

Surveillance of Household Clean and Healthy Behavior (PHBS) in Lam Guron Village, Peukan Bada District, Aceh Besar**Mhd.Hidayattullah**

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ABSTRACT

The implementation of Clean and Healthy Behavior is a culture of life for individuals, families, and communities that is healthy-oriented and aims to improve, maintain, and protect their physical, mental, and social health. This research is a descriptive-analytic study and conducted direct interviews with respondents using a structured questionnaire. Of the ten indicators, respondents who did not apply PHBS based on the most indicators were in the larva eradication indicator. Respondents who did not eradicate larvae were 20 (35%) out of a total of 57 (100%) respondents. It is hoped that the community can do 3M Plus so that they don't just know but also apply it in their daily life so that their environment is free from larvae and does not pose a risk of dengue hemorrhagic fever.

Keywords: *surveillance; clean and healthy behavior; households; Aceh Besar.*

PRELIMINARY

Clean and Healthy Living Behavior (PHBS) is a set of behaviors that are practiced on the basis of awareness as learning outcomes, which make a person, family, group or community able to help themselves (independently) in health and play an active role in realizing public health¹.

PHBS in the household setting are all hygiene and health behaviors that are carried out out of individual awareness so that each family member or family can help themselves in the health sector and take an active role in health activities in the community. The targets of PHBS in the household order are all family members, namely: children and adolescents, couples of childbearing age, pregnant and/or breastfeeding mothers, the elderly, and caregivers².

Healthy conditions can be achieved by changing behavior from unhealthy to healthy behavior and creating a healthy environment in the household. Clean and healthy living behavior households can be realized if there is desire, willingness and ability of decision makers and related cross-sectors so that clean and healthy living behavior (PHBS) becomes a priority program and becomes one of the development agendas in districts/cities, and is supported by Society³.

The implementation of Clean and Healthy Behavior is a culture of life for individuals, families and communities that is healthy-oriented, and aims to improve, maintain and protect their physical, mental and social health. Healthy conditions can be achieved by changing unhealthy behavior into healthy behavior and creating a healthy and clean environment. PHBS needs to be implemented in various settings where a group of people live, work, play and interact. Application in various settings is useful for increasing the degree of health thereby increasing the productivity of the occupants of the various settings because each occupant of the settings has a risk of disease⁴.

Nationally, the proportion of individuals with good PHBS has not reached half (41.3%). By province, the highest proportion of individuals with good category PHBS was in Bali (59.2%), followed by DKI Jakarta (55.2%), DI Yogyakarta (51.9%), North Sulawesi (48.1%) and Riau Islands (47.5%). The five provinces with the lowest proportion are Papua (21.7%), East Nusa Tenggara (24.4%), West Sumatra (26.1%), West Kalimantan (26.3%), and Aceh (26.9%). The achievement of indicators of defecation behavior is the highest, namely 88.2% of individuals⁵.

The achievements of villages carrying out community-based total sanitation per Province in the Ministry of Health of the Republic of Indonesia in 2016, for Aceh Province is in 25th place out of 34 Provinces in Indonesia with a percentage of 22.62. PHBS data for households in Aceh Province in 2016 was 34%, while for West Aceh District in 2016 it was ranked number six, with 47% of households having PHBS⁶.

The Aceh Besar District Health Office, which has implemented indicators of clean and healthy living behavior in households starting in 2010. The results for 2015, of the 741,362 households monitored showed that 31.40% of households had implemented clean and healthy living behaviors⁷. Of these achievements, the one that gave the lowest contribution and is still a problem in general is not smoking in the house which has only reached 46.67%, babies are given exclusive breastfeeding by 77.70% consumption of fruit and vegetables by 83.35% and physical activity by 87.35%. The description of the achievement of houses with a clean and healthy life behavior in Aceh Besar District in 2016 was 33.07%, this shows an increase from the previous year even though the increase was not significant⁸.

In the implementation of increasing PHBS there are 5 arrangements, one of which is the household arrangement. There are ten (10) PHBS indicators in the household setting, namely; (1) Delivery assistance by health personnel, (2) Babies are exclusively breastfed, (3) Weighing toddlers, (4) Availability of clean water, (5) Washing hands with water and soap, (6) Availability of healthy latrines, (7) Eradicating mosquito larvae, (8) Not smoking inside the house, (9) Doing physical activity every day, and (10) Eating fruits and vegetables every day⁹.

The benefits of PHBS for households are that every family member becomes healthy and not easily sick, children grow healthy and smart, family members work hard, household expenses can be aimed at fulfilling family nutrition, education and business capital to increase family income¹⁰.

