



CLEAN AND HEALTHY LIFESTYLE BEHAVIOR IN THE FAMILY IN SENA VILLAGE

Roni Gunawan, Linda Hernike Napitupulu, Herkules Abdullah

¹Lecturer in public health sciences of Institut Kesehatan Helvetia, roni.creation99@gmail.com

²Lecturer in public health sciences of Institut Kesehatan Helvetia, lindahernike7@gmail.com

³Lecturer of Universitas Negeri Medan, abdullahherkules@gmail.com

ABSTRACT

Health development of a country begins with the development of health from the family. One of the efforts is to improve the behavior of a clean and healthy life in the family. The family is the initial environment for shaping everyone's consciousness. Therefore, it is necessary to analyze the determinants of clean and healthy living behavior in the family so that family members can truly carry out healthy behavior in interacting with the wider community. This study used a survey approach with a cross sectional design. The sample of this study was the head of the family, amounting to 59. Data collection was carried out by conducting interviews using a questionnaire. Data analysis using logistic regression test. The results showed that from several variables analyzed, the education variable ($p = 0.04$) and income ($p = 0.002$) had an effect on the clean and healthy behavior of families in Sena Village. Village officials must ensure that the sustainability of education in the village runs well in order to always increase the awareness of community members, other than that related stakeholders must always increase health promotion efforts so that there is an increase in public awareness outside formal education

Keywords: PHBS, Family, Education, Income

INTRODUCTION

Health law affirms that health is a state of health, whether physically, mentally, spiritually or socially, which enables everyone to live productively socially and economically. In order to realize this condition, everyone must create a Clean and Healthy Life Behavior. According to Ambar Wati (2020) that the application of Clean and Healthy Behavior (PHBS) is an effort to convey lessons in the form of experiences to each individual, family member, group, and the general public.

According to the Ministry of Health (2011), PHBS aims to form people who are able to adopt healthy habits of life every day in an effort to improve their health status at the household and community level. PHBS is a health effort that is carried out consciously, and can influence positive habits in the family and community in maintaining health.

PHBS can be applied in various places, both households, workplaces, health services, and public places. The PHBS program consists of 10 specific indicators in the household that must be carried out by the family and all its members. The 10 indicators in Clean and Healthy Living Behavior in household settings are 1) carrying out childbirth by health workers, 2) exclusive breastfeeding 3) children under 5 years are weighed every month, 4) using clean water, 5) washing hands with clean water and soap, 6) using healthy latrines, 7) eradicating mosquito larvae, 8) eating vegetables and fruit every day, 9) doing physical activity every day and 10) not smoking in the house. (Rhaksanagara, 2015).

PHBS has a positive impact on families, according to Nurhajati in Natsir (2019), community development starts with the family, because a healthy family is an asset to carry out development in the future. The family is the smallest unit in which it can help prevent disease transmission, so strengthening the PHBS of family members needs to be empowered.

The importance of PHBS for the family makes indicators in it oriented towards family health. In its implementation, many factors influence the implementation of this PHBS in households. According to Palupi (2011), a person's education is proven to have an effect on clean and healthy behavior in society, as well as income (Ritzer, 2005). It can be concluded that the higher a person's education, the better his PHBS is.

According to Green (2005), the factors that influence healthy behavior are divided into 3 parts, namely predisposing factors (age, community knowledge level and community education level), enabling factors (facilities and facilities) and reinforcing factors (community leader support, officer behavior). health, and whether or not PHBS health promotion can be delivered to the community).

Based on this, it is necessary to analyze in depth the determinants of the family in living a clean and healthy lifestyle. When we know the determinants, we can increase PHBS at the family level.

