Descriptive Study : Overview of Clean and Healthy Living Behavior (PHBS) at COVID-19 Survivors in X Sub-district, Surakarta City, Indonesia

Syarifah

Politeknik AKBARA Surakarta
Corresponding email: syarifah@akbara.ac.id

Abstract:
Clean and Healthy Living Behavior (PHBS) is a group of behaviors carried out on the basis of self-awareness as a result of learning, which makes a person, family, group or community able to help themselves (independently) in daily life, especially in the field of health and play an active role in realizing public health. WHO has established a special unit and ordered the whole world to adhere to the rules and stages in order to accelerate healing around the world. Even from WHO has emphasized all the time to do a clean lifestyle or what in Indonesia is called PHBS, among others physical distancing, wearing masks, keeping rooms well ventilated, avoiding crowds, cleaning hands, and when coughing closes with elbows (WHO, 2021b). Therefore, researchers are interested to know the overview of clean and healthy living behavior (PHBS) in COVID-19 survivors in X Sub-district Surakarta City, Indonesia. This research was conducted in December 2021 in sub-district X in Surakarta City, Indonesia. Covid19 survivor data in Surakarta city in December as many as 5340 people and in sub-district x as many as 412 people recovered from COVID19. For this study, a sample of 52 reponden was obtained. The characteristics of the respondents observed by the researchers were gender, age, occupation, marital status. A total of 52 respondents were taken randomly in sub-district X, Surakarta City obtained results that spread evenly. The results showed that the characteristics of respondents as COVID19 Survivors were known that the even distribution in the female sex was 53.8%, seen in terms of age in the age range under 20 years of age of 28.8%, dominated by people working in the private sector by 50.0% with married status of 65.4%. COVID19 Survivor behavior patterns include exercise behavior, hand washing habits, mask-wearing behavior and outdoor activity patterns.

Keywords:
PHBS, COVID19 Survivor, Behavior

INTRODUCTION

The SDG's are enforced with universal, integration and inclusive principles to ensure that no one will be missed or "No-one Left Behind". SDG's consist of 17 objectives and 169 targets in order to continue the efforts and achievement of the Millennium Development Goals (MDG's) which ended in 2015 (Kementerian PPN, 2021)

Clean and Healthy Living Behavior (PHBS) is a program launched in Indonesia since 1996. This program is in line with who's sustainable development goals (SDG's), but still needs to be socialized to the community because the results of its implementation have not been effective. (Kementerian Kesehatan RI, 2011)

Clean and Healthy Living Behavior (PHBS) is a group of behaviors carried out on the basis of self-awareness as a result of learning, which makes a person, family, group or community able to help themselves (independently) in daily life, especially in the field of health and play an active role in realizing public health (Kementerian Kesehatan RI, 2018). The purpose of the PHBS program is to improve the quality of health through the process of raising awareness that is the beginning of the contribution of individuals to behave in a clean and healthy daily life (Kementerian Kesehatan RI, 2016).

The Coronavirus 2019 (COVID-19) disease pandemic caused by SARS-CoV-2 has shifted the whole world view. By June 2020 cases had spread to more than 200 countries and

territories. America has the highest rate of confirmed cases at 4,437,946 and 119,761 deaths. To date there are no specific drugs or clinically tested vaccines available to treat COVID-19 (Zetira, 2020)

As we know, COVID-19 has been running for more than 12 months, but to date there has been no significant improvement in Indonesia regarding the decrease in pain, death and recovery rates from Covid-19 patients. Based on data from www.covid19.go.id in December 2020, confirmed positive COVID-19 in Indonesia amounted to 125,000 people, 80,512 recovered and 5,384 died. (Gugus Tugas Percepatan Penanganan COVID-19, 2020).

The highest incidence rates are DKI Jakarta, West Java, Central Java, East Java, South Sulawesi and East Kalimantan (Gugus Tugas Percepatan Penanganan COVID-19 RI, 2020). The solution to overcome the high death rate in PEOPLE with COVID-19 is by providing convalescent plasma donors. Many countries have implemented convalescent plasma therapy and the perceived results are quite effective, but the success of the therapy is still limited. The Food and Drug Administration (FDA) provides therapeutic recommendations for COVID-19 patients using convalescent plasma taken from patients recovering from infection. Several studies have reported that convalescent plasma use improves patient survival, improves clinical symptoms, lowers mortality rates and has no significant adverse side effects (Zetira, 2020).

