

Analysis of the Behavior of Clean and Healthy Living Communities

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Abstract

The implementation of PHBS in households is the responsibility of each household member, which is also the responsibility of the government/city and the ranks of the relevant sectors to facilitate PHBS activities in households to be carried out effectively. In the home, the mother has a massive role in giving an example, role model, education in a family. Mothers also dominate in regulating food menus and keeping the house clean, including providing health education in the family, such as planting PHBS. The study was designed in the form of qualitative research with an in-depth interview approach. The informants in this research were 12 people consisting of 5 key informants and seven regular informants. The interview guide was built based on ten indicators of PHBS at the household level. All indicators of PHBS at the household level have been successfully elaborated. Interestingly, in this study, some informants give breast milk for less than six months. Then what is interesting is the habit of consuming fruits and vegetables from local fruits and vegetables. Smoking behavior has become part of the culture of Mandar society.

Keywords:

clean and healthy lifestyle, household, health center

1. Introduction

According to WHO, every year, around 2.2 million people in developing countries, especially children, die from various diseases caused by a lack of safe drinking water and poor sanitation. Adequate sanitation services, good

sanitation supplies, safe water supplies, adequate waste disposal systems can reduce the death rate from diarrhea by up to 65% and other diseases by 26%.

Clean and Healthy Living Behaviors (PHBS) are all health behaviors that are carried out with awareness so that family members or families can help themselves in the health sector and play an active role in the community's health activities (Proverawati & Rahmawati 2016). According to Conner and Norman (2009) in Achmadi (2013), health behavior is a series of actions taken to prevent or detect early symptoms of a disease event to improve health and well-being.

The hygiene and healthy lifestyle program implementation are grouped into five structures, namely, PHBS in schools, in households, workplaces, public places, and PHBS in health institutions. The performance of PHBS in schools can be started from simple things such as washing hands with soap. Increasing the correct handwashing behavior (washing hands with running water and soap) after defecating, before eating, and before preparing food, helps increase health status attainment (Proverawati and Rahmawati, 2016; Nuraini et al., 2019; Umanailo, 2020, 2019). A household with PHBS means being able to maintain, improve and protect the health of every member of the family from disease threats and an environment that is less conducive to healthy living. The implementation of PHBS in households is the responsibility of each household member, which is also the responsibility of the government/city and the ranks of the relevant sectors to facilitate PHBS activities in households to be carried out effectively. In the home, the mother has a significant role in giving an example, role model, and education in a family. Mothers also dominate in regulating food menus and maintaining household hygiene, including providing health education in families, such as planting PHBS.

According to disease data at Puskesmas Banggae 1, several infectious diseases still infect the population in their working area, both contagious and non-infectious (although their prevalence is low). Illnesses present in the area include diarrhea with a majority of 150 per 1,000 population, ARI 147 per 1,000 population, leprosy, and lung disease (TBC), all of which are included in the ten main disease categories Puskesmas. Meanwhile, the Puskesmas has carried out basic behavioral service programs, environmental health to eradicate infectious diseases, maternal and child health, family planning nutrition improvement, and treatment programs. All the plans that have been implemented are covered in the six main activities/programs of the Puskesmas. The community's disease or health problems can be eliminated or prevented if the community's behavior changes to a healthy lifestyle. This means that every community's daily activity always thinks about or does not harm their health and always tries to maintain and maintain their health. A healthy and clean lifestyle in the community is expected to create a healthy and productive society. The authors intend to research the Description of Clean and Healthy Living Behavior in Communities in the Work Area of the Banggae 1 Public Health Center, Majene Regency, in 2020.

