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Factors Affecting The Implementation Of CleanAnd Healthy Family Behavior

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Abstract Clean and Healthy Living Behavior (CHLB) is all health behavior that is carried out with awareness so that family or family members can help themselves in the health sector and play a pivotal role in health activities in the community. The CHLB aims to increase the ability of families to carry out the CHLB and participate actively in the health movement of the community. The purpose of the study is to investigate the influence of knowledge and education towards the implementation of the CHLB of family in the hamlet of Kampung Baru of Sumber Agung village, in the sub-district of Kalanea, East Luwu Regency in 2020. This study is a descriptive-analytic study with a cross-sectional approach to determine the relationship between the independent and dependent variables. This research was conducted from July to August 2020 with a total population of 171 respondents and a sample of 63 respondents with the sampling technique is *Purvosive Sampling*. The results of the study using the chi-square test obtained the score of knowledge pv = 0.000 (pv < 0.005), meaning that there was a relationship between knowledge and Clean Living Behavior. Meanwhile, the score of education with the chi-square test was 0.003 (pv < 0.005), which means that there was a relationship between education and Clean and Healthy Living Behavior. Based on the results of this study, the family members are suggested to always conduct clean and healthy living behavior in order to maintain health in the family.

Keywords: Knowledge, Education, Clean and Healthy Living Behavior (CHLB), household

1. Introduction

CHLB stands for Clean and Healthy Living Behavior. CHLB is defined as all health behaviors that are carried out due to personal awareness so that families and all members can help themselves regarding a health issue. Furthermore, it allows them to have an active role in community activities. Clean and healthy living behavior is generally perceived as an effort to transmit experiences about healthy lifestyles through individuals, groups, or the wider community through communication channels as a medium for sharing information. There is a variety of information that can be shared, such as educational materials to increase knowledge and improve attitudes and behaviors related to clean and healthy living behavior. (Ministry of Health, 2016)

According to the Circular of the Minister of National Development Planning No. B.899/M.PPN/Ses/PP.03.02/12/2019 dated December 20th, 2019, the vision of the Ministry of

Health is "The Realization of a Healthy, Productive, Independent, and Equitable Society for a Sovereign, Independent, and Personalized Indonesia based on Mutual Cooperation principle". Therefore, the goal of the "Indonesia Sehat 2019" development program is to improve the health status of the community through a life cycle approach, awareness, willingness, and ability to live healthy for everyone to realize optimal public health through the creation of a society, nation, and the state of Indonesia which is marked by its population living in a healthy environment with a healthy lifestyle. (Ministry of Health, 2019)

According to WHO (2013), every year 2.2 million people in developing countries, especially children, die from various diseases caused by lack of safe drinking water, poor sanitation, and hygiene. In addition, there is evidence that adequate sanitation services, safe water supplies, waste disposal systems, and hygiene education can reduce mortality rates from diarrhea by 65% and other diseases by 26%. (WHO, 2013).

Clean and Healthy Life Behavior (CHLB) is a form of embodiment of a healthy paradigm in a healthy-oriented individual, family, and community culture, aiming to improve, maintain and protect their physical, mental, spiritual, and social health. In addition, the clean and healthy behavior program aims to provide learning experiences or conditions for individuals, groups, and families. (Ministry of Health, 2016)

The results of Basic Health Research in South Sulawesi Province indicated that behavior supporting health is the existence of households that apply clean and healthy living behaviors. CHLB-controlled households in 2015 were 1,095,774 (61.67%), and there were 574,406 (52.42%) CHLB households with the highest achievement in East Luwu Regency (71.27%). The lowest was in Bone Regency (31.22 %). (Profile of the South Sulawesi Provincial Health Office, 2017)

Regarding the Clean and Healthy Living Behavior, The East Luwu Regency conducted wastewater management, waste management, environmental drainage management, and management of other sanitation-related components which include the clean water sector, household industrial waste, and medical waste. Sanitation management is reviewed from various aspects ranging from institutions, systems and service coverage, community participation, communication and media, the role of the private sector, funding and financing, to urgent problems in the sanitation sector. (East Luwu Health Office,2018)

Based on the authors' initial survey, the number of residents as of May was 171 families (Village Report, 2020). From the results of interviews with several residents of Kampung Baru Hamlet, Sumber Agung Village, Kalaena Kiri District of East Luwu Regency, it was found that most of the village residents did not have sufficient understanding about clean and healthy living behavior. Thus, the author concluded that there were still many residents possessing low educational levels influencing their awareness of factors of clean living behavior. Such an extent can lead them to possess health problems.