WHO has established a special unit and ordered the whole world to adhere to the rules and stages in order to accelerate healing around the world. Even from WHO has emphasized all the time to do a clean lifestyle or what in Indonesia is called PHBS, among others physical distancing, wearing masks, keeping rooms well ventilated, avoiding crowds, cleaning hands, and when coughing closes with elbows (WHO, 2021b). Therefore, researchers are interested to know the overview of clean and healthy living behavior (PHBS) in COVID-19 survivors in X Sub-district Surakarta City, Indonesia.

THEORITICAL REVIEW

1. COVID-19 Pandemic

COVID-19 is similar to Severe Acute Respiratory Syndrome coronavirus (SARS-CoV) virus in its pathogenic, clinical spectrum, and epidemiology. Comparison of the genome sequences of COVID-19, SARS-CoV, and Middle East Respiratory Syndrome coronavirus (MERS-CoV) showed that COVID-19 has a better sequence identity with SARS-CoV compared to MERS-CoV (WHO, 2020). Although several animals have been speculated to be a reservoir for COVID-19, no animal reservoir has been already confirmed (Nyamnjoh, 2020).

The disease is transmitted by inhalation or contact with infected droplets and the incubation period 2 week after contact. The symptoms are usually fever, cough, sore throat, breathlessness, fatigue, malaise among others. The disease is mild in most people; in some like the elderly and people with comorbidities, it may progress to pneumonia, acute respiratory distress syndrome (ARDS) and multi organ dysfunction. Many people are no symptom or asymptomatic. Diagnosis is by demonstration of the virus in respiratory secretions by special molecular tests. Common laboratory findings include normal/ low white cell counts with elevated C-reactive protein (CRP). The computerized tomographic chest scan is usually abnormal even in those with no symptoms or mild disease. Treatment is essentially supportive; role of antiviral agents is yet to be established. Prevention entails home isolation of suspected cases and those with mild illnesses and strict infection control measures at hospitals that include contact and droplet precautions. The virus spreads faster than its two ancestors the SARS-CoV and Middle East respiratory syndrome coronavirus (MERS-CoV), but has lower fatality.

2. Clean and Healthy Living Behavior (PHBS)

Clean and Healthy Living Behavior (PHBS) in Indonesia, every individual must be aware, willing and able to practice. PHBS coverage includes washing hands using soap, consuming healthy food and beverages, using healthy latrines, throwing garbage in the trash, not smoking, not consuming drugs, alcohol, psychotropic substances and other additives (drugs), not spitting anywhere, eradicating mosquito larvae so as to avoid health

problems. The implementation of the Clean and Healthy Life Behavior program is grouped into 5 orders, namely the household structure, educational institutions, health institutions, workplaces and public places (Kementerian Kesehatan RI, 2016).

The several of PHBS arrangements, households are the initial order of PHBS implementation because the household ladder is the smallest community group closest to the individual, therefore the implementation of PHBS in the household order is given a great attention so that it can run optimally. PHBS has 7 behavioral indicators and 3 environmental indicators. The behavioral indicators consist of not smoking inside the house, eating fruits and vegetables every day, childbirth assistance by health personnel, weighing babies and toddlers, washing hands with soap, giving exclusive breastfeeding and doing physical activities for at least 30 minutes regularly. Environmental indicators include family latrines, clean water and eradicating mosquito larvae (Kementerian Kesehatan RI, 2018).

PHBS in COVID-19 condition is indeed a thing that is almost daily in socialization to the community. Some important notes on PHBS by (WHO, 2021a) are:

a. Clean hands regularly and thoroughly by rubbing hands with alcohol or washing them with soap and water.
b. Avoid touching eyes, nose, and mouth. Hands touch a lot of surfaces and can pick up viruses. Once contaminated, the hand can transfer the virus to eyes, nose or mouth.
c. Cover mouth and nose with elbows when coughing or sneezing.
d. Clean surfaces and disinfection are often especially those touched regularly, such as door handles, taps and telephone screens.

3. COVID-19 Survivors

COVID-19 survivors according to WHO (2020) are people or groups who have been confirmed positive for the COVID-19 virus, then have undergone a healing process and enforced with a negative 2nd swab examination (Kemenkes, 2020)

RESEARCH METHOD

The approach used in this research is quantitative approach. The population in this study was COVID19 survivors in December 2021 in X sub-district, Solo City, Indonesia. The sample in this study was obtained by 52 respondents using random sampling techniques because many COVID19 survivors were afraid to become research respondents. Research data is the primary data by distributing questionnaires to COVID19 survivors. Data analysis techniques used are descriptive statistical analysis.

RESULTS AND DISCUSSION

1. Characteristics of Respondents

This research was conducted in December 2021 in sub-district X in Surakarta City, Indonesia. Covid19 survivor data in Surakarta city in December as many as 3.766 people and 2,213 people recovered from COVID19 (Gugus Tugas COVID19 Surakarta, 2021). For this study, sample of 52 responden was obtained. The characteristics of the respondents observed by the researchers were gender, age, occupation, marital status. A total of 52 respondents were taken randomly in sub-district X, Surakarta City obtained results that spread evenly.