Based on the initial analysis before conducting the research, it was found that there were still many residents who had not implemented a clean and healthy lifestyle, one of which was smoking in the house, exclusive breastfeeding was not carried out properly and littered or did not eradicate larvae. With this research, it is hoped that it will facilitate priority handling that must be carried out by health agencies towards increasing understanding and better application of the importance of clean and healthy living behavior, so as to create a healthier, safer, and happier household environment for each individual.

Research Purposes

To find out the distribution of indicators of Clean and Healthy Behavior in Households in Lam Guron Village, Peukan Bada, Aceh Besar District.

RESEARCH METHOD

This research is an analytic descriptive research and conducts direct interviews with respondents using a structured questionnaire. This research was conducted in Lam Guron, Peukan Bada, Aceh Besar District. This research was conducted from June to July 2023. The research schedule was determined from the start of the survey until the research ended.

The population in this study were all residents in Lam Guron who were recorded as having family cards and living in Lam Guron. The total is 57 Family Cards. The sampling technique used is

total sampling, where the entire population is used as a sample or the entire population is used as a sample. There are 57 families in total.

Data analysis method in this study is univariate analysis to get an overview of the frequency distribution with each indicator.

RESULTS

The research conducted in Lam Guron, Peukan Bada, Aceh Besar District obtained the results which will be described in several tables as follows:

Table 1. Characteristics of Respondents Based on Gender

Gender	Frequency	Percentage
Man	49	86%
Woman	48	14%
Total	57	100%

Table 1 shows that the characteristics of respondents based on gender, male numbered 49 (86%) and female amounted to 8 (14%). The majority of family heads are men.

Table 2. Characteristics of Respondents Based on Age

Age	Frequency	Percentage
26-35 years	11	19,3%
36-45 years	20	35,1%
46-55 years	15	26,3%
56-65 years	6	10,5%
> 65 years	5	8,8%
Total	57	100%

Table 2 shows that the age of respondents 26-35 years is 11 (19.3%), 36-45 years is 20 (35.1%), 46-55 years is 15 (26.3%), 56-65 years is 6 (20.5%) and over 65 years amounted to 5 (8.8%). The age categorization in this study is in accordance with the provisions of the Ministry of Health¹¹.

Table 3. Characteristics of Respondents Based on Occupation

Occupation	Frequency	Percentage
Civil Servants	7	12,3%
Farmers,	42	73,7%
Housewives	8	14%
Total	57	100%

Table 3 shows that the work of the respondents, civil servants totaled 7 (12.3%), farmers 42 (73.7%) and housewives 8 (14%).

Table 4. Characteristics Based on Education Level

Level of education	Frequency	Percentage
Elementary schools	15	26,3%
Junior high schools	20	35,1%
Senior high schools and Diplomas	22	38,6%
Total	57	100%

Table 4 shows the percentage of education level of the respondents, 15 elementary schools (26.3%), 20 junior high schools (35.1%), 22 senior high schools and diplomas (38.6%).

Table 5. Characteristics Based on Economic Benefits

Economic Allowance	Frequency	Percentage
> Rp. 3.000.000	44	77,2%
< Rp. 3.000.000	13	22,8%
Total	57	100%

Table 5 shows that the majority of family heads earn Rp. 3,000,000 as many as 44 people with a percentage of 77.2% and respondents earning below Rp. 3,000,000 as many as 13 people with a percentage of 22.8%.

Table 6. Frequency of Clean and Healthy Behavior Indicators

Indicators	Yes		No	
	Frequency	Percentage	Frequency	Percentage
Use of clean water	57	100%	0	0%
Maternity assisted by health workers	57	100%	0	0%
Exclusive breastfeeding	56	98,2%	1	1,8%
Weighing toddlers routinely	56	98,2%	1	1,8%
Elimination of larvae	37	64,9%	20	35,1%
Use of healthy latrines	57	100%	0	0%
Wash hands with soap	39	68,4%	18	31,6%

Consuming Fruits and Vegetables	50	87,7%	7	12,3%
Doing physical activity	48	84,2%	9	15,8%
No smoking in the house	48	84,2%	9	15,8%

Table 6 shows the results of each indicator, in the Use of clean water indicator all residents use clean water as in the table above, a total of 57 (100%).

Maternity assisted by health workers also obtained 100% results, this shows that all households gave birth assisted by health workers, both in hospitals and village midwives.

The Exclusive breastfeeding indicator shows that the majority of respondents provide exclusive breastfeeding for their babies, the results show 56 (98.2%) provide exclusive breastfeeding and 1 (1.8%) respondent does not provide exclusive breastfeeding.

