

Overview Of Clean And Healthy Living Behaviors In Coastal Communities In Sibolga City In 2020

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ABSTRACT

Clean and healthy living behavior is an action that is carried out consciously so that a person and the community are independent in health and can play an active role in improving health in the community environment. This study aims to identify a picture of clean and healthy living behaviors in coastal communities in Sibolga City. The design of this study is descriptive quantitative. Sampling technique with non probability sampling technique with purposive sampling approach with a total sample of 92 people. This research was conducted from July to October 2020. Data collection was carried out by providing questionnaires about PHBS to willing respondents. The questionnaire consists of respondents' demographic data, knowledge questionnaires, attitude questionnaires, and action questionnaires. The results showed that the majority of coastal communities in Sibolga City had good knowledge, namely 90 respondents (97.8%), positive attitudes, namely 92 people (100%), and community actions were included in the good category, namely as many as 78 people (84.7%) about Clean and Healthy Living Behavior. From the results of the study, it is hoped that the community can increase knowledge, attitudes, and actions in behaving clean and healthy.

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1. Introduction

Clean and healthy living behaviors are committed to providing knowledge to individuals, families, and communities through discussions, aiming to improve methods and leadership, and promoting the atmosphere and empowerment of the community (Dinkes Sibolga, 2018). The PHBS indicators consist of: 1) Childbirth helped by health workers, 2) exclusive breastfeeding, 3) weighing babies and toddlers regularly, 4) washing hands with soap and clean water, 5) using clean water, 6) using a healthy latrine, 7) eradicating mosquito larvae, 8) consuming fruits and vegetables, 9) doing physical activity every day, 10) not smoking indoors.

Sibolga is located on the west coast of North Sumatra, 344 kilometers from Medan. The city of Sibolga is located along the coast of Tapian Nauli facing the Indian Ocean. The shape of the city extends along the coast from north to south to a very narrow mountain range of only 500 meters (Dinkes Sibolga, 2018).

According to the Decree of the Minister of Maritime Affairs and Fisheries Number: KEP.10.MEN / 2002 concerning General Guidelines for Integrated Coastal Management Planning, Coastal areas are transition zones between land and sea ecosystems that interact and are 12 miles from the provincial coastline and one-third of the sea area (national power) is a regency / city facing the administrative boundaries of the state as a regency / city.

According to data from the Sibolga City Health Office as of 2014, of the 15,532 households monitored, 10,246 (66%) households have implemented a clean and healthy lifestyle. At the same time, among the 13,606 households monitored, 7,605 (55.9%) developed clean and healthy living habits (Dinkes, 2015). In 2017, 8,333 households were monitored and 2,845 households were obtained that implemented a clean and healthy lifestyle. These results are still far from the target of

the main performance indicators of the Sibolga City Health Office in 2014 and 2015, which is 70% while the 2017 target is 75%. The number of households doing PHBS is decreasing every year.

2. Method

2.1. Research Design

The type of research used is quantitative descriptive research. This type of quantitative descriptive research aims to describe clean and healthy living behaviors in coastal communities in the city of Sibolga.

2.2. Research Place and Time

The study was conducted in the coastal area of Sibolga City. and for the time of his research was carried out in July – October 2020.

2.3. Population and Sample

The population in this study was families living on the coastline of Sibolga city consisting of 1198 households. The sampling technique used is a non-probability sampling technique with a purposive sampling approach. The sample of the study was 92 households.

2.4. Analysis Techniques

In collecting data, first the researcher obtains a letter of permission from the study program and obtains a letter of permission from the research site. After obtaining permission, the researcher collects data by explaining to the respondent the purpose and procedure of the research first and providing a consent sheet to be signed if the respondent agrees. Respondents were given a questionnaire sheet and given 15 minutes to fill out the questionnaire. During the filling out of the questionnaire, the researcher accompanied the respondents.

After all the data is collected, the researcher carries out 6 stages of data processing, the first is editing is to re-examine the correctness of the data obtained or collected which is carried out at the data collection stage or after the data is collected. Second, coding is the activity of providing code / numeric (numbers) to data consisting of several categories. The third classification is to sort or group data according to the type desired. Fourth, data entry, is the activity of entering the data that has been collected into the master table then creating a simple frequency distribution or can be by creating a contingency table. Fifth, data cleaning is an activity to check back the data that has been entered whether there is an error or not. The sixth issues information.

3. Results and Discussion

Based on the data that has been collected, more respondents who are more than 41 years old, namely 45 people (48.9%), most respondents have less than 3 children, namely 47 people (51.1%). Most respondents had the last education of SMA / SMK, namely 50 people (54.3%) and as many as 55 people (59.8%) were housewives. And most of the respondents have an income between Rp.1,000,000-Rp.2,000,000, which is 36 people (39.1%). Details of the data can be seen in table 1.

TABLE 1
FREQUENCY AND PERCENTAGE DISTRIBUTION OF RESPONDENTS
BASED ON DEMOGRAPHIC DATA

Characteristics	(f)	(%)
Age		
20-30 Age	26	28
31-40 Age	21	23
>41 Age	45	49
Number of children		
< 3 people	47	51
≥ 3 people	45	49
Education		
SD	14	15
Junior High School	15	16
SMA/SMK	50	54
Bachelor	13	14
Work		
Trader	16	17
IRT	55	60
civil servant	7	8

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Etc	14	15
Income		
< Rp. 1.000.000	28	30
Rp.1.000.000 - Rp.2.000.000	36	39
>Rp. 2.000.000	21	23
>Rp. 3.000.000	7	8

