

THE IDENTIFICATION OF CLEAN AND HEALTHY BEHAVIOR IN HOUSEHOLD COMMUNITY IN RURAL AND URBAN AREAS OF PEKANBARU

Herlina¹, Febriana Sabrian², Arneliwati³

Lecturer of Community Health Nursing

School of Nursing, University of Riau

Email: her_lina82@ymail.com

Abstract

Clean and healthy behavior in household community is a government program into prevent health problems that exist in the community. The purpose of this research was to identify clean and healthy behavior in household community in rural and urban areas of Pekanbaru. This research was a descriptive study involving 600 families; 300 families reside in rural and 300 families reside in urban areas in Pekanbaru. Sample is taken by simple random sampling technique. The results showed that both rural and urban families have achieved the target of Ministry of Health for clean and healthy behaviors in household. The percentages of clean and healthy behavior indicators in families reside in rural areas are childbirth assisted by health workers (94.7%), exclusive breastfeeding (78%), use clean water (97, 7%), wash hands with soap and clean water (86.3%), use clean and healthy toilet (99%), eradicate mosquito larvae at home (93%), eat fruits and vegetables every day (81%). The percentages of clean and healthy behavior indicators in families reside in urban areas are childbirth assisted by health workers (92%), exclusive breastfeeding (77%), use clean water (92%), wash hands with soap and clean water (83%), use clean and healthy toilet (95%), eradicate mosquito larvae at home (74%). Based on the results, it is suggested for community health nurses to disseminate information more broadly and intensively in order to increase the number of healthy households in the community .

Keywords: Clean and healthy behavior household, rural, urban

BACKGROUND

Clean and healthy behaviors (phbs) is one form of the behavior that becomes benchmark in the preventive efforts in overcoming health problems. Clean and healthy behavior in household is one of the program of the department of health relating to promoting the health in indonesia (Depkes RI, 2005). Clean and healthy behavior in household applied using patterns of the management starting from the study , planning , penggerakkan and the implementation and monitoring and evaluation. The clean and healthy behavior in household , the efforts is to increase in order Clean and healthy behavior 5, namely; the household , educational institutions , health institutions , work and public places (Depkes RI, 2005). Each order have meaningful used as an instrument for measuring the achievement of the success of the socialization program health of the people

by 5 aspects priority programs that is KIA, nutrition, environmental health, lifestyle and JPKM.

The Clean and healthy behavior household will begin with the smallest namely households by the individual and families, then will grow at village, subdistricts and districts /health city. The efforts is to empower the community in keeping, increase and protect his health so people realize, willing and able to independently actively to improve health status (Razif M. & Yoserizal, 2004).

Based on the basic health research (Rikesda) 2013, the proportion of Clean and healthy behavior household good decline. Clean and healthy behavior households in 2007 by 38,7 % while in 2013 of 32,3 %. Propovinsi who performs Clean and healthy behavior household house with goodly central java (35 %) (Depkes RI, 2013). Provinces low Clean and healthy behavior households (PHBS



RT) are Gorontalo (33,8 %), Riau (30,1 %), and west sumatra (28,2 %) , East nusa tenggara (26,8 %) , Papua (24,4 %) . Therefore restra ministry of health import target 2010-2014 include 70 % PHBS RT.

Riau constitutes the order to 10 having largest population in indonesia. Based on the census got that the population riau of 5.538.367 people with growth rate of 3,59 % (bps,) 2010. According to the census in Pekanbaru year 2010 obtained data about 850.000 soul (Bapeda pekanbaru, 2014). According to the survey demographic and indonesian health (SDKI, 2012), TFR riau province of 2,9 children per woman fertile, the infant mortality rate of 24 per 1000 birth, and life expectancy of 71,2 year. Based on this can be summed up the need for the hard work Riau to increase derajat community health promotion of health programs especially PHBS RT.

PHBS RT is the efforts made in applying the principles or practices of health in the preventive efforts of the family to discourage hospital. PHBS best will impact in improving the quality of human resources in the improvement of health degrees, nutrient status and utilization facilitation of environmental health. The impact of PHBS RT that is not better could cause a disease of them by diarrhea, desentri, and dengue fever typhus (Dinkes RI, 2005). Based on the profile of Indonesia health 2009, diarrhea is infection due to disease behavior (lifestyle) that keeps increasing incidence 20,68 per thousand population. If PHBS RT in the community be implemented with better, debility hence figures nationally can be lowered further (Depkes RI, 2008).

