

THE RELATIONSHIP LEVEL OF KNOWLEDGE WITH CLEAN AND HEALTHY LIFESTYLE (PHBS) HOUSEHOLDS IN BURBIAH VILLAGE, CENTRAL ACEH DISTRICT

¹Adinda Agustia Rinaldi, ²M. Iqbal Fahlevi

^{1,2}Fakultas Kesehatan Masyarakat, Universitas Teuku Umar
E-mail) adindaagustia16@gmail.com, ²) fahlevi@utu.ac.id

ABSTRACT

Clean and Healthy Living Behavior (PHBS) are all health behaviors that are carried out consciously so that family members or families can help themselves in the health sector and play an active role in health activities in the community. The research aims to determine the relationship between the level of knowledge and household PHBS in the community in Burbiah Village. The method used in this study is descriptive analytics with a cross sectional approach. This research was conducted through primary data collection from the Burbiah Village community and secondary data collection from the Central Aceh District Health Office and the Bebesen Health Center. Based on the results of research on the relationship between the level of knowledge and the clean and healthy lifestyle of households in Burbiah Village, it shows that there is a relationship between the level of knowledge and the clean and healthy behavior of households. Shown with a significant 0.000 with a positive relationship direction of 0.958 so that it shows a perfect relationship between the level of knowledge and household clean and healthy living behavior. It was concluded that there is a relationship between the level of knowledge and clean and healthy living behavior in Burbiah Village, Bebesen District, Central Aceh District, namely there is a positive relationship between the level of knowledge of respondents and household clean and healthy living behavior. 958 so that it shows a perfect relationship between the level of knowledge and the behavior of a clean and healthy household life. It was concluded that there is a relationship between the level of knowledge and clean and healthy living behavior in Burbiah Village, Bebesen District, Central Aceh District, namely there is a positive relationship between the level of knowledge of respondents and household clean and healthy living behavior. 958 so that it shows a perfect relationship between the level of knowledge and the behavior of a clean and healthy household life. It was concluded that there is a relationship between the level of knowledge and clean and healthy living behavior in Burbiah Village, Bebesen District, Central Aceh District, namely there is a positive relationship between the level of knowledge of respondents and household clean and healthy living behavior.

Keywords: *Knowledge, Clean and Healthy Living Behavior*

1.INTRODUCTION

Health is the most important thing for humans because it is the main capital for us to carry out activities. Declare that health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. Factors that influence health based on the magnitude of the influence include environmental factors, behavioral factors, health service factors and heredity factors. These four factors have a direct effect on health, and also mutually influence one another. Health status will be optimal if the four factors together are in optimal condition as well. If one factor is disturbed (not optimal) the health status will shift below optimal. In other words, interventions in an effort to maintain and improve health must be aimed at these four factors (Sriwedari 2020).

Health efforts are a series of activities carried out in an integrated, integrated and sustainable manner to maintain and improve the degree of public health in the form of disease

THE RELATIONSHIP LEVEL OF KNOWLEDGE WITH CLEAN AND HEALTHY LIFESTYLE (PHBS) HOUSEHOLDS IN BURBIAH VILLAGE, CENTRAL ACEH DISTRICT
Adinda Agustia Rinaldi, M. Iqbal Fahlevi

prevention, health improvement, disease treatment and health restoration by the government and by the community. Article 47 of Law No. 36 of 2009 concerning health states that these health efforts are organized in the form of activities with promotive, preventive, curative and rehabilitative approaches that are carried out in an integrated, comprehensive and sustainable manner. (Widyastuti and Hilal 2018)

According to WHO, in the latest data for 2011, every year around 2.2 million people in developing countries, especially children, die from various diseases caused by a lack of safe drinking water, poor sanitation and hygiene. There is evidence that adequate sanitation services, safe water supplies, waste disposal systems and hygiene education can reduce mortality from diarrhea by up to 65% and other diseases by up to 26%. Based on the data above, it can be said that the role of PHBS in basic health sciences plays an important role in overcoming diseases that may arise in the future, therefore it is the role of the government, health workers and the community to be more active and proactive in implementing and implementing PHBS strategies in various settings. household, (Widyastuti and Hilal 2018)

