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Effect of Household Life Behavior to Clean and Healthy Life in District Marabahan, Barito Kuala

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ABSTRACT

The purpose of this study was to determine the effects of aapplication of clean and healthy behavior in household in order to live healthy and happy in district Marabahan, Barito Kuala Regency. The method used in this study was a descriptive cross sectional analytic approach. Location of the research was in the district Marabahan Barito Kuala that consisting of 10 villages. The study population was all households in the district Marabahan that include 4123 households in 10 villages. Total sample was 100 people, using inclusion criteria namely: head of households residing in the villages, households must consist of husband and wife,having toddlers (aged 0-59 months). The study concluded there was an effect of clean and healthy life behavior but no influence of lifestyle (diet, physical activity, rest habit and smoking history) on the health status.

KEYWORDS: Living Clean, Healthy, Smoking, Healthy Latrine, exclusive breastfeeding

INTRODUCTION

Clean and healthy life behavior in the household is one of health minimum standards of Regency / City in accordance with Government Regulation No. 65 of 2005 and the Regulation of the Minister of Health No. 741/Per/VII/2008 and Minister of Health No. 828/Menkes/SK / IX / 2008 on Technical Guidelines for minimum standards of the health sector in the district / city (Ministry of Health, 2011; 2).

Community health status that is not optimal yet is influenced by environmental conditions, people's behavior, health service and genetics. The scientists said that the main determinant of the health of society is people's behavior in addition to environmental conditions. From the results of basic medical research in 2007 it is known that the household has been practicing clean and healthy behaviors only 38.7%. Therefore, the Ministry of Health Strategic Plan, 2010-2014 includes a target of 70% of households practicing clean and healthy life behavior in 2014. Percentage of Households behave clean and healthy life is one of the Key Performance Indicators of the Ministry of Health (MoH, 2011; 3).

Health Research in 2010 is a community-based health research activities aimed to evaluate the achievement of the Millennium Development Goals (MDGs) indicators in health sector national and provincial level . Results of basic health research in 2010 showed that households that use water less than 20 liters of water / person / day of 14.0 percent, decrease when compared to 2007. Households that use goodphysical quality of drinking water increased from 86.0 percent in 2007 to 90.0 percent in 2010. Households have access to feasible excreta disposal , according to criteria of the MDGs is at 55.5 percent . Access to excreta disposal in urban and rural areas has been on the right track so optimistic outcomes achieved in 2015 . There are 17.2 percent of households that not proper / indiscriminate disposal of feces (open defecation) , the highest in the province of Gorontalo (41.7 %) and lowest in DKI Jakarta Province (0.3 %). Most households have impropersanitary disposal of wastewater, where 41.3 percent of discharged directly into open drains, 18.9 percent in the land, and 14.9 percent at the open area in the yard that could potentially contaminate groundwater and waterways. Household waste management in urban and in rural areas by burning the largest (52.1 %) and a small number were transported by clean service (23.4%) . This would contribute to climate change. Smoking behavior at home around other family member tended to increase with increasing age. The prevalence of smokers at home much more in men, marital status, living in rural areas , with low education is not graduate primary school and elementary school. According to the work , the prevalence of smokers at home around other family members who works as a farmer / fisherman / labor followed by self-employed and are not working , and tended to increase with increasing economic status (Beareau of health research and development , 2010; X - XI). Public health development in Barito Kuala district in 2012 still needsfurther attention. From the data profile Barito Kuala district Health Department in 2012 relating to the Clean and Healthy Behavior indicators

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obtained illustrate that the number of infants death 74 of 5412 live births , the number of cases of maternal mortality were 7 cases , of TB CDR rate 60.51 % , incidence rates of new TB cases 127.07 per 100 thousand, the percentage of diarrhea found and dealt with 73.06 % (8,484 cases) , the incidence rate of 89 cases of dengue , malaria morbidity rate of 1.61 per 100 thousand (466 patients), filariasis morbidity 5.66 per 100 thousand (16 cases , 65.5 % weighed , malnutrition children 1.14 % , 92.28 % delivery of health workers , 9.28 % breastfed babies pass the 6 -month, 23.88% household apply clean and healthy life behavior, 27.57 % healthy homes , 46.45 % unprotected water sources, 46.75 % healthy latrine (Source : Data Profile of Health , District Health Office. Batola, 2012) .Generally health care facilities more complete as supported Regional General Hospital , easy transportation , higher education levels than other districts , the level of life better , but most of the people living along the Barito river and an artificial river that everyday life still rely on the use of river water for bathing , washing , and cooking .

Based on the background and the description above is known achievements of the program related to the MDG targets and clean and healthy life behavior indicators still low, then the formulation of the problem of this study is knowing the Effect of Application Clean and Healthy Behavior in Household In Order To Live Healthy and Happy in District Marabahan Barito Kuala.

METHODS

The method used in this study was a descriptive cross sectional analytic approach. Location the study was conducted in the district of Barito Kuala district Marabahan consisting of 10 villages.

The population in this study was all households in the district Marabahan includes 4123 households in 10 villages district area Marabahan Barito Kuala (Source: Data Health Center in 2013) According to Drs. Soekidjo Notoatmodjo (2005), most of the population sample is taken using Porposive sampling, which is a sampling technique that based on a particular considerations made by the researcher. The samples in this study using the inclusion criteria, namely: Head of households residing in the villages, households must consist of husband and wife, having toddlers (aged 0-59 months).

