Role and Healthy Behavior Analysis of Household Rights on Diare Events at the World in the World Village of the Working Area Puskesmas Rendang

Dewa Ngakan Made Kelaci Utama¹, Prof. Dr. Ir. Ngurah Alit Wiswasta, MP², Dr. Ir. I Gusti Agung Gede Eka Martiningsih, M.Si³

Abstract: The role of healthy and clean living behavior should start from the household or family, because a healthy household is an asset or future development capital that needs to be maintained, upgraded and protected health. Through the PHBS Program each household plays a role in knowing, willing and able to help himself in the field of health. Health problems can occur due to the implementation of Clean and Healthy Living Behavior in Household is not good one of them is Diarrhea disease. Diarrhea is one of the leading causes of death and morbidity in children, especially in children under 5 years old (under five). The objective of the study was to analyze the role of PHBS in the household setting to the incidence of diarrhea in infants in Rendang Village, Rendang Health Center Working Area. This research uses descriptive design with cross sectional approach. The population in this study were all mothers who had children under five in Rendang Village Working Area of Rendang Health Center as many as 452 people, the sample was 82 people. Data collection tool using questionnaire. Based on the result of analysis test, it can be concluded that there is a relationship of Clean and Healthy Living Behavior (PHBS) to Household Ornament. In indicator of using clean water, hand wash indicator with water and soap and indicator using healthy latrine with diarrhea incident in balita at Rendang Village Work Area Puskesmas Rendang. Suggestions that the extension plan that has been prepared can be carried out regularly every 1 month that can be implemented during the implementation of posyandu to motivate people to live clean and healthy lives.

Keywords: Clean and Healthy Living Behavior Household, Diarrhea

1. Preliminary

1.1 Background

Health development is directed to achieve Healthy Indonesia 2025 where people are expected to have proactive behavior to maintain and improve health, prevent disease risk and actively participate in public health movement (Kemenkes, RI, 2011). Health is a human right as well as an investment for the success of nation building. Clean and Healthy Behavior (PHBS) is all health behaviors carried out on awareness so that family or family members can help themselves in the health sector and play an active role in health activities in the community (Kemenkes RI, 2006). The population that has met the national PHBS criteria until 2014 is only 45% of the target of 55% and is expected to reach 80% by 2016. PHBS data for Bali Province until 2016 populations that have met the PHBS criteria either 77.4% of the target 80% (Dinkes Provinsi Bali, 2016). PHBS data for Karangasem regency until 2016 population that has fulfilled PHBS criteria either 77.8% from 80% target (DHO Karangasem, 2016). PHBS data of Puskesmas Rendang shows the number of households that meet the criteria of PHBS well until the year 2016 of 87.2% of the target 80%. PHBS data from 6 villages in the work area of Rendang Puskesmas showed Rendang Village including the incidence of diarrhea in infants at Rendang Village Working Area Puskesmas Rendang.

1.2 Problem Formulation

How is the application of clean and healthy living behavior (PHBS) of the household order to the incidence of diarrhea in infants in Rendang Village Working Area of Rendang Health Center? In the implementation of posyandu to motivate people to live clean and healthy lives.

1.3 General Purpose

Knowing the analysis of the application of clean and healthy living behavior (PHBS) of the household order to the incidence of diarrhea in infants in Rendang Village Working Area Rendang Puskesmas.

1.4 Research Benefits

1.4.1 Theoretical benefits

1) Based on the results of this study can be used to develop science in the field of community nursing, especially in the application of PHBS household order.

2) Based on the results of this study can be used as information academic / educational section for research activities about the behavior of clean and healthy life.

1.4.2 Practical benefits

1) Can provide information to the Health Office and Puskesmas about the relationship of clean and healthy living behavior of the household order with the incidence of diarrhea. So it can provide counseling and guidance to the wider community. In addition, with this research is expected health offices and health centers can better overcome the problem of diarrhea so it can reduce the incidence of diarrhea cases.

2) Can provide information to the public about the relationship PHBS on the order of the household with the incidence of diarrhea. So it is expected the public to increase awareness to live clean and healthy so that people can reduce the risk of diarrhea attacks.
2. Literature Review

According Sugiyono in Sumiash (2007), states that knowledge can be associated with the level of education, so the higher the level of education a person, the better the knowledge of the person. Education is the foundation for the development of knowledge, attitudes, and skills.