Based on the research results of Putri Wulandini S, Roni Saputra, 2018 with the title Factors related to clean and healthy living behavior (PHBS) in Kualu Village, Subdistrict Kampar mine obtained p-value results obtained 0.01 education factor and 0.006 knowledge factor, which means there is a relationship. While the factor of the role of health workers p-value is 0.81 and the role of Community Stores is 0.151, which means there is no relationship. From this research, it is hoped that the participation of health workers will provide complete information through extensions to the community about PHBS in the household

Based on the aforementioned, the researchers are of interest in researching "Factors Influencing the Implementation of Clean and Healthy Living Behavior of Families in Kampung Baru Hamlet, Sumber Agung Village, Kalaena District, East Luwu Regency in 2020".

2. Materials and methods

This research was conducted quantitatively as a descriptive-analytic study with a cross-sectional approach. This study investigates the relationship between the independent variable and the dependent variable (Sugiyono, 2017). This study uses a purposive sampling technique, which is done by selecting a sample with the inclusion and exclusion criteria desired by the researcher (based on the objectives/problems in the study). 63 family leaders who met the inclusion and exclusion criteria participated in the study. on June 02 to August 02, 2020. In collecting data, the method used is using a questionnaire. Level of knowledge about PHBS Good: the percentage of correct answers 65 - 100%, Less: the percentage of correct answers < 65% The data scale is an ordinal scale, with scoring for each question item. In the questionnaire the researchers used the Gutmann scale. The score for each question answer item, the researchers got from: The highest score on the scale / Number of Questions as much as 10. The implementation of PHBS is Good, if the answer score is > 50%, Less, if the answer score is < 50% The data scale is an ordinal scale, with a scoring for each question item. In the questionnaire the researchers used the Gutmann scale. The score for each question answer item, the researchers got from: The highest score in the scale / Number of Questions as much as 5. Knowledge Validity Test Value > 0.361, Knowledge reliability obtained a value of 0.948.

The validity test of the Clean and Healthy Behavior (PHBS) variable is valid because it has an r-count value greater than the r-table or all items have a value > 0.361. The reliability test of clean and healthy living behavior in household arrangements was obtained with a value of 0.955.

Data analysis of this research was carried out by applying Cross Tabulation Analysis, namely to test descriptively how the distribution of the two variables lies in the existing cells (analysis). rows and columns). The data used is univariate analysis data from the results of categorization based on the data normality test. In addition, the analysis was carried out using the *Wilcoxon Signed Rank Test* (p 0.05) with the SPSS 22 program with an error rate of 0.05. This step is to find out the relationship between each independent and dependent variable. In other words, it is used to reveal whether the independent variable and the dependent variable are related (p 0.05). If the P-value <0.05 then H0 is rejected. This means that there is a relationship between knowledge and education with the application of clean and healthy living behavior in the family. On the other hand, if the P-value > 0.05, then H0 is accepted. This shows that there is no relationship between knowledge and education with the application of clean and healthy living behavior in a family setting. Research Ethics consists of *Informed Concent, Anonymity, Confidentiality*

3. Results and discussions

The results of the study demonstrated the relationship between knowledge and education with the application of clean and healthy living behavior in the family order of 63 respondents in the hamlet of Kampung Baru, Sumber Agung Village, Kalaena District, East Luwu Regency in 2020.