2. Literature Review

2.1. Theoretical background and hypothesis development

As explained in the introduction, the main problem in this study is clean and healthy living at the household level. The rationale for research refers to the theory of human behavior. The idea of behavior in a biological viewpoint is an activity of the organism in question. So human behavior is essentially an activity rather than itself. Therefore, human behavior has an extensive scope, including walking, talking, reacting, dressing, etc. Even internal activities such as thinking, perception, and emotions are also human behavior (Notoatmodjo, 2000; Mu'adi et al., 2020; Nawawi et al., 2020). Another view says that Bloom (1908), as quoted by Notoatmodjo, in his introductory book on education and the Science of Health Behavior, has divided behavior into 3 (three) areas (domains), even though these areas do not have clear and firm boundaries. The three areas are the cognitive domain, affective domain, and psychomotor domain. In subsequent developments, the three areas are measured from knowledge, attitude, and action. Based on these views, this research was carried out, to begin with, a clean and healthy lifestyle that would later result in a clean and healthy lifestyle at the household level.

Research on clean and healthy living habits has been done a lot, both about childbirth assisted by health workers (Samira Aboubaker, Shamim Qazi, Cathy Wolfheim, Adebowale Oyegoke, and Rajiv Bahl, 2014) and its relationship with breastfeeding (Laykewold Elyas, Amha Mekasha, Amha Admasie, and Etagnehu Assefa, 2017). Other studies, for example, toddlers' attention and development born in preterm and with low birth weight, 2012. (June-HuiHuang, Huei-LinHuang, Hsiu-LinChen, Lung-ChangLin, Hsing-ITSeng, Tsung-JenKao). Besides, Experimental Pretesting of Hand-Washing Interventions in a Natural Setting, 2009. (Gaby Judah, BA, Robert Aunger, Ph.D., MSc, Wolf-Peter Schmidt, MD, MSc, Susan Michie, DPhil, CPsychol, Stewart Granger, Ph.D., and Val Curtis, Ph.D., MSc).

Furthermore, clean and healthy living behavior (PHBS) in the household structure of the user community (Qualitative Study in Kemiren Village, Glagah District, Banyuwangi Regency (Prieta Eka Pratiwi 2015).

According to the Ministry of Health RI, Health Promotion Center in 2007, indicators of clean and healthy living behavior at the household level, there are ten dimensions of clean and healthy living habits at household level, namely: (1) delivery assisted by health personnel (2) exclusive breastfeeding, (3) weighing children under five (4) washing hands with clean water (5) using clean water (6) using latrines when defecating (7) eradicating mosquito nests (8) consuming fruits and vegetables (9) doing physical activities and (10) not smoking. Clean and healthy living behavior (PHBS) is a form of manifestation of a healthy paradigm in a healthy-oriented individual, family, and community culture to improve, maintain, and protect physical, mental, spiritual, and social health. Besides, the clean and healthy lifestyle program aims to provide learning experiences and create conditions for individuals, groups, families, communities through opening communication channels, information, and education. It aims to increase knowledge, attitudes, and behavior so that people are aware, willing, and able to practice—clean and healthy lifestyle. Based on the above relationships, the following indicators can be made.

Clean and Healthy Living Behavior (PHBS) is a collection of behaviors practiced as a result of learning that enable an individual, family, group, or society to support themselves (independently) in the health sector and play an active role in achieving public health (MOH, 2011). PHBS may be performed in various environments, including homes, classrooms, workplaces, public places, and health facilities. Clean and healthy living behavior (PHBS) is an effort to provide a learning experience or to create a condition for individuals, families, groups, and communities by opening lines of communication, providing information, and conducting education to increase knowledge, attitudes, and behavior, through a leadership approach (advocacy), building atmosphere (social support), and community empowerment (employer empowerment) (Depkes, 2010).