TABLE 2
FREQUENCY AND PERCENTAGE DISTRIBUTION IN COASTAL COMMUNITIES IN SIBOLGA CITY

No.	Question	True		False	
		f	%	f	%
1	Delivery assisted by health workers guarantees the safety of mothers and babies because health workers have expert in assisting childbirth	9	100	0	0
2	Exclusive breastfeeding is given to infants aged 0-6 months without additional drinks and Food	8	95.7	4	4.3
3	Weighing babies and toddlers every month aims to monitor the development of babies and toddlers from the age of 1 month to 5 Year	8	95.7	4	4.3
4	Clean water is water that has been boiled, colorless, odorless and tasteless	8	88	11	12
5	Washing your hands with clean water and soap will protect your family from germs and bacteria that cause disease such as diarrhea and worms	9	96.7	3	3.3
6	The characteristics of a healthy latrine are clean, odorless, have adequate lighting, does not pollute the environment	8	96.7	3	3.3
7	Mosquito larvae check is necessary carried out periodically in tubs / toilets, flower vases, and in water reservoirs.	8	94.6	5	5.4
8	Vegetables and fruits are sources of food that contain nutrients complete and healthy.	9	98.9	1	1.1
9	Physical activity can be in the form of sports or work activities that involve movement and the release of energy	9	97.8	2	2.2
10	A smoke-free household is an effort made to avoid smoking the presence of cigarette smoke in the house	8	95.7	4	4.3

Based on table 2, the results show that the majority of respondents in the coastal area of Sibolga City already have good knowledge about clean and healthy living behavior, namely 90 people (97.8%).

TABLE 3
DISTRIBUTION OF FREQUENCY AND PERCENTAGE OF CLEAN AND HEALTHY LIVING BEHAVIOR IN COASTAL COMMUNITIES IN SIBOLGA CITY

Measurement Results	(f)	(%)
Well	90	97.8
Enough	2	2.2
Bad	0	0

TABLE 4
DISTRIBUSI FREKUENSI DAN PERSENTASE SIKAP PERILAKU HIDUP BERSIH DAN SEHAT PADA MASYARAKAT PESISIR DI KOTA SIBOLGA

Measurement Results	Frekuensi (f)	Persentase (%)
Positive	92	100
Negative	0	0

TABLE 5
 FREQUENCY DISTRIBUTION AND PERCENTAGE OF CLEAN AND HEALTHY LIVING
 BEHAVIOR ACTIONS IN COASTAL COMMUNITIES IN SIBOLGA CITY

Measurement Results	(f)	(%)
Well	78	84.7
Enough	14	15.2
Bad	0	0

3.1 Discussion

In this study, most of the respondents were in the age range of 41-50 years, namely 45 people (49%). Age has an influence in the application of a person's PHBS. The older a person is, the more experience he will have so that his knowledge will increase. In general, the increase in a person's age will be accompanied by changes in behavior. However, increasing age will also make it more difficult for a person to receive information. At a young age information will be easier to digest and people at a young age have a habit of thinking rationally (Wati & Ridlo, 2020).

The highest level of education of respondents is SMA / SMK, which is 50 people (54%), the level of education is one of the factors that influence a person's behavior in implementing PHBS. A low level of education will lead to a person's low awareness of PHBS. On the other hand, a high level of education will cause high awareness in applying PHBS and even an understanding of PHBS indicators is also good. The level of education will also affect a person in receiving information. The higher the education a person eats, the easier it will be to receive information about health (Wati & Ridlo, 2020). This is supported by Murniani research (2018) which states that there is a relationship between respondents' education and clean and healthy living behaviors.

From the results of the study, it can be seen that the knowledge of coastal communities in Sibolga City is good, which is as much as 97.8%. This shows that the majority of people already understand clean and healthy living behaviors. This is supported by research conducted by Adliyani, Angraini, & Soleha (2017) that the knowledge of the pekonmon village community regarding clean and healthy living behaviors is good, which is 59.7%. in contrast to the research conducted by Keswara, Wahyudi, & Andriyanto (2020) that most of the people in Pekon Tanjung Rejo, Bangkunan District, Pesisir Barat Regency, have poor knowledge, namely as many as 95 people (54.6%).

Based on the results of research that has been carried out by researchers, it was found that the attitudes of coastal communities in Sibolga City are included in the positive category. The majority of people have a positive attitude about clean and healthy living behavior, namely as many as 92 respondents (100%). This result is supported by the results of a study by Patras & Tinungki (2020) challenging the Healthy Clean Living Behavior of Household Order in the Island Regions which obtained the result that the majority of respondents had a good or positive attitude, namely as much as 96.9%. In contrast to the results of research by Keswara, Wahyudi, & Andriyanto (2020) which got the results that most respondents had negative attitudes, namely 93 people out of 174 respondents (53.4%).

Based on research conducted, it shows that the majority of coastal communities in Sibolga City have good actions in implementing PHBS, namely 78 people (84.7%). This is supported by the results of good public knowledge and the community has a positive attitude in behaving clean and healthy. Slightly different from the research of Patras & Tinungki (2020) in his research Healthy Clean Living Behavior of Household Order in the Island Region which got results in the sufficient category, namely as much as 59.4%. Keswara, Wahyudi, & Andriyanto (2020) in their research the Relationship between Family Knowledge and Attitudes with the Implementation of Household PHBS in Pekon Tanjung Rejo, Bangkunan District, Pesisir Barat Regency, got results, namely 64.9% of respondents did not do PHBS. .

4. Conclusion

Based on the results of research that has been carried out on 92 respondents, it can be concluded that the majority of coastal communities in Sibolga City have good knowledge, namely as many as 90 respondents (97.8%), positive attitudes, namely 92 people (100%), and community actions are included in the good category, namely as many as 78 people (84.7%) about Clean and Healthy Living Behavior.

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