Table 1:
Characteristics of Respondents Based on Gender, Based on Age, Based on Occupation

Variable		**N**	**Male**	**Female**
Sex Respondents		63	58	5
Variable	**N**	**20-30 Years old**	**31-40 Years old**	**41-50 Years old**
Age Respondents	63	4	23	36
Variable	**N**	**Teacher**	**Farmer**	**Self-employment**	**Housewife**
Occupation Respondents	63	9	30	20	4

Based on Table 1, it can be seen that there were 58 male respondents and 5 female respondents. it is seen that there are 4 respondents of 20-30 years, 23 respondents of 31-40 years,

and 36 respondents aged 41-50 years. indicates that 9 respondents were working as teachers, 9 respondents working as farmers, 20 respondents working as entrepreneurs, and 4 respondents working as housewives

Table 2:

Distribution of respondents' education about CHLB
In Kampung Baru Hamlet, Sumber Agung Village, Kalaena District, East Luwu Regency in 2020

Education level	N	Percentage (%)
High	47	64 %
Low	16	36%
Total	63	100

Table 4 demonstrates the distribution of respondents' education regarding clean and healthy living behavior. The results, concerning education about clean and healthy living behavior, indicated that 47 (64%) respondents are of high educational background, and 16 (36%) respondents are of low educational background.

Table 3:

Distribution of Respondents' Knowledge about CHLB
In Kampung Baru Hamlet, Sumber Agung Village, Kalaena District, East Luwu Regency in 2020

Knowledge	N	Percentage (%)
Insufficient	16	25.4 %
Sufficient	47	74.6%
Total	63	100%

Table 5 demonstrates the distribution of respondents' education regarding clean and healthy living behavior. The results indicated that 47 (74.6%) respondents are knowledgeable, and 16 (25.4%) respondents are less knowledgeable.

Table 4

Distribution of CHLB Implementation In Kampung Baru Hamlet, Sumber Agung Village, Kalaena District, East Luwu Regency in 2020

Implementation	N	Percentage (%)
Sufficient	51	81
Insufficient	12	19
Total	63	100

Table 6 demonstrates the distribution of respondents' implementation of CHLB. Based on the table, it can be seen that 51 (81%) respondents have been conducting clean and healthy living behavior, while 12 (19%) respondents have not been conducting the CHLB.

Table 5:

Cross Tabulation of Education on CHLB towards the Implementation of CHLB In Kampung Baru Hamlet, Sumber Agung Village, Kalaena District, East Luwu Regency

	The Implementation of CHLB			
Education	**Insufficient**	**Sufficient**	**Total**	**P-Value**
High	6	10	16	
Low	6	41	47	0,003
Total	12	51	63	

Table 7 demonstrates the analysis of the relationship between education and the application of clean and healthy living behavior. The results indicate that of the 63 respondents there are 47 (74.6%)) respondents who apply clean and healthy living behaviors well. Meanwhile, as many as 16 (25.4%) respondents possessing low educational background did not implement clean and healthy living behavior well. Furthermore, the results of statistical tests with the Chi-square test showed a relationship between education and the implementation of clean and healthy living behavior with a significant value (p-value) = 0.003.

Table 6 :

Cross Tabulation of Knowledge on CHLB towards the Implementation of CHLB In Kampung Baru Hamlet, Sumber Agung Village, Kalaena District, East Luwu Regency

	The Implementation of CHLB			
Education	**Insufficient**	**Sufficient**	**Total**	**P-Value**
Insufficient	10	6	16	
Sufficient	2	45	47	0,000
Total	12	51	63	

Table 8 displays the analysis of the relationship between knowledge and the implementation of clean and healthy living behavior. The results show that of the 63 respondents, there are 47 (74.6%) respondents applying good clean and healthy living behavior. In contrast, as many as 16 (25.4%) respondents of insufficient knowledge level did not implement it effectively. Additionally, the results of statistical tests with the Chi-Square test prove that there is a relationship between knowledge and the application of clean and healthy living behavior with a significant value (p-value) = 0.000.

The Relationship between Education and the Implementation of Clean and Healthy Living Behavior (CHLB)

From the results of the study, it can be seen that of the 63 respondents who were examined, there were 47 (74.6%) respondents who possess a high educational level. Based on the statistical test, it can be concluded that there is a significant relationship between Education and Clean and Healthy Living Behavior in Family Orders in Kampung Baru Hamlet, Sumber Agung Village, Kalaena District, East Luwu Regency in 2020 with the result of pv = 0.003 (p-value < 0.05).