Table 1. Distribution of respondents

Characteristic	Frequency (n)	Percent (%)
1. Gender		
Man	24	46.2
Women	28	53.8
2. Age		
<20	15	28.8
21-35	14	26.9
36-50	13	25.0
>50	10	19.2

Characteristic	Frequency (n)	Percent (%)
3. Job		
Civil Servants	1	1.9
Private	26	50.0
Labor	5	9.6
Student	11	21.2
Traders	3	5.8
IRT function	5	9.6
Not Working	1	1.9
4. Matrial Status		
Single	18	34.6
Married	34	65.4
Total	52	100.0

(Primary data, 2021)

In the gender of COVID19 survivors, a balanced data was obtained between the number of men and women with a high gain in women of 53.8%. This data collection of COVID19 distribution map by the COVID19 Handling Task Force in December 2021 as many as 50.3% of female gender has become a COVID19 survivor and was declared cured. (Komite Penanganan COVID19 dan Percepatan Ekonomi, 2021)

Over viewed characteristics of the respondents age, the frequency distribution of COVID19 survivors in sub-district X Surakarta City, the highest cure rate at the age of less than 20 years is 28.8%. According to a graph from the COVID19 patient recovery distribution map on December 28, 2021, data obtained 30.7% of the highest cure rates at the age of 31-45 years, and under-30s by 25.4%. This is in line with the theory that young people with good body immunity have a higher chance of recovery (Komite Penanganan COVID19 dan Percepatan Ekonomi, 2021)

According to the characteristics of the respondents the type of work, the highest number of COVID19 survivors working in the private sector is 50% and students are followed by 21.2%. The Government of the Republic of Indonesia does not do data collection for the types of work of COVID19 survivors. However, if we do an analysis based on the type of work, it will group the behavior of COVID19 survivors judging by the pattern of activity.

Based on the marital status of COVID19 survivors, 65.4% are married. Here we can know with the status of married, the level of transmission from COVID19 will also be affected because we already have a family. As explained in the COVID-19 Weekly Epidemiological Update by WHO (2021) that Indonesia has a type of COVID19 transmission through community transmission.

2. The Overview of Clean And Healthy Living Behavior (PHBS)

a. Sports Behavior

Table 2. Distribution of respondents based on Sports behavior

Characteristic	Frequency	Percent
Never	18	34.6
Sometimes	17	32.7
Always	17	32.7
Total	52	100.0

(Primary data, 2021)

Based on data from respondents as COVID19 seizures, the habitual behavior to do sports has a percentage that is not much different from each other. Of the 52 COVID19 survivors, 34.6% never exercised, 32.7% exercised sometimes and 32.7% always exercised. The pattern of exercise behavior is the habit of exercising early on from each person. In Indonesia itself, people do not all like sports activities because they are busy to do other activities.

b. Hand Washing Behavior

Table 3. Distribution of respondents based on handwashing behavior

Characteristic	Frequency	Percent
Sometimes	20	38.5
Always	32	61.5
Total	52	100.0

(Primary data, 2021)

Based on hand washing behavior, from 52 countries 38.5% sometimes do hand washing and 61.5% say always wash their hands. This is directly related to the status as a person who has been declared cured of COVID19. COVID19 survivors who have been one of the patients treated or have had to do self-isolation, have been educated by jogo tonggo task force and the government on the importance of hand washing. WHO (2021) states to each country to conduct a massive education about clean living behavior, one of which is by washing hands.

c. Behavior of wearing a mask

Table 4. Distribution of respondents based on the behavior of wearing masks

Characteristic	Frequency	Percent
Never	7	13.5
Sometimes	29	55.8
Always	16	30.8
Total	52	100.0

(Primary data, 2021)

The behavior of wearing masks is a new thing in the wider community around the world. But nowadays it is one of the obligations to wear a mask every day. 13.5% never wear a mask, 55.8% sometimes wear a mask and 30.8% always wear a mask. This is in line with the theory that people wear masks only when leaving the house and compliance because there are fines if they do not wear them.

d. Behavior of daily activities

Table 5. Distribution of respondents based on Behavior of daily activities

Characteristic	Frequency	Percent
Never	19	36.5
Sometimes	17	32.7
Always	16	30.8
Total	52	100.0

(Primary data, 2021)

The daily activity patterns of COVID19 survivors consist of activities indoors or outdoors. This relates to the many interactions of respondents with others. Based on WHO (2021) states that COVID19 transmission can occur with many interactions with each other. The research data obtained stated that 36.5% never do activities outside the house, 32.7% sometimes do activities outside the house and 30.8% always do activities outside the house. This shows that there can not be suppressed the number of community activities in sub-district X, Surakarta because it is directly related to the continuity of daily life such as working, buying living needs or to interact with others.