Clean and Healthy Living Activity (PHBS) refers to any health behavior carried out with understanding for family members or communities to assist themselves in the health sector and play an active role in community health activities (Ministry of Health, 2010). PHBS is a collection of habits that are practiced due to learning and are based on knowledge (Sari, 2013). The goal is supposed to be met through the implementation of PHBS programs. The plans in PHBS are classified into five settings:

Household structure

Educational institution structure

Educational institution structure

Educational institution structure (schools, madrasah, Islamic boarding schools)

Target health facilities (puskesmas, hospitals, clinics), target workplaces (offices, warehouses, commercial properties, and public settings) (markets, places of worship, recreation areas). The household PHBS is one of the critical PHBS arrangements. It seeks to inspire members of a household to realize, want, and live a safe and balanced lifestyle and play an active role in the movement at the community level. At the household level, the main aim of a PHBS arrangement is to achieve a stable household.

According to the 2015 Indonesian Health Profile, the Maternal Mortality Rate (MMR) in Indonesia is still high for the Southeast Asian region. Indonesia has 305 maternal deaths per 100,000 live births.. It provides breastmilk (ASI) exclusively for children aged 0 to 6 months as a clean and healthy lifestyle. Breast milk contains complete nutrition according to the needs of babies in the first six months of life. Besides, exclusive breastfeeding also reduces the risk of the baby getting diarrhea. The reason is, diarrhea often ends up being fatal if the baby experiences it. The existence of exclusive breastfeeding also positively affects mothers' and babies' health in the long term. Weighing babies and toddlers aim to monitor their growth and ensure their nutritional status is good. This is very important because the prevalence of stunting children in Indonesia is still high in 2017, namely 29.6%. This figure consistently exceeds the limit set by the World Health Organization (WHO), which is 20%. Therefore, eradicating the problem of stunting is one of the focuses of the Indonesian government. This clean and healthy lifestyle aims to maintain personal hygiene and prevent various diseases through hands contaminated with germs. Disease transmission often occurs via the fecal-oral route. This means feces containing germs from a person with a disease can be accidentally swallowed by someone else.

Clean water is a basic need that affects public health. Clean water is used for drinking, bathing, washing, and so on. Contaminated water can be a source of the spread of many diseases for example, diarrhea, cholera, and dysentery. Use

the restroom when defecating. The latrine is a critical sanitation facility and includes a clean and healthy lifestyle. This is because the restroom is related to human waste's safe disposal, does not pollute the environment, and does not spread disease.

Mosquitoes are among the deadliest animals globally, and their eradication includes clean and healthy living habits in the household. The reason is that these animals can be carriers and spreaders of various diseases. Clean water in the house and around the residence must be cleaned frequently. Fruits and vegetables are rich in vitamins, minerals, and fiber. These nutrients are needed by the body to function optimally and stay healthy. Therefore, combine fruit and vegetables into your daily menu. Enrich the color of the fruits and vegetables that you eat so that the nutrients that enter the body are also complete. Physical activity in the form of sports activities should be done for at least 30 minutes every day. You also don't need to choose a complicated sport. You do simple physical activity—for example, walking, jogging, cycling, or swimming. Smoking habits can be the cause of various health problems. They were starting from lung and respiratory disease, cardiovascular disease, to cancer. In addition to detrimental to active smokers' health, people around the smoker, aka passive smokers, are also at risk of health problems if they are constantly exposed to toxic cigarette smoke.

2.2. Conceptual framework

The relationship between indicators illustrated in the thinking framework that has been built in the review literature. Furthermore, the hands can be seen in table 1 of the sub-theme of the method.

3. Methods

3.1. Research Design

This study uses a qualitative approach and conducted by in-depth interviews. The informants in this study consisted of regular informants and key informants. Regular informants comprised seven people, and critical informants consisted of 5 people according to their work at Banggae I Health Center. Each question is arranged based on ten indicators of hygiene and healthy living behavior at the household level. The statement is developed until the most appropriate answer is obtained or it reaches a saturation level.

3.2. Measurement of variables

Measurement of variables and dimensions and indicators of all variables in this study can be seen in table 1. The table also shows the primary references used as the basis for determining each of these variables' indicators, which then become the basis for making a list of questions for in-depth interviews.