In Indonesia, a basic health research survey (Riskesdas, 2018) found that only 39.1% of households with clean and healthy living behaviors reached 39.1% with each of these indicators: having a clean water source 86.8%; defecate in the latrines 84.6%; preventing larvae 81.9%; weighing under five 79.8%; not smoking inside the house 51.1% washing hands with soap and clean water 56.8%; and consume vegetables and fruit every day 1.4%. (Utami and Sani 2021)

In the Province of Aceh, only 37% of people with clean and healthy living behavior (PHBS) are a low number, the reason being the lack of public knowledge and awareness about healthy behavior patterns. Based on data from the PHBS study on household arrangements reported by the Central Aceh District Health Office, in 2022 the percentage of households monitored was 60.1%, an increase compared to 2021, which was 54.1%. Healthy households, namely those represented by households that achieve primary health and plenary health status. The percentage of households with PHBS in 2022 will slightly decrease, namely 41.4% when compared to 2021, which is 50.9%. The percentage of households with PHBS in 2022 is slightly lower than the Strategic Plan target of 41.4%, (Team Compiler, T Analysis, Syafrida 2014).

The family has an important role in improving the quality of public health because in the family there is communication and interaction between family members which is an important start of an educational process which is an important start of a behavioral education process. The household order in Central Aceh District with PHBS in 2022 is 13,162 (41.4%) households monitored and those with PHBS are 31,828 (60.1%) (Central Aceh Health Profile 2022)

Various factors hindering the community from carrying out clean and healthy living behaviors include education and knowledge of PHBS. Each of these factors interact with each other and influence the final phase, namely PHBS practices (Widyastuti and Hilal 2018).

2. METHOD

The population in this study were 135 housewives. The number of samples is 40 housewives. This type of research is a descriptive analytic study with a cross-sectional approach which aims to determine the relationship between the level of public knowledge of clean and healthy living behavior in households in Burbiah Village in 2022. Data collection was carried out by means of interviews, observation and documentation. The instrument used is a questionnaire.

3. RESULTS AND DISCUSSION

Based on the results of research on the level of PHBS knowledge and clean and healthy living behavior (PHBS) of households that had been carried out in Burbiah Village as an effort to find out the characteristics of respondents in Burbiah Village, data was collected through a questionnaire followed by interviews with the people of Burbiah Village. Following are the results

of data collection regarding the characteristics of the respondents consisting of the age and occupation of the respondents.

3.1. Age

The distribution of respondents by age can be seen in the following table:

Table 1. Distribution of Respondents by Age.

	Age	frequency	percent
Valid	20-35 years	20	50.0
	36-50 years	16	40.0
	51-60 years	4	10.0
	Total	40	100.0

Source: Primary Data

Based on table 1, it can be seen that most of the respondents were aged 20-35 years, namely 20 people with a percentage of 50.0%, namely as many as 16 people aged 36-50 years with a percentage of 40.0%, namely as many as 4 people aged 51-60 years with a percentage of 10.0%,

According to Wawan and Dewi (2011) age is the age of an individual that counts from birth to birthday. The more mature the level of maturity and fear a person will be more mature in thinking and working, in terms of public trust, a person who is mature is trusted by people who are not yet mature enough. This is part of the experience and maturity of the soul in thinking (Widyastuti and Hilal 2018).

3.2. Job

The distribution of respondents based on work can be seen in the following table:

Table 2 Distribution of Respondents by Type of Work.

	Work	frequency	percent
Valid	farmer	12	30.0
	housewife	14	35.0
	civil servant	8	20.0
	teacher	3	7.5
	entrepreneur	3	7.5
	Total	40	100.0

Source: Primary Data

Based on table 2 it can be seen that the majority of respondents work as housewives, namely as many as 14 people with a percentage of 35.0%, 12 farmers with a percentage of 30.0%, 8 civil servants with a percentage of 20.0%, self-employed 3 people with a percentage of 7.5% and 3 teachers with a percentage of 7.5%

According to Wawan and Dewi (2010) work is a bad thing that must be done, especially to support one's life and family life. Work is not a source of pleasure; it is a source of earning a living with many challenges. Meanwhile, work is an obligation to fulfill the necessities of life (Widyastuti and Hilal 2018).