CONCLUSION

The results showed that the characteristics of respondents as COVID19 Survivors were known that the even distribution in the female sex was 53.8%, seen in terms of age in the age range under 20 years of age of 28.8%, dominated by people working in the private sector by 50.0% with married status of 65.4%. COVID19 Survivor behavior patterns include exercise behavior, hand washing habits, mask-wearing behavior and outdoor activity patterns. Nowadays, it is still difficult to do further research on how behavior affects, conduct in-depth

interviews, and find out how much desire to carry out convalescent plasma donors because the stigma about COVID19 survivors is still negative. so that when going to conduct an interview, COVID19 survivors are frightened and do not allow to conduct more in-depth interviews. Hopefully in the future it can be built further by the government to change the stigma of COVID19 survivors instead of people who are feared and shunned.

BIBLIOGRAPHY

Gugus Tugas COVID19 (2020). Guidance for Corona Virus Disease 2019 : Prevention, Control, Diagnosa and Management. In *Komisi Kesehatan Nasional dan Administrasi Nasional Pengobatan Tradisional*. www.covid19.go.id access on December 18th, 2021 at 09.00 pm

Gugus Tugas COVID19 Surakarta. (2021). *Data Perkembangan COVID19 di Kota Surakarta Januari 2021*. Dinas Kota Surakarta. https://surakarta.go.id/?page_id=10806 access on December 18th, 2021 at 08.00 pm

Gugus Tugas Percepatan Penanganan COVID-19. (2020). *Peta Sebaran Kasus COVID-19 di Indonesia*. Covid19.Go.Id. https://covid19.go.id/peta-sebaran access on December 19th, 2021 at 09.00 pm

Gugus Tugas Percepatan Penanganan COVID-19 RI. (2020). *Data Covid-19*. Www.Covid19.Go.Id. https://covid19.go.id/peta-sebaran access on December 18th, 2021 at 07.00 pm

Kemenkes. (2020). *Stigma Berkontribusi Terhadap Tingginya Angka Kematian COVID-19*. Covid19.Go.Id. https://covid19.go.id/p/berita/kemenkes-stigma-berkontribusi-terhadap-tingginya-angka-kematian-covid-19 access on December 15th, 2021 at 09.00 pm

Kementerian Kesehatan RI. (2011). Pedoman Umum PHBS. In *Kementerian Kesehatan RI*. Kementerian Kesehatan RI. https://promkes.kemkes.go.id/download/jsg/files13583Pedoman_umum_PHBS.pdf access on December 22h, 2021 at 11.00 am

Kementerian Kesehatan RI. (2016). *PHBS*. https://promkes.kemkes.go.id/phbs access on December 20th, 2021 at 08.00 pm

Kementerian Kesehatan RI. (2018). *Pedoman pembinaan Krida Bina Perilaku Hidup Bersih dan Sehat (PHBS)*. https://promkes.kemkes.go.id/download/dsgq/files99874PHBS.pdf access on December 20th, 2021 at 08.00 pm

Kementerian PPN. (2021). *SDG's Indonesia*. http://sdgsindonesia.or.id/ access on December 25th, 2021 at 08.00 am

Komite Penanganan COVID19 dan Percepatan Ekonomi. (2021). *Peta Sebaran COVID-19 _ Satgas Penanganan COVID-19*. https://covid19.go.id/peta-sebaran-covid19 access on December 18th, 2021 at 09.00 pm

Nyamnjoh, F. B. (2020). Covid19: In *Covid Stories from East Africa and Beyond*. https://doi.org/10.2307/j.ctv1b74222.31 access on December 25h, 2021 at 09.00 pm

WHO. (2020). *Coronavirus disease (COVID-19) pandemic*. https://www.who.int/emergencies/diseases/novel-coronavirus-2019 access on December 18th, 2021 at 09.00 pm

WHO. (2021a). *Advice for the public*. https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public access on December 18th, 2021 at 09.00 pm

WHO. (2021b). *COVID-19 Weekly Epidemiological Update*. *December*. https://www.who.int/publications/m/item/weekly-epidemiological-update---27-December-2021 access on December 27h, 2021 at 09.00 pm

Zetira, Z. (2020). Manfaat Terapi Plasma Konvalesen pada Infeksi Covid-19. *Medula*, *10*(2), 333–340. access on December 28th, 2021 at 09.00 am