The validity of the interview guide is determined based on the core of the problem under study. The truth can be measured by the suitability between questions and all issues under the research problem. All questions must represent each of the core problems studied. The interview guidelines were compiled based on ten concerns regarding clean and healthy living habits at the household level. This interview guide was developed based on the direction or objectives to be obtained in this study. Each question in the interview guide can represent each of these problems, and the interview guide is straightforward for the informants to understand. In this study, the interview guidelines consisted of 2 parts, interview guidelines for ordinary informants and interview guidelines for key informants.

From 10 indicators of clean and healthy living behavior at the household level, the informants, both regular informants and critical informants, have been explored. In this study, the eight indicators were analyzed simultaneously and explained in detail.

1. Health personnel was childbirth assistance for mothers during birth.
2. They give exclusive breastfeeding babies aged 0 - 6 months with breast milk without Providing other food or drinks.
3. Considering infants and toddlers to the Integrated service post (POSYANDU).
4. Washing hands with clean water and soap is one of the personal hygiene activities for family members.
5. Eradicating larvae at home is Eradicating Mosquito's Nests (PSN) using 3 M plus (Draining, Covering, Burying) plus Avoiding mosquito bites).
6. Eating vegetables and fruit every day is consuming varied foods.
7. Doing physical activity every day is doing the limbs' movement, which causes energy expenditure, which is very important for maintaining physical, mental health and maintaining the quality of life.
8. Not smoking in the house is every family member is not allowed to smoke in the house.

4. Result

Deliveries are assisted by health personnel such as midwives and are carried out at the Puskesmas. TBAs only help pregnant women when they are delivered at the Puskesmas. Every time they provide a mother to give birth, the dukun gets an incentive from the Puskesmas to substitute for transport. This study's results are consistent with research conducted by Samira Aboubaker, Shamim Qazi, Cathy Wolfheim, Adebowale Oyegoke, and Rajiv Bahl (2014). Extensive breastfeeding is given to babies for six months, although there are still mothers who give breastfeeding for less than six months because the breast milk suddenly stops, and some are due to work factors. This study's results are consistent with research conducted by Laykewold Elyas, Amha Mekasha, Amha Admasie, and Etagegnehu Assefa (2017). In this study, it was found that out of 380 breastfeeding mothers. There were 44.2% gave exclusive breastfeeding to their children. 54.8% breastfeeding with other food additives. During the Covid-19 pandemic, weighing babies was not carried out as usual.

Table 1. Regression Results of the Effect of Behavior and Health Living on Communities

Coefficients ^a						
Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	1.384	1.411		.482	.445
	Behaviour (x1)	.385	.064	.553	5.472	.000
	Health Living (x2)	.171	.008	.150	1.476	.002

a. Dependent Variable: Communities (Y1)

Based on table 1, weighing activities carried out by visiting officers to each mother's homes who has babies and toddlers. The clean water used comes from well water and PAM (drinking water company) water. Some informants use water as drinking water, for water from dug wells only as water for washing, bathing, and restrooms. The behavior of washing hands with clean water and soap by the informants can be used to reference that the community already knows the benefits and should wash their hands at any time. This research is supported by research conducted by Kien Gia To, Jong-Koo Lee, You-Seon Nam, Oanh Thi Hoang Trinh & Dung Van Do (2015).

Table 2. Regression Results of the Effect of Health Living and Communities on Behavior

Coefficients ^a						
Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	5.540	0.083		3.457	.000
	Health Living (x1)	.118	.038	.272	2.548	.000
	Communities (x2)	.162	.044	.204	3.855	.000
	Behaviour (y1)	.282	.058	.380	4.602	.000

a. Dependent Variable: Behaviour (Y2)

