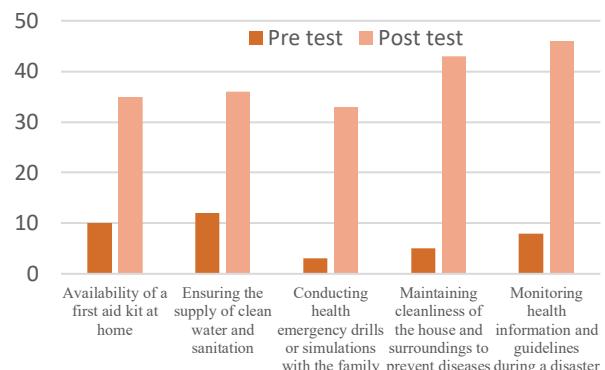
Preparedness is an effort undertaken to anticipate the possibility of disasters in order to avoid loss of life, property damage, and disruption of community order [14]. The level of public knowledge regarding health preparedness during disasters is measured through several indicators, including understanding of the types of disasters, signs of post-disaster

illnesses, disease prevention measures, the location of the nearest health facilities, and the preparation of emergency medical equipment at home. The results of the measurements before and after the Focus Group Discussion (FGD) are shown in **FIGURE 2**.

**FIGURE 2** shows a clear improvement in the indicators used to evaluate the community's knowledge level regarding the classification of various disaster types. Initially, only 3 people (6%) understood the types of disasters, after the Focus Group Discussion (FGD) this increased to 43 people (86%). 8 people (16%) understood the signs of disease after a disaster, which then increased to 42 people (84%). Then, only 3 people (6%) understood the steps to prevent disease, which increased after the Focus Group Discussion (FGD) to 46 people (92%). Fifteen people (30%) knew the location of the nearest health facility, after the Focus Group Discussion (FGD) and post-test assessment, 50 (100%) knew the location of the nearest health facility. Three people (6%) understood how to prepare emergency medical equipment at home, which increased to 40 people (80%) after the post-test.

In addition, an assessment of indicators for community behavior was also conducted. The following table shows the level of community behavior in waste management through waste banks:

Based on **FIGURE 3**, only 10 people (20%) of the community had a first aid kit at home. However, after the Focus Group Discussion (FGD), the community's behavior changed and there was an increase of 35 people (70%) who had a first aid kit at home. Before the Focus Group Discussion (FGD), 3 people (6%) conducted emergency health response drills or simulations with their families. After the Focus Group Discussion (FGD), 33 people (66%) conducted emergency



**FIGURE 3. Community Behavior in Health Preparedness during Disasters**

health response drills or simulations with their families. Before the Focus Group Discussion (FGD), 5 people (10%) maintained the cleanliness of their homes and surroundings to prevent disease. After the Focus Group Discussion (FGD), 43 (86%) others participated in maintaining the cleanliness of their homes and surroundings to prevent disease. Then, 46 people (92%) after the Focus Group Discussion (FGD) monitored health information and instructions during disasters.

#### IV. DISCUSSION

##### A. IMPROVING THE COMPETENCE OF HEALTHY TOURISM VILLAGE MANAGERS, PRACTITIONERS, AND LOCAL COMMUNITIES

Tourism village development initially needs to consider the existing potentials within the village, including both tourism resources and human resources [15]. The findings of this study demonstrate a significant increase in the understanding and behavior of the community regarding healthy tourism village management following a series of educational activities and Focus Group Discussions (FGDs). Before the intervention, the community had very limited knowledge regarding tourism village management, clean and healthy living behaviors (PHBS), proper handwashing with soap (CTPS), and waste management via the Waste Bank. After the intervention, significant progress was seen, including an increase in awareness of tourism village management from 10% to 84% and the recognition of the importance of CTPS rising from 18% to 92%.

This improvement confirms that participatory approaches, such as FGDs, are highly effective in fostering collective awareness and driving behavioral changes. The results align with the study of [16], who found that psychological and social empowerment dimensions were the strongest among community members involved in tourism villages, emphasizing the importance of knowledge, awareness, and participation in sustainable development. Similarly, [17] highlighted that community empowerment strategies, including participative decision-making and capacity building, are central to strengthening the competence of local communities in developing tourism villages. The establishment of FGDs as part of community service activities successfully enhanced the community's awareness, knowledge, and skills in disaster preparedness, particularly regarding fire hazards, with an average increase in understanding by 59.2% [18]. The role of FGDs in raising collective awareness through counseling and training promotes social solidarity and shared responsibility in disaster risk management [19].

Furthermore, [20] demonstrated that eco-educational culture tourism initiatives that included socialization, training, and active involvement of local organizations (such as Pokdarwis and PKK) significantly improved community knowledge and participation. These findings are consistent with the outcomes of this study, which show that structured education and institutional involvement create sustainable improvements in competence and behavior.