2.1 Clean and Healthy Behavior

Clean and Healthy Behavior (PHBS) is an attempt to provide a learning experience or create a condition for individuals, families, groups and communities by opening lines of communication, providing information and educating to improve knowledge, attitudes and behaviors to help people recognize and solve problems so that people are aware, willing and able to practice PHBS through the approach of leadership (Advocacy), the development of the atmosphere (Social Support) and empowerment of the community (Empowerment) (Ministry of Health RI, 2006)

2.2 Clean and Healthy Living Behavior of the Household

PHBS Household arrangement is an effort to empower household members to be aware, willing and able to do PHBS to maintain and improve their health, prevent the risk of disease and protect themselves from disease threat and actively participate in the health movement in the community (Kemenkes RI 2007)

2.3 Thinking and Conceptual Framework

A person’s knowledge can be influenced by a variety of factors, such as experience, education level, age, occupation, frequency of information that can be in the form of training seminars (Notoatmodjo, 2003). Framework for thinking can be described Analysis of the implementation of clean and healthy life behavior of the household order to the incidence of diarrhea in infants.

2.4 Hypothesis

The hypothesis in a study means a temporary answer, a benchmark or a tentative proposition that the truth will be proved in the study. After through the verification of the results of this hypothesis can be true or wrong, acceptable or rejected (Sugiyono, 2014).

The hypothesis in this research is Alternative Hypothesis (Ha) that is:
1) Implementation of PHBS in household setting indicators using clean water, washinghands with clean water and soap and using healthy latrines.
3) There is a relationship between the application of PHBS indicators using clean water to the incidence of diarrhea in infants.
4) There is a correlation between PHBS application of handwashing indicator with clean water and soap to diarrhea occurrence in toddlers.
5) There is a correlation between the application of PHBS indicators using healthy latrines to the incidence of diarrhea in infants

3. Research Methods

3.1 Research design

This research is descriptive, which explains the relationship between variables by analyzing numerical data (numbers) using statistical methods through hypothesis testing (Sugiyono, 2014). The design used in this research is cross sectional. Cross sectional design is a research design that measurements and observations are performed simultaneously at one time. Cross-sectional design is the design of an epidemiological study that studies the relationship of disease and exposure (research factors) by observing the status of exposure and disease, simultaneously in individuals of a single population, at some time or period (Murti, 2014). Cross-sectional design of a study in which variables including risk factors and variables including effects are observed at once at the same time. The design of this research is used to know analyze the factor of the application of clean and healthy life behavior (PHBS) of Household Order to the occurrence of diarrhea in infants. In the cross sectional design depicted in this study the application of PHBS household order by observing the PHBS indicator of the household order and the incidence of diarrhea in infants. This design is to know the correlation of PHBS indicator of Household arrangement which consists of using clean water, washing hands with clean water and soap and using a healthy latrine with the incidence of child diarrhea.

3.2 Situation and Time Analysis

a) Place of study, conducted in Rendang Village Work Area Puskesmas Rendang
b) The time of the research data was conducted in December of 2017

3.3 Population and Sample

1) Population is a generalization region consisting of objects or subjects that have a certain quality or characteristics set by researchers to learn and then drawn conclusions
2) Samples are part of the number and characteristics possessed by the population (Sugiyono, 2014).

3.4. Research Instruments

1) Synthesis theory is the writing of conclusions from several theories that have been taken earlier, which is tailored to the research that will be done. The synthesis theory in this study includes the following variables:
a) Exogenous variables
Is a variable whose value is independent of other variables. In this study, the exogenous variable is the application of clean and healthy living behavior (PHBS) of Household Order with indicator of using clean water given X1 notation, hand washing indicator with clean

Volume 7 Issue 5, May 2018
www.ijsr.net
Licensed Under Creative Commons Attribution CC BY

Paper ID: ART20182517 DOI: 10.21275/ART20182517 1637
water and soap given X2 notation and indicator using healthy latrine given notation X3.

b) Endogenous Variables
Is a variable whose value depends on exogenous variables. In the research into the endogenous variable is the occurrence of diarrhea in infants given notation (Y).

3.5 Design of Research Instruments

1) Data collection is an important and best known stage in scientific methods. Many scientific activities are directed to the collection of data, so many people equate scientific methods with data collection, or at least can be separated. Data collection is a systematic and standard procedure in research methods, as a step to obtain the facts obtained in accordance with the objectives of the study.

2) Measurement of data is done based on the definition of operational that has been formulated, and described in the questions on the questionnaire as the main research instrument. Assessment of the variables identified by using the dichotomy scale because of the answer between yes or no and the score between 1 or 0.

3) Validity of Research Instruments
a) Test Validity
b) Test Reliability

4) The final instrument is a valid instrument or instrument that can measure what is to be measured while a reliable instrument is an instrument which, when used to measure the same object, produces the same result as another consistent word (Sugiono, 2014). Instruments compiled by researchers are tested beforehand to determine the validity and reliability.