According to Paul b. Horton & C. Hunt , the community is a collection of people relatively independent , live bersama-sama long enough , lives in the area, culture and

have same do most of the activities in the group / a collection of the people. People live in an area could be called village and also live in urban areas. Village (rural) is oneness law whereby live a society its own government, or village was the embodiment or unity goegrafi, social, economy, political and cultural that is where it (an area), in relations and its effect on a reciprocal with other areas. Urban is a or environment a community with rank in government structure.

Research conducted by Razif M & Yoserizal (2012), in research with the title of the projects clean and healthy behaviors (PHBS) order households in district Pelalawan obtained the result that low of achievement of the program clean and healthy behaviors in the community pelalawan due to lack of public knowledge , economic issues , public awareness inadequate , transportation matters and distances to public health centers. Based on the phenomenom above, researchers interested to scrutinize “The Identification Of Clean And Healthy Behavior In Household Community In Rural And Urban Areas Of Pekanbaru” as an effort to identify health problems that will happen and preventive measures by the urban and rural in the city Pekanbaru.

The purpose of this study, the purpose of this research was to identify clean and healthy behavior in household community in rural and urban areas of Pekanbaru.

METHODS

This research was a descriptive study involving 600 families; 300 families reside in rural and 300 families reside in urban areas in Pekanbaru. Sample is taken by simple random sampling technique. The results showed that both rural and urban families have achieved the target of Ministry of Health for clean and healthy behaviors in household.



RESULTS

Table 1.

Distribution characteristic based on its response, levels of education, employment and clean and healthy behaviors households in urban area and rural pekanbaru

Characteristics	Rural		Urban	
	N	%	N	%
Etnic				
1. Minang	95	31,7	134	44,7
2. Melayu	67	22,30	82	27,3
3. Jawa	78	26	33	11
4. Batak	27	9	27	9
5. Suku lainnya	33	11	24	8
Total	300	100	300	100
Education				
1. Primary School	46	15,3	33	11
2. Yunior High School	57	19	62	20,7
3. Senior High School	158	52,7	165	55
4. Bachelor	39	13	40	13,3
Total	300	100	300	100
Job				
1. Employment	102	34	79	26,3
2. Privet	56	18,7	67	22,3
3. entrepreneurs	82	27,3	98	32,7
4. Pension	32	10,7	17	5,7
5. Housewife	28	9,3	39	13
Total	300	100	300	100
Perilaku Hidup Bersih dan Sehat Rumah Tangga				
1. Persalinan ditolong oleh tenaga kesehatan				
a. Ya	284	94,7	276	92
b. Tidak	16	5,3	24	8
Total	300	100%	300	100%
2. Memberikan ASI Eksklusif				
a. Ya	234	78	231	77
b. Tidak	66	22	69	23
Total	300	100%	300	100%
3. Menimbang bayi dan balita				
a. Ya	192	64	192	64
b. Tidak	108	36	108	36
Total	300	100%	300	100%
4. Menggunakan air bersih				
a. Ya	293	97,7	276	92
b. Tidak	7	2,3	24	8
Total	300	100%	300	100%
5. Mencuci tangan dengan air bersih dan sabun				
a. Ya	259	86,3	249	83
b. Tidak	41	13,7	51	17

Total	300	100%	300	100%
6. Menggunakan jamban bersih dan sehat				
a. Ya	297	99	285	95
b. Tidak	3	1	15	5
Total	300	100%	300	100%
7. Memberantas jentik nyamuk di rumah				
a. Ya	279	93	222	74
b. Tidak	21	7	78	26
Total	300	100%	300	100%
8. Makan buah dan sayur setiap hari				
a. Ya	243	81	192	64
b. Tidak	57	19	108	36
Total	300	100%	300	100%
9. Melakukan aktivitas fisik setiap hari				
a. Ya	171	57	183	61
b. Tidak	129	43	117	39
Total	300	100%	300	100%
10. Tidak merokok di dalam rumah				
a. Ya	190	63,3	129	43
b. Tidak	110	36,7	171	57
Total	300	100%	300	100%

DISCUSSION

Characteristic response with education head a families education level on the outcome of this research education level of high school in rural regions (52.7 %) , and in an urban area high school education level (55 %) .Supported the results of this research also with Mahayana buddhism, Darmadi, & Notes (2013), the level of education found most numerous is sma (49,1 %) more doubled dibandingkat college educated

Characteristics of the based on the kk to research this the majority kk in the area rural and urban the minang with the each namely 31.7 % and 44,7 % .Habits in line with tribal who became benchmark people in doing or applying phbs rt in accordance indicators. Pekanbaru that the geographical size close to west sumatra, so that the number of people west sumatra to be able to earn money to earn a living family. The minang having cirri typical cultural can develop wherever they are to to fit, so that everywhere not uncommon

nearly 60 percent of the people riau are the minang kabau (west sumatra).