Nevertheless, as [16] emphasize, while psychological and social empowerment indicators show rapid improvement, economic empowerment often lags behind. Training and education enhance local capacity, accelerating post-disaster recovery, but highlight the need for inclusive and adaptive approaches to support long-term social and economic resilience [21]. This suggests that while interventions like FGDs can enhance awareness and participation, further

strategies are required to translate these improvements into long-term economic sustainability.

A notable advantage of the present study is the use of pre-post measurement, which provides stronger evidence of knowledge and behavioral change compared to cross-sectional studies. However, as other research has pointed out, the sustainability of such improvements often depends on continuous program implementation and consistent support from local institutions and government structures. This suggests that while FGD and education effectively boost knowledge and awareness, long-term success requires sustained institutional support and monitoring. This aligns with [22], which utilized pre- and post-surveys to measure service quality and changes in tourist perceptions. The study emphasizes the necessity for periodic surveys, consistent feedback-based improvements, and institutional support to maintain service quality and ensure the sustainable development of tourist villages.

#### **B. HEALTH EMERGENCY RESPONSE TO DISASTERS**

Emergency response is a series of activities conducted when a disaster occurs, aimed at minimizing the impact of the disaster and facilitating recovery from it. These activities may include routine health examinations and health education [23]. The results also indicate significant progress in community preparedness for health emergencies during disasters. Before the intervention, only a small proportion of participants understood disaster types, post-disaster illness signs, and preventive measures. After the FGD, however, knowledge levels improved markedly—for example, understanding of disaster types rose from 6% to 86%, and knowledge of disease prevention measures increased from 6% to 92%.

Behavioral changes were also evident. The percentage of households with a first aid kit increased from 20% to 70%, while the number of families conducting emergency response drills rose from 6% to 66%. These outcomes suggest that community-based FGD interventions are effective in embedding a culture of preparedness at the household level. This aligns with the broader literature emphasizing that disaster risk management at the community level is strongly influenced by individual and family preparedness capacities. Empowering household capacities through FGDs via education and preparedness training can significantly reduce disaster risk and build better community resilience [24]. A study in Cikole Village that utilized FGDs for mapping evacuation routes and gathering points, with community participation, resulted in increased disaster awareness [25].

Furthermore, this intervention demonstrates that beyond knowledge gains, FGD-based education fosters greater self-reliance, empowering communities to take preventive and responsive actions during emergencies. Strengthening community resilience in this way provides a strong foundation for developing tourism villages that are not only environmentally sustainable but also disaster-resilient. This is

consistent with the results of study [26], which demonstrated that the tourism awareness group's abilities in Cisaat Village improved through socialization and disaster mitigation training. These efforts aimed to establish the group as a partner in preparing both the community and tourists, thereby enhancing the village's social resilience and safety.

The findings align with [27], who found in Yogyakarta that disaster health literacy and risk perception are strong predictors of preparedness and resilience in volcano-prone communities. Similarly, [28] in Cisarua observed that despite sufficient levels of knowledge and attitude, the overall preparedness (especially institutional readiness, planning, resource mobilization) remained low. These studies highlight that while interventions can effectively improve individual and household readiness, broader structural and institutional gaps often limit the sustainability of these gains. In addition, several scholars caution that increased knowledge does not automatically translate into long-term behavioral change, as disaster preparedness is frequently constrained by limited resources, time, and institutional support.

External factors such as previous disaster experiences and the frequency of hazard events also play a role in shaping preparedness. Taken together, these insights suggest that future programs must not only enhance knowledge and awareness but also provide continuous reinforcement and strengthen institutional support to ensure sustained resilience. This aligns with the findings of a study by [29], which reported a significant positive correlation between disaster experience and community preparedness, with disaster experience contributing 55%. This indicates that individuals or communities who have previously experienced disasters tend to be more prepared to face emergency situations. The influence of disaster experience on preparedness was measured at 61.8% in the context of Pandeglang, reinforcing that past experience is an important factor in preparedness [30].

#### **V. CONCLUSION**

This study demonstrates that educational activities and Focus Group Discussions (FGDs) significantly improved community competence in managing healthy tourism villages and strengthened disaster health preparedness. The intervention not only enhanced knowledge related to tourism village management and healthy living practices but also fostered positive behavioral changes at the household level, such as improved readiness with first aid kits, household cleanliness, and family-based emergency response drills.

The findings further show that while community knowledge and behavior increased substantially, long-term sustainability requires continuous institutional and infrastructural support. Therefore, it is recommended that local authorities and community organizations: (1) institutionalize periodic health education and preparedness drills; (2) strengthen coordination between health offices, tourism managers, and disaster response agencies; and (3)

integrate community-based health and disaster resilience programs into tourism village governance. These steps are essential to ensure that the improvements achieved through participatory education remain sustainable and embedded in local policy and practice.

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