The weighing toddlers routinely indicator in the table describes the results of respondents who did toddler weighing 56 (98.2%), and those who did not weigh toddlers totaling 1 (1.8%). The majority of respondents did the toddler scales. This is because Lam Guron village regularly holds Posyandu every month.

The larvae eradication indicator obtained results as many as 37 respondents (64.9%) carried out larvae eradication, and 20 respondents (35.1%) did not carry out larvae eradication.

Table 6 shows the percentage of healthy latrine users or owners of 57 (100%). The whole family uses healthy latrines.

On the handwashing with soap indicator, 39 respondents (68.4%) washed their hands with soap and 18 respondents (31.5%) did not wash their hands with soap.

The indicator of consuming fruits and vegetables shows the results of 57 (100%) respondents, only 50 (87.7%) of respondents consume fruits and vegetables and 7 (12.3%) respondents rarely or even do not consume fruits and vegetables.

Respondents in this study who carried out physical activity were 48 (84.2%) respondents, and those who did not carry out physical activity were 9 (15.8%) respondents. This physical activity is not only strenuous exercise, but also daily activities that move regularly, not just sitting and sleeping.

On the non-smoking indicator at home, 48 (84.2%) respondents did not smoke at home, and 9 (15.8%) respondents still smoked at home.

DISCUSSION

Of the ten indicators, the respondents who did not apply PHBS based on the indicators were mostly in the larvae eradication indicator. The results according to table 6 show that 20 (35%) respondents did not eradicate larvae out of a total of 57 (100%) respondents.

This behavior of not eradicating the larvae could be caused by the respondent's lack of understanding of the dangers of the larvae which will cause diseases such as dengue fever and also malaria.

Poor community behavior and environmental conditions that do not meet health requirements are risk factors for the transmission of various diseases, especially environmental-based diseases, one of which is Dengue Hemorrhagic Fever (DHF). Dengue Hemorrhagic Fever is a public health problem globally, nationally and locally¹².

The vector for transmitting DHF is the *Aedes Aegypti* mosquito which breeds in water reservoirs in the form of stagnant water collected somewhere or in vessels in or around houses or public places. The existence of *Aedes Aegypti* is influenced by human and environmental factors. Environmental factors related to the presence of *Aedes Aegypti* include the type of water reservoir (TPA), rainfall, air temperature, air humidity, altitude, wind influence, presence of plants, and seasonal variations. While the human factors associated with the presence of *Aedes Aegypti* are population density, population mobility, distance between houses, light intensity and DHF PSN behavior¹².

The Culicidae family is the *Aedes aegypti* group, which acts as a vector for Dengue Hemorrhagic Fever. *Aedes aegypti* and *Aedes albopictus* are mosquitoes that act as the main potential vectors of DHF in Indonesia. Dengue transmission occurs through the bite of a female *Aedes aegypti* or *Aedes albopictus* mosquito that has previously carried the virus in its body from another dengue fever sufferer. *Aedes aegypti* undergoes complete metamorphosis or complete

metamorphosis (holometabola) which goes through several stages, namely Egg, Larva, Pupae and Adult¹³.

The eggs will hatch if the humidity is too low within 4 or 5 days. Larvae will develop into pupae within 5-7 days. Larvae prefer clean water, but can still live in turbid water that is either acidic or alkaline. Pupae take 1-3 days to several weeks to become an adult mosquito. Female *Aedes aegypti* mosquitoes only mate with one to continue their offspring. Usually mating occurs 24-28 days when the mosquitoes are adults¹³.

DHF prevention can be done with PSN behavior. PSN is one of the health behavior efforts that can reduce the presence of larvae. Several factors that can affect the degree of health are health services, genetics, behavior, and the environment. Apart from PSN behavior, another factor that influences health status is the environment (Young & Haqi, 2019). Efforts to prevent and control DHF transmission are to prevent *Aedes aegypti* mosquito bites through PSN 3M Plus activities, larvicidation and fogging, so that DHF transmission can be prevented or reduced. To get the expected results, this PSN activity must be carried out extensively and continuously. The targets are all mosquito breeding sites, such as water reservoirs for daily needs or natural water reservoirs¹³.

It is hoped that the community can do 3M Plus so that they don't just know but also apply it in their daily lives so that their environment is free from larvae and does not pose a risk of dengue fever.

CONCLUSION

Based on the results of research conducted in Lam Guron, Peukan Bada, Aceh Besar District. The results of these 10 indicators were that there was a problem with the larvae eradication indicator with the number of respondents as many as 20 (35%) of the total 57 (100%) respondents who still did not eradicate larvae, both inside the house and in the environment around their house.

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