

Mother's Knowledge Level About Clean and Healthy Life Behavior (PHBS) in Household Order

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Abstract:

Predisposing, supporting and motivating factors are factors that can manifest the behavior of a person and society. A person's behavior will become a habit in activities and doing health. The Clean and Healthy Behavior Program (PHBS) is a health program to improve the health status of the community. PHBS has long been known, and echoed by the government, especially the ministry of health in household arrangements. PHBS in this order becomes the expected behavior in the family to encourage health behavior. The indicators for the success of PHBS can be seen from delivery that must be assisted by health workers, providing exclusive breastfeeding, weighing infants and toddlers regularly, washing hands with soap and clean water, using clean water, healthy latrines, eradicating mosquito larvae, consuming fruit and vegetables and doing physical activity every day, and coupled with the PHBS program for households not smoking in the house. This research was conducted in the village of Mata le Pasie Raja, South Aceh Regency for the purpose of knowing how the picture of family PHBS in the village of Mata le Pasie Raja is. Descriptive research method was conducted by conducting interviews using a questionnaire. Respondents who became the sample of this study were housewives totaling 55 people. The results showed that the level of knowledge of respondents was in the moderate category, as many as 26 (47.2%), the rest were in the good category were 17 people (30.9%) and in the less category as many as 12 people (21.8%). This knowledge can be increased by providing counseling and assistance to the family PHBS program by the government and the local health office, so that knowledge dissemination can increase and influence the community in general.

Keywords:

knowledge, PHBS, family

JEL: I10, I14

INTRODUCTION

PHBS is all healthy behaviors that are carried out on the basis of awareness to help themselves and family members in the health sector and can play an active role in carrying out public health activities (Depkes RI, 2010). To improve PHBS for everyone is not an easy thing but requires a process to influence each other, interact and socialize between individuals, groups and monitor, assess and measure the level of development of all arrangements. Therefore, the development and empowerment of PHBS is carried out through an orderly approach, namely the arrangement of households, public places, workplaces and schools. Health behavior will affect behavior as an intermediate impact of health education. Furthermore, health behavior will have an effect on increasing public health indicators as health education outcomes. Behavior is the second cause of public health status. Behavior is motivated by predisposing factors, enabling factors and reinforcing factors (Notoatmodjo, 2011).

Clean and Healthy Life Behavior (PHBS) is a health behavior that is recognized in 5 settings, namely the household sector, schools, workplaces, health facilities, and public places. One of the priorities of the Ministry of Health of the Republic of Indonesia is in the household order which consists of ten indicators (Directorate of Health Promotion and Community Empowerment of the Indonesian Ministry of Health. PHBS, 2021). This behavior is a health behavior that is influenced by various aspects, including behavior, attitudes and actions (Jumadewi, 2021). The success of PHBS must involve all family members which is carried out on the basis of awareness so that family members can help themselves in the health sector and play an active role in health activities in the community (Ryadi, 2016). PHBS in the household is an effort to empower household members to know, be willing and able to apply it. In addition, PHBS is also a comprehensive effort to prevent the occurrence of various kinds of diseases, whether infectious or not. In the health sector, PHBS is a flagship program in order to realize a healthy Indonesian society, with an indicator of its success being family PHBS (Ministry of Health RI, 2011).

Health problems in the family are very important. The key to a healthy family is a manifestation of the mother's behavior. Tackling these problems can be done through health education on Clean and Healthy Life Behavior (PHBS) (Maulidia & Hanifah, 2020); (Panti, A., Zukmadini, A. Y. & Karyadi, 2020). The information obtained from this health education includes how to live clean and healthy, how to have a healthy environment, how to behave healthy and how to prevent problems that arise as a result of an unhealthy household environment. Realizing an attitude into a real action requires supporting factors for an enabling condition, including the existence of facilities. Therefore, the development of Clean and Healthy Living Behavior (PHBS) is carried out through an orderly approach, one of which is through household arrangements (Notoatmodjo, 2011).

According to the author's assumption, family problems that do not practice PHBS may be due to lack of information and mother's behavior in clean and healthy living behavior. The author wants to know the extent of the knowledge of housewives about family PHBS. According to research, there is a relationship between knowledge, attitudes and actions of PHBS in the family setting. The low knowledge, attitudes and actions of PHBS in the family setting prompted the authors to conduct this research (Miswanto, Yuniar, N. & Bahar, 2016). Improving public health behavior can be done by promoting education (Wijayanti., Nuraini & Deharja, 2017), and counseling to assist the community in the dissemination of knowledge and the environment (Jumadewi., Original., Kurnaidi & Masyudi, 2021); (Nurfadillah., Study., Society & State, 2020).