3.3. Level of Knowledge

The following is a frequency distribution table based on the level of knowledge of clean and healthy living behavior in the household setting.

Table 3 Distribution of Respondents Based on Knowledge Level of Clean and Healthy Living (PHBS)

THE RELATIONSHIP LEVEL OF KNOWLEDGE WITH CLEAN AND HEALTHY LIFESTYLE (PHBS) HOUSEHOLDS IN BURBIAH VILLAGE, CENTRAL ACEH DISTRICT
Adinda Agustia Rinaldi, M. Iqbal Fahlevi

	Knowledge	frequency	percent
Valid	not enough	4	10.0
	enough	21	52.5
	good	15	32.5
Total		40	100.0

Source: Primary Data

The overall results of research on knowledge about clean and healthy living behavior in household settings are summarized and grouped into three categories, namely good, adequate, and lacking. Based on the results of the recapitulation, it was found that respondents with less knowledge were 4 people with a percentage of 10.0%, respondents with sufficient knowledge were 21 people with a percentage of 52.5%, and respondents with good knowledge were 15 people with a percentage of 32.5%.

According to Notoatmodjo in Yuliana (2017), knowledge is the result of human sensing, or the result of someone knowing an object through the senses they have (eyes, nose, ears, and so on). So, knowledge is a variety of things that are obtained by someone through the five senses.

Knowledge is also influenced by educational factors. Knowledge is very closely related to education, and the higher the education, the more knowledgeable the person will be. But that doesn't mean people with low education don't mean they have low knowledge either. This is considering that an increase in knowledge is not absolutely obtained from formal education but can be obtained from non-formal education. One's knowledge about an object contains two aspects, namely positive aspects and negative aspects. These two aspects will determine a person's attitude. The more positive aspects and objects that are known, the more positive attitudes towards certain objects will arise. According to WHO (World Health Organization),

Measuring the author's knowledge using categorization according to Machfoedz 2009, namely: a. Good, if the subject is able to answer correctly 76-100% of all statements. b. Enough, if the subject is able to answer correctly 56-75% of all statements. c. Less, if the subject is able to answer correctly <56% of all statements(Nurbaya 2014).

3.1. Level of Knowledge with PHBS Clean water facilities

Table 3.1. Level of Knowledge with PHBS Clean water facilities

		frequency	percent
Valid	not enough	2	5.0
	enough	27	67.5
	good	11	27.5
Total		40	100.0

Source: Primary Data

Based on the level of knowledge with Clean and Healthy Behavior (PHBS) in Burbiah Village, Bebesen District, Central Aceh Regency including clean water facilities Table 3.1. From the results of the study, it was found that the knowledge of mothers regarding clean water facilities was 27.5% good knowledge, 67.5% sufficient knowledge and 5.0% less knowledge. This factor is likely to be the most influencing factor because some of the habits of Burbiah Village residents still store clean water for cooking and drinking facilities in open drums. The source of clean water for

residents comes from well water. Residents of Burbiah Village use the well water for cooking and drinking purposes. According to Nurjanah (2013), tradition/custom and environmental factors are one of the factors that influence a person's level of knowledge (Nurjana 2013)

3.2 Level of Knowledge with PHBS Healthy latrines

Table 3.2. Level of Knowledge with PHBS Healthy Latrines

		frequency	percent
Valid	not enough	4	10.0
	enough	34	85.0
	good	2	5.0
Total		40	100.0

Source: Primary Data

From the results of the research above, it is known that mothers' knowledge regarding the availability of latrines is good knowledge of 5.0%, sufficient knowledge of 85% and insufficient knowledge of 10.0%. This is probably influenced by the habits of Burbiah Village residents who rarely clean their latrines regularly. Residents of Burbiah Village clean the latrines on average once a week.