Sampling Techniques

Determining the sample size

$$n = \frac{N}{1 + N\,(d2)}$$

N = Large populations
n = sample size
d = degree of accuracy (10%)

Sample size obtained a total sample of households 97.63 rounded to 100 households, after known the number of samples per villages then conducted random sampling of households who have a toddler to get the research respondents. Analysis was the data editing, coding, tabeling, entry. Univariate and bivariate data analysis were performed. The validity and reliability test were conducted to ensure data valid and reliable.

RESULTS AND DISCUSSION

Total respondents in this study were 100 people representing a sample of households. Respondents are housewife. The average age of respondents 31.05 years, with the youngest aged 18 years old, while the oldest 50 years of age.

Preview Respondents by Education

Education of the respondents in this study were divided into 3 categories, namely high education (Graduate College or Universities), intermediate education (Finished junior-high school), low education (No school - End SD)

Table 1.Distribution of Respondents by Education Level

Education	n	Percentage (%)
high	18	18%
intermediate	63	63%
low	19	19%
Number	100	100%

Preview Respondents by Number of Family members

Overview of the number of family members of respondents, grouped into two, namely a small family (family size ≤ 4 people) and large families (number of family members > 4 people). From the available data the average respondent has 4.02 family member per house.

Table 2.Distribution of Respondents According to Number of Family Members

Number family member	n	Percentage (%)
Small	72	72%
Large	28	28%
Total	100	100%

Descriptive Statistics Analysis

Results of univariate analysis of independent variables influence the application of clean and healthy behavior with 10 indicators on households to live a healthy and happy in the District of Barito Kuala Marabahan 2014 clean and healthy behavior in the household is an effort to empower members of the household in order to know, willing, and able to do a clean and healthy lifestyle behaviors, and participation in the public health movement.
For further analysis, the application of clean and healthy behavior at home.

Table 3.Distribution of Respondents According to PHBs In household application

Application of CHLB	Frequency (n)	Percentage (%)
good	7	7,0
Good Enough	81	81,0
Not Good	12	12,0
Bad	0	0
Number	100	100,0

Hypothesis Testing

To know the truth of the hypothesis about the relationship between the independent variables of respondents on Effect of application clean and healthy behavior to a happy live household as the dependent variable to test statisticallythe Rank Spearman Correlation presented in the form of cross-tabulations as follows:

Relationship betweenEffect of implementation clean and healthy behavior to Healthy Living household

The results of the analysis of the relationship between the effect of the application of clean and healthy behavior to a healthy live household can be seen in Table 4. asfollows:

Table 4.Relationships Distribution of clean and healthy behavior Application in Households to healthy living

Application of CHLB	Healthy Live								Number	
	Good		Good enough		Not Good		Bad			
	n	%	n	%	n	%	n	%	n	%
Good	5	71,4	2	28,6	0	0	0	0	7	100
Good enough	4	4,9	70	86,4	6	7,4	1	1,2	81	100
Not good	0	0,0	12	100,0	0	0,0	0	0	12	100
Bad	0	0,0	0	0,0	0	0.0	0	0,0	0	0
Number	9	9,0	84	84,0	6	6,0	1	1,0	100	100

From the results of the statistical test using the Spearman rank correlation test significancy value of 0.004 was obtained which showed that the correlation between the Effect of Application of clean and healthy life behavior in order to live healthy is significant. Spearman rank correlation value of 0.289 indicates that the correlation is positive with low correlation

(r = 0.21 to 0.40) . It means there is a relationship between the effect of the application of clean and healthy life behavior in the household to healthy living household conditions. So the research hypothesis is accepted, in other words there is a significant relationship between household that implement clean and healthy life behavior to a healthy life circumstances.

Relationship Between Effect of implementation clean and healthy behavior to Happy Living household

The results of the analysis of the relationship between the effect of the application of clean and healthy behavior to a happy live household can be seen in Table 5.

Table 5.Relationships Distribution of clean and healthy behavior Application in Households to happy living

Application of CHLB	Happy Live								Number	
	Good		Good enough		Not Good		Bad			
	n	%	n	%	n	%	n	%	n	%
Good	5	71,4	2	28,6	0	0,0	0	0,0	7	100
Good enough	3	3,7	63	77,8	15	18,5	0	0,0	81	100
Not good	0	0,0	9	75,0	3	25,0	0	0,0	12	100
Bad	0	0,0	0	0,0	0	0,0	0	0,0	0	0,0
Number	8	8,0	74	74,0	18	18,0	0	0,0	100	100

From the results of the statistical test using the Spearman rank correlation test significant value of 0.001 was obtained which showed that the correlation between the effect of application of clean and healthy life behavior in order to live happily is significant. Spearman rank correlation value of 0.325 indicates that the correlation is positive with low correlation (r = 0.21 to 0.40) . It means there is a relationship between the effect of the application ofclean and healthy life behavior in the household to healthy living household conditions. So the research hypothesis is accepted, in other words there is a significant relationship between household implement clean and healthy life behavior to a happy life circumstances.

Research implications

The implications of the research results that can provide positive input to the implementation of health programs for PHC, District, and Department of Health especially in the coaching program Clean and Healthy Behavior.

Based on these results, the health department should support each other in managing programs with one another , in order to achieve optimal results in improving public health . Furthermore, in the planning and implementation of activities that are changing behavior may involve cross-sector, non-governmental organizations and the private sector are carried out continuously.The results of the study recommends that for the success of the program behavior, need attentionto knowledge and community attitudes towards clean and healthy life behavior program . Interventions that can be implemented to increase application of clean and healthy life behavior in the household is to do continuous education either through printing media , electronic and television media and coaching starting fromvillages, sub-districts and districts.

CONCLUSION

Based on the results of research and analysis, it can be concluded that there is significant influence Application of Clean and Healthy Behavior in Household in order to live healthy and happy in the District of Marabahan Barito Kuala

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