The finding is in line with Putri Wulandini and Roni Saputra (2018) revealing the association between Education and Clean and Healthy Living Behavior. Furthermore, the results of the study demonstrated that most of the respondents were of middle educational background (59%). 54% of the respondents did not conduct the implementation of clean living behavior well. In addition, 56% of the respondents play the role of good community leaders, and 51% have applied clean living behavior. Bivariate p-value results obtained 0.01 for the education factor and 0.006 for the knowledge factor. This proves that there is a positive relationship. Whereas the role

of the health worker has a p-value of 0.81, and the role of community leaders is 0.151. In short, the result underlines that there is no relationship. Based on this research, it is expected that the participation of health workers will provide complete information through extensions to the community about CHLB in the household.

According to Notoadmodjo (2012), Education is a science studying and processing the changes in attitudes and behavior of a person or group of people to mature humans through teaching and training processes. Hence, the level of education is very influential on changing attitudes towards Clean and Healthy Living Behavior. A low level of education will affect how people obtain and digest information to make choices in implementing a healthy life. On the other hand, a higher level of education in the community makes people more oriented towards preventive action, knowing more about health problems, and having a better health status.

Health behavior is influenced by three factors, namely: predisposing factors which include knowledge and attitudes, enabling factors which include resources and facilities as well, and reinforcing factors which include support and attitudes of health workers (Ministry of Health, 2011).

Based on the foregoing, it is assumed that health behavior will be formed if the three factors are owned by the community with behavior being the totality of a person's appreciation and activity. This combination is a joint result or resultant between various external and internal factors. Recognizing that behavior is a complex thing, behavior is not only concerned with the cultural dimension which is a system and norm, but also the economic dimension, namely things that support behavior, health promotion, and Clean and Healthy Living Behavior (CHLB). Therefore, such a dimension is expected to be able to implement a comprehensive strategy, especially in creating new behaviors (Public Health Office, South Sulawesi, 2012).

The Relationship between Knowledge and the Implementation of Clean and Healthy Living Behavior (CHLB)

Based on the results and the Chi-Square test, pv = 0.000 (p value <0.005), it can be concluded that there is a relationship between knowledge and the application of clean and healthy living behavior. In addition, it can also be seen that from 63 respondents 47 respondents have sufficient knowledge in implementing Clean and Healthy Living Behavior.

The results of the same study conducted by Mafuhan (2015) that there is a relationship between mother's knowledge and clean and healthy living behavior in household arrangements in Reukih Dayah Village, Indrapuri District, Aceh Besar District and research Siska Dmaiyanti 2014 that there is a significant relationship between knowledge and the role of cadres with Clean and Healthy Life Behavior (PHBS) in Laing Village, Nan Balimo Health Center Work Area, Tanjung Harapan District, Solok City.

According to the theory suggested by Notoadmodjo (2012), Knowledge is the result of knowing that occurs after people have sensed, through the five senses. Knowledge is an essential domain for the formation of one's actions, so most of human knowledge is obtained through the eye and ear senses. Referring to this understanding, the community as stakeholders in developing and realizing the implementation of Clean and Healthy Life Behavior (CHLB) is a predisposing factor as the results of this study show that the knowledge of the family is excellent.

Also, the results of this study are supported by the results of research by Budiman, et al. (2011) regarding a similar theme in the Utama Village, South Cimahi District, Cimahi City. The study indicates a significant relationship between knowledge of CHLB with the implementation of CHLB in household settings with p-value < 0.005.

In the opinion of researchers to further improveknowledge of PHBS is highly expected good guidance and counseling from related agenciesfrom the health office, health workers, cadres, and other community empowerment institutions so thatpublic knowledge increases and the occurrence of changes in behavior of all family membersto implement clean and healthy living behavior.

4. Conclusions

Based on the results of the study, it is concluded that there was a relationship between knowledge and education towards the application of clean and healthy living behavior in family settings.

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Conflict of Interest

All authors declare no conflict of interest and agree with the content of the manuscript.

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