Characteristic of the family based on the work of kk rural areas are mostly civil servants with the percentage of 34 percent , kk while work in an urban area most numerous is self-employed namely 32.7 % as much as .This research result also supported the results of research with Mahayana, Darmadi, & Notes (2013), income in the vilage (rural) the proportion of income Rp.2.000.000 in PHBS RT healthy worth 16.7 % while in urban by 8.3 % . Generally live lihoods rural ghetto is based on farming but not a little whose livelihood trading because agriculture not separated from business activities of trade , while livelihoods in urban areas more varied and more leads to the field of industrial or business world (company offices) .

Clean and healthy behaviors households a. childbirth helped by health workers to research this there are still a family card and persalinannya not assisted by health workers ,

it is mostly happens in an urban area with 24 percent compared with the in the area rural with 16 % .Public trust and knowledge society that still low a factor that memungkinkan to fact that there are still a family card and believed that by the traditional healer better in helping in the delivery process , and experience birth of a child first and on child next who made a rut or choice according to kk more appropriate. Opinion the community who knew that help with a dukun will heal faster , no need to sewn or digunting who makes the healing process after delivery would be the longer. Besides of faith and knowledge on which to choice quack assist in childbirth is the judgement family this is in accordance with research that has been carried by meilisa (2012), who explained that some of the meranti pandak socioeconomic kk medium down so that choice delivering with the dukun be an option because it is cheaper.

give breastfeeding exclusive nutrient in breastfeeding as required by babies for growth and development physical and intelligence. Breastfeeding contains a immunity order to be able to protect baby of an allergy (Depkes RI, 2006). Giving an infant breast fed exclusive is a baby age 0 - 6 months have been breastfeeding alone to provide additional food or another drink.Nutrient in breastfeeding as required by babies for growth and development and intelligence physical because it contains immune substances.The child is kolostrum (vitamin a, e and k and mineral), and a anti alerginya so as required by baby (indonesian dept of health,) 2006.In this research shows that these families have babies give breastfeeding exclusively on the baby in the rural % 22 and 23 % urban. weighing infants and baby children weighing intended to monitor the baby growth and baby every month to know and nutrition status of baby and baby normal, malnutrition or malnutrition corresponds to a line at cards to healthy (kms) from age 0-59 months.Based on the results of this research families take a baby and their babies to posyandu or weigh the baby to the health services in urban and rural similar 36 %.

Clean water were the water used to daily needs quality qualified health and drinkable if has been cooked .Clean water will be a lot of

used by the public for drinking water , drinking water is water that the quality is qualified health and can be directly be drunk .The terms of the quality of clean water requirements physical (odorless , tasteless , and in colorless); chemical requirement: levels of iron: maximum allowed 0.3 mg / l , kesadahan (max 500 mg / l); microbiologists requirement (coliforms the fecal matter of coliforms (max 0 per 100 mls of water).

Water clean and healthy can be used to drink and should be processed or cooked to boil temperatures 1000c then germs contained in water can die (indonesian dept of health ,) 2006 .On the outcome of this research got that families have the water which clean in rural areas 2,3 % and urban 8 % families based on the research done sulistiyani , the quality of surface water (bod) at the rural is being (50-100 mg / l) and urban bod (& gt; 150 mg / l) . This is because we herbal factory in urban mountains.

ccording to penerlitan novianti and maywati (2013) , wash your hands behavior is an attempt to break the chain of the disease , the use of soap is also advised because soap can fasten dirt and fat , can even used to kill germs .Behavior of health good will cause trouble health especially the infection as behavior in the right hand washing resulting in kuman-kuman who found of any activity not clean will result in germs will live on hands .Family members especially prone to with infectious diseases and non infection , hence any family members important to maintain and preventing not the infection with family members to empower able to perform phbs at the stage of households (indonesian dept of health , 2009) .Households healthier will be asset development capital in the future that needs to be maintained , improved and protected (meilisa health , 2012).

The result of this research didaptkan data that there are still in urban 5 % do not use privy clean and healthy and on local communities rural % 3.The result was supported by novianti research and maywati (2013), obtained the privy healthy found only 47,3 % said that there are still dimasyarakat using privy unhealthy can result in environmental health problems.The research

was supported studies research david (2009), namely are still many people continue doing defecate carelessly although they already know the negative effects caused this is because due to a lack of means that anyone still feel that privy less priorities and forth.