THEORETICAL REVIEW

Health Behavior

According to Skinner, behavior is a person's response to stimuli that come from outside, so it can be understood that the behavior occurs because of the process of a stimulus to the organism, then the organism responds. According to Skinner this is called the "S-O-R" or Response Organism Stimulus. According to Skinner (1996) there are two responses related to this, namely

1. Respondent response or reflexive, namely the response generated by certain stimuli. This kind of stimulus is called eliciting stimulation because it produces responses that are relatively constant. For example: delicious food causes a desire to eat, bright light causes closed eyes, and so on. This respondent response also includes emotional behavior, for example hearing news of a disaster, being sad or crying, passing a test that is overflowing with joy by having a party, and so on.
2. Operant response or instrumental response, which is a response that arises and develops and is followed by certain stimuli or stimulants. This stimulant is called a reinforcing stimulation or reinforcer, because it strengthens the response. For example, if a health worker performs his / her job well (responds to a job description or thesis job) then gets an award from his superior (new stimulus), then the health worker will be even better at carrying out his duties

Health behavior is a person's response (organisms to stimuli or objects related to illness and disease, the health service system, food, beverages and the environment.

According to Skinner (1996) health behavior can be classified into three groups:

1. Health maintenance behavior (Health maintenance) Is a person's behavior or efforts to maintain or maintain health so as not to get sick and efforts to heal when sick. Therefore, this health care behavior consists of three aspects, namely:
 - a. Disease prevention behavior, and disease healing when sick, and health recovery when recovering from disease.
 - b. Health improvement behavior, when a person is in good health. It should be explained here, that health is very dynamic and relative, therefore it is necessary for a healthy person to achieve the optimal level of health possible.
 - c. Nutritional behavior (food and drink). Food and drink can maintain and improve one's health, but on the other hand, food and drink can cause a person's health to decline, and can even lead to disease. It really depends on people's behavior towards these foods and drinks.
2. Behavior seeking and using health care systems or facilities or often called health seeking behavior. This behavior is about the efforts or actions of a person when suffering from illness and / or accident. This action or behavior starts from self-treatment, alternative medicine, traditional health medicine to seeking treatment abroad.
3. Environmental health behavior How a person responds to the environment, both physical and socio-cultural environment, and so on, so that the environment does not affect their health. In other words, how does a person manage their environment so that it does not interfere with the health of themselves, their family, or their community. For example, how to manage feces disposal, drinking water, landfills, waste disposal, and so on.

METHOD

This study used a survey research method with a cross-sectional approach, where the data were taken at one visit. The sample of this research was the heads of the families of Dusun IX Desa, totaling 59 families. Data obtained by conducting interviews using a questionnaire instrument related to hygiene and healthy living habits. Data analysis using logistic regression test

RESEARCH FINDING & DISCUSSION

The research results descriptively can be seen in the table below:

Table 1. Descriptive Results Based on Variables

Variable	Frequency	Percentage
Clean and Healthy Living Behavior (PHBS)		
1. Bad	38	64,4
2. Good	21	35,6
Education		
1. Basic	25	42,4
2. medium to high	34	57,6
Job		
1. Job	59	100
2. Unjob	0	0
Income		
1. Below the Regional Minimum Wage	29	49,2
2. Above the Regional Minimum Wage	30	50,8
Quantity of Family		
1. 1-2 child	6	10,2
2. More of 2 childs	53	89,8
Total	59	100

Based on the table, it is known that the majority of respondents have a clean and healthy lifestyle which is classified as bad at 64.4%. Then the majority of respondents have a background of secondary education and above at 57.6%, where all respondents work in a variety of jobs. Regarding income, it is known that 50.8% of the respondents have a wage above the regional minimum wage. Then, regarding the number of families, it is known that the majority of families have more than 2 children.

Then the in-depth analysis to see the factors that influence the behavior of clean and healthy life is continued by using a linear logistic regression test on the grounds that the resulting data is not the norm. The results of statistical analysis can be seen in the following table,

Table 2. Classification Table^{a,b}

Observed			Predicted		
			PHBS		Percentage Correct
			Bad	Good	
Step 0	PHBS	Bad	38	0	100.0
		Good	21	0	.0
	Overall Percentage				64.4

a. Constant is included in the model.

b. The cut value is .500

Table 3. Variables in the Equation

		B	S.E.	Wald	df	Sig.	Exp(B)
Step 0	Constant	-.593	.272	4.757	1	.029	.553

Based on the table above, it is known that the resulting constant is 0.029 (<0.05), this means that using a simple equation model (only constants) is able to provide an explanation of the proportion of Clean and Healthy Living Behaviors. Furthermore, it can be seen in the Block 1 output

Table 4. Variables not in the Equation

			Score	df	Sig.
Step 0	Variables	Education	10.534	1	.001
		Income	11.824	1	.001
		Quantity of Family	1.044	1	.307
	Overall Statistics		20.045	3	.000

The output above is Block 0 or the starting block is the initialization process, meaning that the variables X1 and X2 and X3 have not been included in the research model. In other words, this

model is a logistical equation model that only uses constants to predict whether respondents fall into the approved or disapproved categories.

