

CLEAN AND HEALTHY LIFE BEHAVIOR (PHBS) IN NGADIROJO, WONOGIRI REGENCY

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Abstract

Clean and Healthy Life Behavior (PHBS) was related to the improvement of individuals, families, society and health environment. Based on the data from the Ministry of Health in 2016, Indonesian households that practiced the PHBS only reached 55.6% and in Central Java reached 75,1 %. The data in Ngadirojo sub-district in 2016 founded that the total number of houses was 14,287 houses, which had been inspected for 2,244 houses, this data was used as a reference for this research. There are still some villages in Ngadirojo sub-district that have health problems related to PHBS. This study was conducted to know the description of clean and healthy life behavior of the society in the work area of Puskesmas Ngadirojo (KerjoLor and Ngadirojo Kidul Village) Wonogiri Regency, and it was descriptive quantitative research. All the population was heads of household (KK) which were in two research villages of the total 4,556 families. The sample collection used *total sampling method*, where the number of samples reached 1,129 KK in Ngadirojo Kidul and 1,365 KK in Kerjo Lor. The result achievement of PHBS was obtained by KerjoLor village (76,42%) and NgadirojoKidul village (82,75%). From these two villages, there were three PHBS indicators with the lowest value, there were non-smoking (41%), Health Insurance membership (JPK) (46%), and Family planning program (KB) (52%). The highest PHBS indicators were clean water (99.5%) and healthy latrines (98.5%). PHBS achievement in KerjoLor village (76.42%) was still below than the national target, activating health cadres, providing continuous and comprehensive health education to the society and assisting the development of PHBS

Keywords: PHBS, Society, Families, PHBS Indicators.

INTRODUCTION

Clean and Healthy Behavior (PHBS) is an effort to provide learning experiences and to create a condition for individuals, families, groups and society by opening communication channels, providing an information and educating to improve the knowledge, attitude and behavior by using leadership approach, society development and society empowerment. So, finally society can recognize and know their health problems, especially in the household order, in order They can apply clean and healthy ways of life.¹

PHBS is a health behavior that is closely related with individual behavior. The behavior formation is really influenced by the level of individual knowledge. This PHBS movement is the spearhead of health development in order to improve the public health status. The PHBS program in the Household is an effort to empower household members to know, willing and able to practice clean and healthy living

behavior, so they can play an active role in the health movement on the society. PHBS in Households is done to reach households that behave in a clean and healthy way. According to HL BLUM theory is known that individual health status is closely related with their behavior. The good behavior that is related with healthy life will create the most better of health status.

Households with PHBS are obtained from households whose all members apply clean and healthy lives. This indicator is a modification and development from the previous indicators that already existed. The households with PHBS are households that fulfilled the 12 PHBS indicators, there are: family participation in family planning program, using clean water, using healthy latrine, instancing of garbage / no garbage coverage, waterproof floor, baby gets exclusive breastfeeding, family members do not smoke a cigarette, hand wash behavior by using soap, regular tooth brushing, no alcohol / drugs, membership of JPK and PSN.

The implementation of 12 PHBS indicators at the household level is highly dependent on the awareness and the active participation of society in their respective neighborhoods. Because the effort to realize a healthy environment will support the pattern of healthy people's lives in a sustainable manner.² According to data, the proportion of households that fulfills the criteria of good health and hygiene (PHBS) category is 32.3%, where the proportion of households is higher in urban areas (41.5%) better than in rural areas (22, 8%).¹ The proportion of households with a good PHBS increases with the higher quintile of ownership index (bottom 9.0% and upper 48.3%). Households in Indonesia that practice PHBS only reach 55.6% while this achievement is still far when is compared with the target in 2013 that is 65%. The health ministry in 2010-2014 listed the target 70% of households already practicing PHBS. Based on the data, the coverage of households with PHBS in Central Java reach 75.1%, this achievement has fulfilled the target in Central Java when compared with national strategic plan in 2010-2014 reach 70%.² Based on data, it is known that the total number of houses is 14,287 houses, and 2,244 households have been examined. The result is obtained primary levels reach 0% (2 houses); average levels reach 5% (106 houses); A major healthy levels reach 91% (2055 homes) and a healthy plenary levels reach 4% (82 homes). Among the high achievement of PHBS is delivery assisted by health personnel (100%); Use of clean water / dig well (98%); Tooth brushing habit (99%) and hand washing with soap (95%). Meanwhile Low PHBS outcomes include: non-smoking households (74%), JPK Membership (60%), not exclusive breastfeeding (22%).