3.3 Level of Knowledge with PHBS Washing Hands with Soap

Table 3.1. Level of Knowledge with PHBS Washing Hands with Soap

		frequency	percent
Valid	not enough	4	10.0
	enough	34	85.0
	good	2	5.0
Total		40	100.0

Source: Primary Data

Based on the research above, it is known that the knowledge of mothers regarding good and correct handwashing with soap is still minimal. Mothers who have good knowledge are 5.0%, have sufficient knowledge of 85. %, have less knowledge of 10.0%.

3.4 Level of Knowledge with PHBS Smoking Habits

Table 3.1. Level of Knowledge with PHBS Smoking Habits

		frequency	percent
Valid	not enough	23	57.5
	enough	11	27.5
	good	6	15.0
Total		40	100.0

Source: Primary Data

Based on the research above, it is known that mothers' knowledge regarding smoking habits is mothers who have good knowledge of 15.0%, have sufficient knowledge of 27.5% and have less knowledge of 57.5%. This is likely influenced by factors of education, habits and environment. Residents of Burbiah Village are accustomed to smoking when inside the house. According to Sander (2005) in Hasni's research (2012) educational level has an important role in public health. People's low education can make it difficult for them to be informed about the importance of personal and environmental health to prevent the spread of a disease (Elsi Evayanti, Nyoman Purna, and Ketut Aryana 2014).

THE RELATIONSHIP LEVEL OF KNOWLEDGE WITH CLEAN AND HEALTHY LIFESTYLE (PHBS) HOUSEHOLDS IN BURBIAH VILLAGE, CENTRAL ACEH DISTRICT
Adinda Agustia Rinaldi, M. Iqbal Fahlevi

3.5 Level of Knowledge with PHBS Garbage Disposal

		frequency	percent
Valid	not enough	7	17.5
	Enough	29	72.5
	Good	4	10.0
Total		40	100.0

Source: Primary Data

Based on the research above, it is known that mothers' knowledge about garbage disposal is less by 17.5%, enough by 72.5% and good by 10.0%. This is likely influenced by habit and environmental factors. Burbiah Village processes its waste by burning it and there are some residents who throw garbage into the garden.

3.6 Level of Knowledge with PHBS Consuming Fruits and Vegetables

		frequency	percent
Valid	not enough	9	22.5
	Enough	23	57.5
	Good	8	20.0
Total		40	100.0

Source: Primary Data

Based on the research above, it can be seen that mothers' knowledge regarding the habit of consuming fruits and vegetables is sufficient at 57.5%. This is likely influenced by educational, economic, experience, habits and environmental factors. Residents of Burbiah Village still do not know the importance of consuming fruits and vegetables for health. According to Notoadmodjo (2003), habit and economic factors are factors that can affect a person's level of knowledge(Nurbaya 2014).

3.4. Level of Behavior

The following is a frequency distribution table based on the Level of Clean and Healthy Behavior (PHBS)

Table 4 Distribution of Respondents based on the Level of Clean and Healthy Behavior (PHBS)

		frequency	percent
Valid	not enough	7	17.5
	enough	17	42.5
	good	16	40.0
Total		40	100.0

Source: Primary Data

The overall results of the research on clean and healthy living behavior in households were recapitulated and grouped into three categories: good, adequate, and lacking. Based on the results of the recapitulation, it was found that the respondents who behaved less were 7 people with a percentage of 17.5%, the respondents who behaved moderately were 17 people with a percentage of 42.5% and the respondents who behaved well were 16 people with a percentage of 40.0%.

Behavioral measurement can be done indirectly, namely by interviewing activities that have been carried out several hours, days, or months ago (recall). Measurements can also be made directly, namely by observing the actions or activities of the respondents (Nurbaya 2014).