Model Significance Test

Table 5. Omnibus Tests of Model Coefficients

		Chi-square	df	Sig.
Step 1	Step	23.593	3	.000
	Block	23.593	3	.000
	Model	23.593	3	.000

Based on the table "Omnibus Tests of Model Coefficients" to see the test results simultaneously the effect of this independent variable. Based on the table above, the Sig.Model value is 0.000. Because this value is less than 5%, we reject Ho at the 5% significance level so that it is concluded that the independent variables used jointly affect the Clean and Healthy Behavior with at least one independent variable that influences.

Table 6. Model Summary

Step	-2 Log likelihood	Cox & Snell R Square	Nagelkerke R Square
1	53.230 ^a	.330	.453

a. Estimation terminated at iteration number 5 because parameter estimates changed by less than .001.

Based on the table above, it can be seen that by including two independent variables there has been a change in the parameter estimation (-2 Log likelihood) of 53,230. If seen, the R-square value is 0.330 or 33% (Cox & Snell) and 0.453 or 45.3% (Nagekerke). Thus it can be interpreted that with two variables, namely X1, X2, X3, the behavior of a clean and healthy life which can be explained is 45.3%.

Table 7. Hosmer and Lemeshow Test

Step	Chi-square	df	Sig.
1	2.338	5	.801

The table above is the chi-square test of the Hosmer and Lemeshow test. However, in its application, modifications have been made. Based on the table above, it is known that the

significance value of 0.801 (> 0.05) means that the model has adequately explained the data (goodness of fit).

The ODDS RATIO interpretation

Table 8. Classification Table^a

			Predicted		
			PHBS		
Observed			Bad	Good	Percentage Correct
Step 1	PHBS	Bad	33	5	86.8
		Good	7	14	66.7
	Overall Percentage				79.7

a. The cut value is .500

Table 9. Variables in the Equation

		B	S.E.	Wald	df	Sig.	Exp(B)
Step 1 ^a	Education	2.325	.807	8.303	1	.004	10.229
	Income	2.303	.743	9.612	1	.002	10.008
	Quantity of Family	.011	1.227	.000	1	.993	1.011
	Constant	-3.493	1.272	7.546	1	.006	.030

Based on the table above which is the main table of logistic regression data analysis, it is known that the p-value of the significance of the data identity variable is $0.004 < 0.05$, so reject H_0 . It can be concluded that there is a significant effect of education on clean and healthy living behavior with the coefficient of influence of 2.325. Then the p-value of the significance of the income variable is $0.002 < 0.05$, so reject H_0 which proves that there is a significant effect of income on clean and healthy living behavior with an influence coefficient value of 2.303. Logistic regression equation model.

DISCUSSION

The results of the study prove that education affects the behavior of clean and healthy living in the family. This is in line with Nur Adliyani (2017), Ahril (2019) that a person's education affects the behavior of a clean and healthy life. According to Ambar Wati (2020), the level of education can affect PHBS in the family. If the level of education is not good, one's awareness of the importance of PHBS will also be lower. Conversely, if someone's formal education is good, then the awareness in behaving in a clean and healthy life will also be good.

According to Ross in Hahn (2015) that education is an inseparable basis from health. Someone who is not healthy is caused by basic knowledge, reasoning abilities, emotional capacity, self-awareness and emotional regulation, and the ability to interact socially. All of these aspects are products of formal education and other learning experiences taken informally, conceptually in line with physical capacity for fitness and coordination - components of good health. Therefore the importance of formal education is applied to all family members so that family members have a good initial awareness of behaving in a healthy manner in daily activities.