RESEARCH METHODS

This research used quantitative descriptive method. It was conducted in two villages at Ngadirojo sub-district, Wonogiri regency in February - March 2017. The two villages were of Kerjo Lor Village and Ngadirojo Kidul Village. The researcher used the two villages because the achievement of PHBS indicator was uneven.

The study population was heads of household (KK) which was in two research villages as many as 4,556 KK. The sample collection used *total sampling method*, where the number of samples reached 1,129 KK in Ngadirojo Kidul and 1,365 KK in Kerjo Lor.

The data was collected through questionnaires consisting of 12 PHBS indicators. In this type of measurement, researchers collected data formally to the subject by writing their answers of the questions given by researchers.⁴ This study used univariate analysis with *software* to calculate distribution of 12 PHBS indicators in Kerjo Lor Village and Ngadirojo Kidul Village.

RESULTS

Research on PHBS conducted in two villages in Ngadirojo sub-district, they were Kerjo Lor village and Ngadirojo Kidul village which used 12 indicators of PHBS (family participation in family planning program, using of clean water, healthy toilet, using garbage / no garbage, waterproff floor, babies get exclusive breastfeeding, no smoking family members, hand washing with soap, regular tooth brushing, no alcohol / drugs, membership JPK and PSN).

Based on Table 1, The sample from the two villages reached 2494 KK showing that the highest achievement indicator was the indicator of clean water consumption and the use of healthy latrine with an average value of 99% (Kerjo Lor Village reach 99% and Desa Ngadirojo Kidul reach 100%) while The lowest attainment was non-smoking household indicators with an average of 41% (Kerjo Lor village reach 38% and Ngadirojo Kidul Village reach 44%).

The achievement of the results obtained were Kerjo Lor village (76.42%) and Ngadirojo Kidul village (82.75%). When the result was compared to the target of PHBS from Strategic plan of Indonesia Health Ministry at 2014-2019 reached 80%, it could be concluded that the number obtained Kerjo Lor village was still under the target.

Table 1. Achievement of PHBS with 12 Indicators in the Work Area of Puskesmas Ngadirojo (Kerjo Lor Village and Ngadirojo Kidul Village) Wonogiri Regency 2017

No	Indicators	Village Coverage (%)		
		Kerjo Lor	Ngadirojo Kidul	Average
1	Family Planning Program	48	56	52
2	Clean water	99	100	99,5
3	Healthy Toilet	98	99	98,5
4	Trash can	80	98	89
5	House floor	82	99	90,5
6	exclusive breastfeeding	94	68	81
7	Do not smoke	38	44	41
8	Washing hands	85	83	84
9	Brush your teeth	85	99	92
10	Free Alcoholism / Drugs	86	98	92
11	Health Insurance	37	55	46
12	Eradication of mosquito breeding	85	94	89,5
	Total	76,42	82,75	79,58

Source: Primary Data

There were 9 indicators with The achievements were above the national target reach 99.5% clean water supply (Kerjo Lor Village 99%, Ngadirojo Kidul Village 100%), 98.5% health latrine using (Kerjo Lor Village 98%, Ngadirojo Village Kidul 99%), tooth brushing habit of 92% (Kerjo Lor Village 85%, Village Ngadirojo Kidul 95%), free of alcohol / drugs 92% (Kerjo Lor Village 86%, Ngadirojo Town 98%), non damp 90, 5% (Kerjo Lor village 82%, Ngadirojo village 99%), PSN 89.5% (Kerjo Lor Village 85%, Ngadirojo Kidul Village 94%), hand washing habit 84% (Kerjo Lor Village 85%, Ngadirojo Kidul Village 83%), exclusive breastfeeding 81% (Kerjo Lor Village 94%, Ngadirojo Kidul Village 68%). While there were 3 other indicators that the achievements was under the national target reached 52% of the program KB, 52% JPK and 41% non-smoking.