3.6 Types and Data Sources

a) Data Type
1) Quantitative data is data that can be used in the form of numbers consisting of the number of respondents by sex, education, and work.

2) Qualitative data is a type of data that can not be expressed in terms of figures from using clean water, washing hands with clean water and soap and using a healthy latrine.

b) Data source
1) Primary data, ie direct and immediate data obtained from original sources and collected specifically to answer research questions. In this study the primary data source is the information collected from respondents’ answers.

2) Secondary data, ie data obtained by first been collected and reported by others outside the researcher.

3.7 Data Analysis

a) Cross tabulation (crosstab), presents data in tabular form, which includes rows and columns. Thus, the characteristic of crosstab is the existence of two or more variables that have a descriptive relationship.

b) Chi square is the statistical analysis used to test the Hypothesis.

4. Research Result and Discussion

The result of the research shows that the clean and healthy life behavior in the household setting on the indicators using clean water, washing hands with clean water and soap and using healthy latrines are mostly in bad category. Clean and healthy life behavior on the Household Order is not good this can be caused by the characteristics of respondents one of which is education. In this study of 82 most of the indicators used clean water mostly in bad category with the number of 53 people (64,6%), hand washing indicator with clean water and soap with the number of 57 people (70%), indicator using healthy toilet with 52 people (63, 4%) and 39 people (47,6%) with junior high school education. Junior high school education is a low level of education. According to Nototidjo (2010), education is important in influencing one's behavior. Low community education makes it difficult for people to be informed of the importance of personal hygiene and environmental sanitation to prevent the spread of infectious diseases, one of which diarrhea, the level of education a person can increase his knowledge about health. One of the factors affecting one's knowledge is the level of education. Education will provide knowledge so that there is a change in positive behavior is increased, people who have higher education level more oriented to preventive measures, know more about health problems and have better health status.

5. Conclusions and Suggestions

5.1 Conclusion

1) Clean and healthy living behavior in household setting indicator using clean water mostly in bad category with the number of 53 people (64,6%) and 29 persons (35,4%) in good category, hand washing indicator with clean water and soap mostly in bad category with 57 people (70%) and 25 people (30,5%) in good category, indicator using healthy latrine is mostly in bad category with 52 people (63,4%) and 30 people (36, 6%) in the good category.

2) The incidence of diarrhea in toddlers is mostly 48 people (58, 5%) of children ever defecate in the form of liquid more than four times in the last 3 (three) months.

3) The test results obtained p value = 0,000 <0,05 it can be concluded there is a meaningful relationship between Clean and Healthy Life Behavior (PHBS) on Household indicator use clean water with the incidence of diarrhea in infants in Rendang Village Working Area Puskesmas Rendang.

4) The test results obtained p value = 0,000 <0,05 then it can be concluded there is a Relationship of Clean and Healthy Behavior (PHBS) on Household Handwashing indicator handwashed with clean water and soap with diarrhea occurrence in toddlers in Rendang Village Work Area Puskesmas Rendang.

5) The test result obtained p value = 0,000 <0,05 hence can be concluded there is Relationship of Clean and Healthy Behavior (PHBS) in Household indicator use healthy latrine with incident of diarrhea in toddler in Rendang Village Work Area Puskesmas Rendang.indicators of healthy latrines with the incidence of diarrhea in infants in the village Puskesmas Rendang Rendang.
5.2 Suggestion

1) For related institutions (Puskesmas and Rural)
Extension plans that have been prepared to be carried out routinely every 1 month that can be implemented during the implementation of posyandu to motivate people to behave clean and healthy. Extension efforts to be done until the public really understand the consequences of the behavior of clean and healthy life, ill health will impact diarrhea diseases, and any conduct of evaluation conducted about the change of understanding of society to know whether the counseling that has been done is effective what not yet.

2) For the community
In order to further improve the behavior of clean and healthy life, especially doing the prevention of the occurrence of diarrhea such as washing hands after menceboki child and wash hands before and after meals with soap, cooking water before drinking and the use of healthy latrines.

3) For other researchers
Hopefully this research can be followed up by adding other factors outside this research such as family income factors and nutritional status of children under five and using different research methods.

6. Implications

The results of the discussion can give implications, namely:
1) It is expected that the results of the research can be used as guidance for giving health education in an effort to improve the application of PHBS in individuals, families, communities and health workers.
2) With the results of this study is expected to be used as a scientific study in the analysis of the relationship PHBS household order with the incidence of diarrhea.
3) Can be used as baseline data to carry out further research related to PHBS relationship of household order with diarrhea occurrence.

References