This research was conducted in Mata le Pasie Raja Village, South Aceh Regency, which was carried out from March to November 2019. The purpose of this research was to find out how housewives' knowledge of family PHBS in Mata le Pasie Raja Village, South Aceh Regency.

RESEARCH METHODS

This study uses a cross-sectional research design, which aims to describe the knowledge of Clean and Healthy Life Behavior (PHBS) in Mata le Pasie Raaja Village, South Aceh Regency. Sampling was carried out using total sampling, namely by collecting residents who had been invited to gather at the Meeting Hall of the village of Mata le Pasie Raaja, South Aceh Regency. The sample of this study were mothers who came to the community meeting hall with inclusion and exclusion restrictions as many as 55 people consisting of housewives who came as respondents, while those who did not attend did not become respondents in this study. The dependent variable in this study is the hygiene behavior of mothers in the household, while the independent variables include age, education level, and level of knowledge. The data collection tools used in this research are; instruments and observation

sheets. Each of the data obtained was then analyzed by qualitative data analysis techniques. The ability to conclude was analyzed by calculating the percentage level of knowledge of mothers in Mata le Pasie Raaja Village, South Aceh District; good, enough, and less. The data obtained were analyzed using the percentage formula, namely: percentage % = n (amount obtained) / N (total score) X 100%.

RESULTS AND DISCUSSION

Characteristics of respondents based on age, education, occupation and category of mother's level of knowledge about PHBS in household settings can be seen in the table below:

Table 1. Characteristics of Respondents

Variable	Frequency (f)	Percentage (%)
Age		
<21 year	10	18,1
21-30 year	15	27,2
31-40 year	23	41,8
>40 year	7	12,7
Education		
< Junior high school	23	41,8
Junior high school	19	34,5
Senior high school	9	16,3
College	4	7,2
profession		
Housewife	33	60
Farmer	19	34,5
Employee	3	5,4
Total	55	100

Table 2. Category of Mother's Knowledge Level About Clean and Healthy Life Behavior (PHBS) Family Order

No	Knowledge level	Frequency (f)	Percentage (%)
1	Well	17	30,9
2	Enough	26	47,2
3	Not enough	12	21,8
	Total	55	100

Discussion

Based on Table 2 above, it shows that of the 55 respondents, the majority behaved moderately or fairly, which was around 26 people (47.2%). According to the author's assumption, this is caused by the level of knowledge of the respondents is still lacking on several indicators of PHBS in household arrangements. In addition, it is influenced by the respondent's low level of education, which will affect knowledge. In accordance with the research that has been done that the category of knowledge is sufficient as many as 12 respondents (57.1%) (Miswanto, Yuniar, N. & Bahar, 2016). and other studies that respondents' knowledge is in the sufficient category as many as 71 people or 56% (Saputra., Rahayu & Putri, 2019).

Behavior is the result of knowing, and this occurs after people have sensed a certain object. Most of the behavior or cognitive is a very important domain in shaping one's actions (overt behavior) (Notoatmodjo, 2011). Thus, increasing knowledge will have an impact on people's behavior in conducting PHBS (Nurfadillah., Studi., Society & State, 2020).

Housewives are important figures in social life because housewives are the first gate for people to know clean and healthy living through family life. A healthy society is born from a healthy family, a healthy family is born from a healthy individual, a healthy individual is born from a healthy mother (Depkes RI, 2011).

Based on the majority of age, respondents are classified as being in the age of 31-40 years. The author's assumption is that age affects the mother's behavior in PHBS behavior. According to the theory, the older a person gets, the more mature they will experience a more mature stage of physical growth and development. Likewise with behavior the older the age, the more behavior obtained. With this productive age a person is very easy to get information conveyed by others. In addition, information about PHBS is relatively easy to obtain, either through social media, television, the internet as well as from counseling and education which is the responsibility of the government and health workers in increasing the productivity and quality of family PHBS which is expected to improve public health (Directorate of Health Promotion and Empowerment). Indonesian Ministry of Health. PHBS, 2021); (Ministry of Health RI, 2018).

Household Clean and Healthy Behavior (PHBS), based on the Indonesian Ministry of Health, that there are ten important indicators in the household. Assessing and measuring the answers of existing respondents, that there are still those who do not know at all about the ten indicators. However, on average, housewives know some of the requirements for household PHBS well. Among them, deliveries are usually assisted by local health workers (midwives), exclusive breastfeeding, using clean water, washing hands, cleaning mosquito larvae, doing physical activity every day eating fruits and vegetables every day.