Eradicate larva at home mosquito larvae free is households term examination whether there are regularly there is no mosquito larvae. The mosquito larvae free is conducting mosquito eradication home once a week that there is no mosquito larvae on a kind of water body, vase, vase, a container water body dispensing, a container drainage refrigerators and barang-barang bekasyang can accommodate water. The mosquito eradication by means of 3m (drain, close, and arranged plus avoid the bite).

Every household members consume at least 3 portion of a fruit and 2 portions vegetables or otherwise every day. Ate vegetables and fruit every day very important, because it contains vitamins and minerals governing growth and maintenance the body (dinkes indonesian, 2006). To research didapatkan the result that to the community urban 36 % have yet to feed and fruit every day, so it is with the community rural where 19 % communities is also fed on fruit and vegetable not every day. Eat food with menu balanced in quality that is, containing substances nutrition necessary the body, and quality of in the sense there are quite in fulfilling the body needs (no less or more). The result of this research didapatkan data that there are still in urban 5 % do not use privy clean and healthy and on local communities rural % 3. The result was supported by novianti research and maywati (2013), obtained the privy healthy found only 47,3 % said that there are still dimasyarakat using privy unhealthy can result in environmental health problems. The research was supported studies research david (2009), namely are still many people continue doing defecate carelessly although they already know the negative effects caused this is because due to a lack of means that anyone still feel that privy less priorities and forth.

Physical activity every day physical activity is to do if gymnastics the body where

motion includes the quality and quantity of frekunesi and time used to sports to be adapted to age and health status . Got that the result of this research the urban more physical activity that 61 % it is a little different with the rural where only 57 % people who conduct physical activity every day. Physical activity every day is household members age 10 years up doing physical activity 30 minutes a day for example the way, run, exercising and forth. Physical activity is regular least 30 minutes of the day, so that it can make heart, paru-paru other organs. Doing physical activity before a meal or 2 hours after eating (Dinkes RI, 2006).

not smoke in the house smoking is a bad resulting in various diseases, and almost 50 % indonesians adulthood smoking. Every family members should not smoke in the house. Cigarettes like the chemicals. In one stem rokok which is inhaled be brought about 4.000 dangerous chemicals, including the most dangerous is nicotine, tar, and carbon monoxide (co). Do not smoke in the house was so did not make other family members as passive smokers harmful (indonesian dept of health,) 2006. On the results of this study found that the majority of urban (community families) about 57 % smoking in the house and in the rural communities smoking in the house sebnyak 36,7 %. This shows that was still the low level of community awareness of the dangers of cigarette smoke for passive smokers (family members of another) be home , having danger the severity of the occurrence of lung disease higher .

From 10 indicators phbs rt conducted in urban and rural communities in this study there are still 3 indicator is still below standard or target of kepmenkes in 2014 , which is weighing infants and baby (64 %) , physical activity every day (57 % at the rural and urban 61 % 57 %) , and smoking in the house (on urban and rural 43 % 63,3 %) . Another study support the research is research conducted by novianti and maywati , phbs rt done some 82,12 % , behavior that most were the use of water and physical activity (99,1 %) . Indicators phbs rt which is weak including the use of privy healthy smoking in the house.

CONCLUSION

1. Characteristic of the family based on education head families got that rural areas most families having high school education level (52.7 %) , and in an urban area most families also having high school education level (55 %)
2. Characteristic of the family based on tribe namely on community rural and urban mostly comes from tribe minang with the percentage of each namely 31.7 % and 44,7 %
3. Characteristic of the family jobs in rural areas is largely civil servants with 34 % , the family while work in an urban area most numerous is self-employed namely 32.7 % as much as
4. Behavior clean and healthy living households based on 10 indicators in rural regions based on target Kemenkes RI tahun 2014 adalah 70 % is Behavior clean and healthy living households on indicators childbirth assisted by health workers (94,7 %) , giving exclusive breastfeeding (78 %) , use clean water (97,7 %) , washing hands with clean water and soap (86,3 %) , using privy clean and healthy 99 %) , Eradicate mosquito larvae at home (93 %) , eating fruits and vegetables every day (81 %) , weighing infants and baby (64 %) , physical activity every day at the rural 61 % , and smoking in the house 63,3 % .
5. PHBS RT on regions urban is childbirth assisted by health workers (92 %) , giving exclusive breastfeeding (77 %) , use clean water (92 %) , washing hands with clean water and soap (83 %) , using privy clean and healthy %) 95 , eradicate mosquito larvae at home (74 %) , weighing babies and toddlers (64 %) , do physical activity every day 57 % , and smoking inside the house (43 %) .

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