Based on table 2, several informants do not yet have family latrines; several informants still have a habit of defecating in the sea, according to their explanation that it is a habit. They were defecating in the ocean and bathing, then at the same time preparing the ship to sail to catch fish. Eradication of mosquito larvae is carried out regularly. The efforts made in eradicating mosquito larvae are draining, covering, and burying. Activities to eliminate larvae are mainly carried out by the community individually. The habit of eating vegetables is considered a food to add to side dishes such as kale, spinach, pumpkin, and other local vegetables. This research is also supported by Eun Byul Choi, Ji Eun Lee, and Ji-Yun Hwang (2018), who found that nutrition education is related to the behavior of consuming fruits and vegetables, especially in children. Most people have been doing physical activities such as morning walks, which has become a routine every morning. Every day after they finish performing the dawn prayers, they will walk home for a while before arriving home. Almost all men have a smoking habit, especially in the working area of Puskesmas Banggae I. The smoking habit is made for various reasons, including smoking can relieve headaches and the defense after eating it will feel good if it is continued with smoking.

5. Discussion

According to the Ministry of Health RI, Health Promotion Center in 2007, indicators of clean and healthy living behavior at the household level, there are ten dimensions of clean and healthy living habits at household level, namely: (1) delivery assisted by health personnel (2) exclusive breastfeeding, (3) weighing children under five (4) washing hands with clean water (5) using clean water (6) using latrines when defecating (7) eradicating mosquito nests (8) consuming fruits and vegetables (9) doing physical activities and (10) not smoking. Clean and healthy living behavior (PHBS) is a form of manifestation of a healthy paradigm in a healthy-oriented individual, family, and community culture to improve, maintain, and protect physical, mental, spiritual, and social health. Besides, the clean and healthy lifestyle program aims to provide learning experiences and create conditions for individuals, groups, families, communities through opening communication channels, information, and education. It aims to increase knowledge, attitudes, and behavior so that people are aware, willing, and able to practice—clean and healthy lifestyle. Based on the above relationships, the following indicators can be made.

Clean water is a basic need that affects public health. Clean water is used for drinking, bathing, washing, and so on. Contaminated water can be a source of the spread of many diseases—for example, diarrhea, cholera, and dysentery. The latrine is a critical sanitation facility and includes a clean and healthy lifestyle. This is because the restroom is related to human waste's safe disposal, does not pollute the environment, and does not spread disease. Mosquitoes are among the deadliest animals globally, and their eradication includes clean and healthy living habits in the household. The reason is that these animals can be carriers and spreaders of various diseases. Clean water in the house and around the residence must be cleaned frequently. Fruits and vegetables are rich in vitamins, minerals, and fiber. These nutrients are needed by the body to function optimally and stay healthy. Therefore, combine fruit and vegetables into your daily menu. Enrich the color of the fruits and vegetables that you eat so that the nutrients that enter the body are also complete.

Physical activity in the form of sports activities should be done for at least 30 minutes every day. You also do not need to choose a complicated sport. You do simple physical activity—for example, walking, jogging, cycling, or swimming. Smoking habits can be the cause of various health problems. They were starting from lung and respiratory disease, cardiovascular disease, to cancer. In addition to detrimental to active smokers' health, people around the smoker, aka passive smokers, are also at risk of health problems if they are constantly exposed to toxic cigarette smoke.

6. Conclusion

The Banggai Community Health Center's research results found that the person who helped deliveries were health workers, namely midwives at the Puskesmas. The TBA is only for delivery to the place of delivery and the baby's care after delivery. Exclusive breastfeeding has been implemented even though some have given it for less than six months because the breastfeeding stops suddenly. They weighed babies and toddlers every month at the Posyandu during the pandemic by visiting them in their respective homes. It can be obtained from dug wells for clean water, from PDAM, and some buy water to be drunk directly without being boiled. Informants always keep themselves clean by washing their hands using clean water and soap, especially during the Covid-19 period. Some people do not have family restrooms, and there are still informants who defecate in the sea because it has become a habit. The larvae problem at the household level is not a problem because it is always cleaned every day.

This is good information to get in the habit of consuming locally grown fruit. The tradition of walking after prayer is also a good reference. However, smoking as part of the Mandar people's culture is a unique thing that needs further research.

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