However, there are several factors of household PHBS that need to be improved, including smoking in the household. Smoking can threaten the health of other family members. Active smokers can be a source of various diseases and health problems for passive smokers. Quitting smoking or at least not smoking in the house can prevent families from various health problems (Directorate of Health Promotion and Community Empowerment of the Indonesian Ministry of Health. PHBS, 2021); (Depkes RI, 2011). In addition, without smoking will cause other family members to breathe healthy and clean air.

Based on the respondents' answers, it is known that they do not have healthy latrines, meaning that their latrines are not equipped with a septic tank, so that the latrine waste is allowed to flow following the existing ditch, there are even families who do not have latrines at all, so for this purpose they use the local river. . The author's assumption is that this will certainly disrupt the health of the population and the environment.

The success of family PHBS is a measure of the success of public health programs that aim to maintain and improve human health in the program of the Healthy Community Movement (Germas) which will be implemented.2. Thus, health can be realized, as stated by the father of the environment, namely Mukono, who stated that healthy community members included the best state model (high lever wellness model) (Notoatmodjo, 2011).

CONCLUSION

Based on the results of research conducted by researchers in Mata Ie Pasie Raaja Village, South Aceh Regency, the conclusion obtained is that the level of knowledge of mothers in Mata Ie Pasie Raaja Village, South Aceh Regency is in the sufficient category in maintaining cleanliness in the household order. , the results obtained where as many as 26 people or 47.2% of mothers have maintained cleanliness related to clean living behavior in household

settings, and the rest are in the good category, namely 17 people (30.9%) in clean living behavior in household settings. household, then in the less category as many as 12 people or 21.8% in clean living behavior in household settings.

REFERENCES

Notoatmodjo, S. (2011). *Kesehatan Masyarakat Ilmu dan Seni*. Penerbit Rineka Cipta.

Direktorat Promosi Kesehatan dan Pemberdayaan Masyarakat Kementerian Kesehatan RI. PHBS. (2021).

Jumadewi, A. (2021). *Manajemen Kesehatan Lingkungan Rumah Sakit*. (PT. Nasya Expanding Management (Penerbit NEM-Anggota IKAPI), 2021).

Ryadi, A. L. S. (2016). *Ilmu Kesehatan Masyarakat*. (Penerbit Andi Yogyakarta).

Depkes RI. (2011). *Pembinaan dan Penilaian PHBS Di Rumah Tangga Melalui Tim Penggerak PKK, pusat promosi kesehatan*.

Maulidia, A. & Hanifah, U. (2020). Peran Edukasi Orang Tua terhadap PHBS AUD selama Masa Pandemi Covid-19 Peran Edukasi Orang Tua terhadap PHBS AUD selama Masa Pandemi Covid-19. 34–44. doi:10.35724/musjpe.v3i1.3078.

Panti, A., Zukmadini, A. Y. & Karyadi, B. Edukasi Perilaku Hidup Bersih dan Sehat (PHBS) dalam. (2020) doi:10.29303/jpmp.v3i1.440.

Miswanto, Yuniar, N. & Bahar, H. (2016). Gambaran pengetahuan tentang Perilaku Hidup Bersih dan Sehat (PHBS) Tatanan Rumah Tangga di Wilayah Kerja Puskesmas Welala Kecamatan Ladongi tahun 2015. *J. Ilm. Kesehat. Masy.* 3.

Wijayanti, R. A., Nuraini, N. & Deharja, A. (2017). Efektifitas Penyuluhan Perilaku Hidup Bersih Dan Sehat (Phbs) Dalam Meningkatkan Pengetahuan Siswa Di Smp Islam Mahfilud Duror Jelbuk. *J. Ilm. Inov.* 16, 204–208.

Jumadewi, A., Orisinal, O., Kurnaidi, H. & Masyudi, M. (2021). Edukasi Sanitasi Air Bersih di Lingkungan Perumahan Daerah Rawan Banjir. *BAKTIMAS J. Pengabdi. pada Masy.* 3, 15–21.

Nurfadillah, A. R., Studi, P., Masyarakat, K. & Negeri, U. (2020). Perilaku Hidup Bersih Dan Sehat Di Sekolah Pada Masa Adaptasi Kebiasaan Baru (New Normal). *J. Pengabdi. Kesehat. Masy.*

Saputra, R., Rahayu, W. & Putri, R. M. (2019). Hubungan Perilaku Hidup Bersih Dan Sehat (PHBS) Dengan Timbulnya Penyakit Scabies Pada Santri. *Nurs. News (Meriden)*. 4, 41–53.

Kemenkes RI. (2018). No Title. <https://promkes.kemkes.go.id/perilaku-hidup-bersih-sehat>.