Apart from education, the income factor also affects my behavior to live a clean and healthy life in the family. This is in line with the research of Faisal Ibnu (2018) that the higher the socio-economic status, the better the behavior of a clean and healthy life. Likewise with Yuliandari's research (2016) that the socio-economic conditions of the family affect the implementation of family PHBS. The socioeconomic level of families that are in the low category has the opportunity not to behave in a clean and healthy life by 5 times compared to the socioeconomic status of upper families.

REFERENCES

- [1] Undang-undang nomor 36 tahun 2009 tentang Kesehatan
- [2] Puput Dwi Cahya Ambar Wati, Ilham Akhsanu Ridlo. 2020. Perilaku Hidup Bersih dan Sehat pada Masyarakat di Kelurahan Rangkah Kota Surabaya. *Jurnal Promkes: The Indonesian Journal of Health Promotion and Health Education* Vol. 8 No. 1 (2020) 47-58 doi: 10.20473/jpk.V8.I1.2020.47-58
- [3] Kemenkes RI (2011) Panduan Pembinaan dan Penilaian Perilaku Hidup Bersih Dan Sehat Di Rumah Tangga
- [4] Raksanagara, A. S., Ahyani, R. 2015. PHBS sebagai Determinan Kesehatan yang Penting pada Tatanan Rumah Tangga di Kota Bandung. JSK

- [5] Muh. Fajaruddin Natsir .2019. Perilaku Hidup Bersih Dan Sehat (Phbs) Pada Tatanan Rumah Tangga Masyarakat Desa Parang Baddo. Jurnal Nasional Ilmu Kesehatan (Jnik) Volume 1. Edisi 3 2019
- [6] Palupi, A, dkk. 2011. Manajemen Penerapan Perilaku Hidup Bersih Dan Sehat (Phbs) Tatanan Rumah Tangga Di Kelurahan Kurao Pagang Padang. Prodi Ilmu Kesehatan Masyarakat Stikes Bukittinggi: Journal Endurance October 2016.
- [7] Ritzer, George, Douglas J. Goodman. 2007. Teori Sosiologi Modern. Jakarta: Kencana.
- [8] Green, W, Lawrence.et.al. 2005. Health Education Planing A Diagnostik Approach, The Johns Hapkins University. Mayfield Publishing Company.
- [9] B. F Skinner, Science and Human Behaviour (New York: McMillan, 1996)
- [10]Nur Adliyani , Dian Isti Angraini, Tri Umiana Soleha. **2017**.Pengaruh Pengetahuan, Pendidikan dan Ekonomi Terhadap Perilaku Hidup Bersih dan Sehat pada Masyarakat Desa Pekonmon Kecamatan Ngambur Kabupaten Pesisir Barat Zaraz Obella . Jurnal Majority Volume 7 Nomor 1 November 2017
- [11]Ahral, Gunawan Bata Ilyas, Trimaya Cahya Mulat. 2019. Pengaruh Kualitas Penyuluh Dan Pendidikan Terhadap Perilaku Hidup Bersih Dan Sehat Melalui Pemahaman Masyarakat Di Wilayah Kerja Puskesmas Caile Kabupaten Bulukumba. Yume : Journal Of Managementvolume 2 No. 3 2019
- [12]Robert A. Hahn and Benedict I. Truman.2015. Education Improves Public Health and Promotes Health Equity. International J ournal Health Service. 2015 ; 45(4): 657–678. doi:10.1177/0020731415585986.
- [13]Faisal Ibnu, Emyk Windartik, Indra Yulianti .2018. Hubungan Status Ekonomi Dengan Perilaku Hidup Bersih Dan Sehat Dalam Rumah Tangga. The Indonesian Journal Of Health Science. Vol. 10, No.2, Desember 2018
- [14]Dwi Wahyu Yuliandari , Nurnaningsih Herya U.I. 2016. Pengaruh Pengetahuan Dan Sosial Ekonomi Keluarga Terhadap Penerapan Perilaku Hidup Bersih Dan Sehat (Phbs) Tatanan Rumah Tangga Di Wilayah Kerja Puskesmas X Kota Kediri. Jurnal Wiyata, Vol. 3 No. 1 Tahun 2016