DISCUSSION

The highest achievement of PHBS indicator in Ngadirojo sub-district was Clean water use (99.5%). This could be seen from the assessment that was almost of every

household already had dug wells to meet daily water needs. This was in line with the research which stated that the availability of clean water facilities in the household was an enabling factor for healthy behavior, because with the availability of clean water facilities will make it easier for family members to maintain personal hygiene after defecation and latrines used.⁴

The second highest PHBS achievement was the use of healthy latrines. The assessment for this indicator was that every household used a healthy latrine, despite, it is not self-owned. The most important thing was the existence of public awareness about the importance of toilets (bathing, washing, toilet) was done in a healthy place, and not in the river or open toilet that did not fulfill that the requirements of toilet such as open latrines, dung saving place was not based on the standard. According to research by Pane (5), family behavior toward latrine use was influenced by 3 (three) main factors, predisposing factor (mother education, mother knowledge about latrine, mother attitude toward toilet).

There were three indicators of PHBS that had the lowest value, they were the participation of family planning programs, JPK, and non-smoking. Some of the underlying reasons for low community participation in family planning programs were lack of the importance awareness with family planning programs and concerns about the side effects of family planning. Based on research by Wahyuni the success of family planning program was determined by several factors, first from the government, in charge of its duty, the second lies in the awareness of husband and wife and also the level of economy that must be more adequate.⁶

The second low indicator was the community membership in JPK. People in Ngadirojo still thought that health insurance was not important, because there were still many other needs that should be covered sooner than to join on insurance health. So there were still many people who did not participate in this program. This was similar to the results of Widhiastuti, it discussed that the program JKN was already quite popular in the community where most respondents often got information about JKN.⁷ The source of information that could be trusted by the community was family or friends. However, to increase the membership of JKN independently, education was needed by the society with the specifically messages that were related with the magnitude of the risk to experience a disease and the high cost of treatment.

The third lowest indicator was non-smoking households that reached 41%. Many factors influenced the high number of smoking households in Ngadirojo, one of the factors was the strong society character of cigarettes. Although the Puskesmas often held a health education about the dangers of cigarettes, but it did not produce the expected results. This was caused of the difficulty of the opening public awareness about the dangers of cigarettes as it related to the character of society who thought cigarettes were not as bad as that was described so far. This opinion was related to the results of research from Asngad, who conducted research on smoker students' perceptions of smoking warning. The results showed that the students' perceptions of smoking cigarette warnings.⁸ The research

conducted the smoking cigarette warnings on each pack of cigarettes that informed knowledge about the dangers of cigarettes warning, but they thought the warnings were merely fabricated, engineered and made only to frighten smokers, and they assumed that the dangers did not match the harmful effects that they felt during they consumed a cigarette.

The other of PHBS indicator achievements, there are trash, exclusive breastfeeding, home flooring, hand washing, brushing teeth, no alcohol consumption were obtained a good results. This was closely related to the increasing level of public awareness, especially it was related to the things above. In Ngadirojo region was built a final waste disposal facility, so it could be the society power for not throwing the garbage anywhere. Likewise, the awareness of hand washing and brushing teeth were also begun to be learnt early. As a result of the research (10), there was a significant relationship between the behavior of Hand washing with Soap (CTPS) with the incidence of diarrhea in preschool children at SDN 02 Pelemsengir, Kecamatan Todanan, Blora District.

CONCLUSION AND SUGGESTION

1. Conclusion

- a. The coverage of PHBS of Kerjo Lor village (76.42%) is still under the national target and Ngadirojo Kidul Village is above the national program (82.75%),
- b. The lowest coverage of PHBS indicator was family planning program participation (51%), JPK membership (46%) and non-smoking (41%),
- c. The highest coverage of PHBS indicator is 99.5% of clean water availability, 98.5% using healthy latrine u, 92% toothbrush, 90.5% damp house, free alcohol / drugs 92%, 89.5% Hand wash 84%, exclusive breastfeeding 81%,
- d. The indicator of clean water use in Ngadirojo Kidul Village is 100% which is the highest achievement of all indicators in both villages that was studied,
- e. The JPK membership indicator in Kerjo Lor Village (37%) was the lowest

of all indicators in both villages that was studied.

2. Suggestion

- a Intensifying the socialization of the dangers of smoking to all societies;
- b Providing health education about the importance of community participation in health insurance program;
- c Increasing the participation of village midwives and health cadres in order to increase the coverage of family planning programs.

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