4. CONCLUSIONS AND SUGGESTIONS

4.1. CONCLUSION

Based on the results of research on the relationship between the level of knowledge and clean and healthy living behavior (PHBS) of households in Burbiah Village, Bebesen District, Central Aceh District, it can be concluded as follows:

- a. The level of knowledge of the majority of respondents about PHBS is in the sufficient category, as many as 21 people with a percentage of 52.5%, while the respondents who have good knowledge are as many as 15 people with a percentage of 32.5% and respondents who lack knowledge are as many as 4 people with a percentage of 10.0%.
- b. Factors that influence the level of knowledge of mothers about PHBS in Burbiah Village, Bebesen District, Central Aceh District are education, socio-economic, habits/traditions and the environment.
- c. Clean and Healthy Living Behavior (PHBS) of the majority of respondents are included in the sufficient category, namely as many as 17 people with a percentage of 42.5%, while respondents with clean and healthy living behaviors are in the good category, namely as many as 16 people with a percentage of 40.0% and respondents in the less category namely as many as 7 people with a percentage of 17.5%.
- d. There is a relationship between the level of knowledge and PHBS in Burbiah Village, Bebesen District, Central Aceh District, namely there is a positive relationship between the level of knowledge and household clean and healthy living habits. Significantly indicated by 0.000 with a positive relationship direction of 0.958 so that it indicates a relationship between the level of knowledge and household Clean and Healthy Behavior.

4.2. SUGGESTIONS

From the research that has been done, several suggestions can be submitted, namely:

1. For Village Devices
Providing Final Waste Disposal Sites (TPA) and implementing laws on the prohibition of smoking in public places.
2. For the Bebesen Health Center
It is necessary to increase counseling at least once a month by providing education about the importance of implementing clean and healthy living behaviors (PHBS) in households for all communities through health cadres and during village gathering activities.

REFERENCES

- Elsi Evayanti, Ni Ketut, I Nyoman Purna, and I Ketut Aryana. 2014. "The Yang Factors Related to the incidence of diarrhea in toddlers who seek treatment at the Tabanan General Hospital." *Journal of Environmental Health* 4(2): 134.
- Hapsari, Frieda Nur, Husain Fadly, and Iswari. Rini. 2018. "Household Health in the Coastal Environment (Anthropological Study of Environmental Health in Tambak Rejo, Tanjung Mas Village, North Semarang District, Semarang City." *Solidarity: Journal of Education, Society and Culture* 7(1): 291–301. <http://journal.unnes.ac.id/sju/index.php/solidarity%0AHealth>.
- Nurbaya, Siti. 2014. "Level of Knowledge of Housewives Regarding Clean and Healthy Behavior (Phbs) in Dusun 2 Gajah Mati Village, Kec. Babat Supat Kab. Muba." *Thesis 1*: 1–28. <http://repository.um-palembang.ac.id/id/eprint/1059/1/SKRIPSI871-1705244208.pdf>.

THE RELATIONSHIP LEVEL OF KNOWLEDGE WITH CLEAN AND HEALTHY LIFESTYLE (PHBS) HOUSEHOLDS IN BURBIAH VILLAGE, CENTRAL ACEH DISTRICT
Adinda Agustia Rinaldi, M. Iqbal Fahlevi

- Nurjanah, 2013. "Factors Affecting Level of Knowledge."
TIM Compiler, Analysis T, Syafrida. 2014. "Aceh Health Profile 2018." Aceh Health Office 58(12): 7250–57.
Central Aceh Health Profile 2022. Central Aceh District Health Office 2022. PHBS Data Summary.
Recapitulation of the Bebesen Community Health Center Healthy Family Index for 2022. "Healthy Family Index in Bebesen District."
Sriwedari, Ningrum. 2020. "Level of Knowledge of Housewives About." 01(02): 1–5.
Utami, Febby Anugrah, and Faridah Sani. 2021. "An Overview of Clean and Healthy Living Behavior (PHBS) in the Era of the Corona Virus Disease (COVID-19) Pandemic in Indonesia Description of Clean and Healthy Living Behavior (PHBS) in The Corona Virus Disease (Covid-19) Pandemic Era in Indonesia Covid -19 Behavior." 1:197–209.
Widyastuti, Karina, and Nur Hilal. 2018. "Relationship between Knowledge Level and Household Clean and Healthy Behavior (Phbs) in Banjarsari Kulon Village, Banyumas Regency in 2017." Public Health Bulletin 37(2): 192–98.