



Research Article

Implementation of Clean and Healthy Living Behaviors among Households in the Service Area of Pattalassang Health Center, Gowa District

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ABSTRACT

This research aims to analyze the implementation of Clean and Healthy Living Behavior (PHBS) in households in the work area of the Patalassang Community Health Center, Gowa Regency. This research aimed to examine the encouraging and inhibiting factors for household PHBS implementation. The research was carried out using in-depth interviews and observations of informants who manage PHBS at the community health center level, as well as housewives and community leaders and assisted with data analysis software called MAXQDA which was used to explore the factors driving and inhibiting the implementation of PHBS through in-depth interviews, focus group discussions, and observation. The research results showed that adequate knowledge about PHBS, social support, both from family, community health centers and the government, as well as educational programs run by community health centers are the main driving factors. On the other hand, lack of knowledge, low personal awareness, and limited facilities such as sanitation, clean water and proper toilets are significant obstacles in implementing PHBS. The conclusions of this research emphasize the importance of increasing health education, strengthening social support, providing adequate sanitation facilities, and increasing individual awareness and motivation to achieve optimal PHBS implementation. With an integrated and collaborative approach, it is hoped that the implementation of PHBS in households in the Patalassang Community Health Center working area can continue to be improved, thus contributing to improving the overall quality of community health.

INTRODUCTION

Knowledge of clean and healthy living is fundamental to preventing various diseases.

Health is everyone's desire and need. The principles of clean and healthy living (PHBS) serve as a foundation and foundation for

health development programs in Indonesia. One of the principles of PHBS is the availability of toilets that meet health standards, which can prevent the spread of disease in the environment, as unsanitary toilets can lead to a decline in health levels (Lubis, 2019).

The definition of PHBS in the household setting as stipulated in the Indonesian Minister of Health Regulation Number 2269/Menkes/Per/XI/2011 is: in the household, the primary target must be practicing behaviors that can create a PHBS-compliant household, which includes childbirth assisted by health workers, exclusive breastfeeding, monthly weighing of toddlers, using clean water, washing hands with clean water and soap, managing drinking and eating water in the household, using a healthy toilet (stop open defecation), managing household wastewater, disposing of trash in the trash, eradicating mosquito larvae, eating fruits and vegetables daily, engaging in daily physical activity, not smoking indoors, and others (Indonesian Ministry of Health, 2010 in (Cumayunaro & Komalasari, 2021).

Borongpa'la'la Village is one of the villages in Gowa Regency where the coverage of clean and healthy living behavior (PHBS) in household arrangements is still not in accordance with the targets set.

Based on preliminary data from the people of Borongpa'la'la Village, Pattalassang District. From the results of the initial survey conducted by researchers on 10 households, the results showed that there were 8 households whose family members smoked at home, 7 households did not have healthy latrines and did not wash their hands before eating and after defecating. 9 households only consume fruit twice a week and there are still around a few heads of families from that village who still throw rubbish on the side of the road and some still burn rubbish which causes air pollution in that place.

Based on the background and problems above, the researcher is interested in conducting research with the title "Analysis of the Implementation of Clean and Healthy

Living Behavior (PHBS) in Households in the Work Area of the Borongpa'la'la Village Health Center, Gowa Regency

METHOD

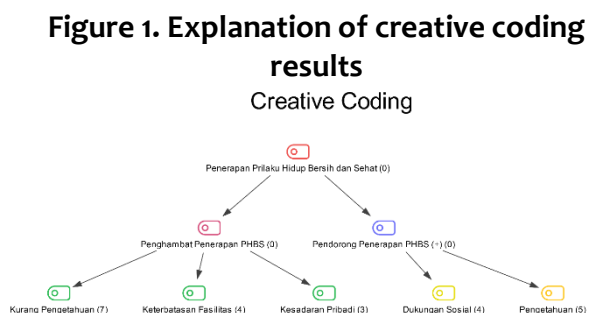
This research design uses descriptive qualitative methods used in this research design. This method examines objects that collect existing phenomena contextually through data collection; These elements are considered as interrelated units of study object, and then a description of each element is given.

The research was carried out using in-depth interviews and observations of informants who were PHBS managers at the community health center level, as well as housewives and community leaders. By conducting direct interviews or inspections and other secondary data. The answers to all hypotheses are obtained by combining the answers from respondents with events in the field. The form, activity, nature, changes and differences of these phenomena from each other.

Qualitative research was chosen because the problems are very diverse. Therefore, to find the problems faced, more in-depth research is needed because this research obtains more complete and in-depth data. Apart from that, the aim of this research is to determine the factors that inhibit and encourage the implementation of clean and healthy living behavior (PHBS) in households.

RESULTS

Based on the research transcript using the MAXQDA software application, the following results were obtained:



Based on the qualitative data analysis using MAXQDA software, a coding structure was generated to describe factors influencing the implementation of Clean and Healthy Living Behavior (PHBS) at the household level. The coding process was conducted systematically by organizing data obtained from in-depth interviews and field observations into interconnected themes and subthemes.

The coding results identified one main theme, namely the *Implementation of Clean and Healthy Living Behavior (PHBS)*. This main theme was further categorized into two major categories: driving factors and inhibiting factors of PHBS implementation.

The driving factors of PHBS implementation include several subthemes, particularly knowledge and social support. Adequate knowledge about PHBS encourages households to adopt and maintain clean and healthy living practices. In addition, social support from family members, health workers, and community leaders plays a significant role in fostering a supportive environment for PHBS implementation.

In contrast, the inhibiting factors of PHBS implementation consist of lack of knowledge, low individual awareness, and limited facilities. Limited access to information and education results in insufficient understanding of PHBS among some community members. Low individual awareness also hinders the consistent practice of clean and healthy behaviors. Furthermore, inadequate facilities, such as access to clean water, sanitation, and waste disposal systems, pose significant barriers to PHBS implementation at the household level. Overall, the coding structure indicates that PHBS implementation is shaped by the interaction between individual-level factors and environmental conditions. The relationships among the codes demonstrate that successful PHBS implementation requires the simultaneous presence of adequate knowledge, individual awareness, social support, and sufficient facilities.

DISCUSSION

1. Drivers of PHBS Implementation

a. Knowledge

Respondents with good knowledge of PHBS are more likely to adopt clean and healthy living behaviors. Education and counseling from health workers are highly influential in increasing public knowledge about PHBS. Accurate and clear information helps people understand the importance of PHBS and how to implement it.

b. Social Support

Support from family, health workers, and government programs significantly contributes to PHBS implementation. Social support creates a supportive environment for PHBS implementation. Mutually supportive families and the presence of health workers who actively provide counseling and motivation are important factors in the success of PHBS implementation.

2. Barriers to PHBS Implementation

a. Lack of Knowledge

Some respondents still lack an understanding of the importance of PHBS. This lack of knowledge is caused by limited access to information and a lack of effective counseling. People who do not receive sufficient education tend to neglect clean and healthy living behaviors.

b. Personal Awareness

Low personal awareness of the importance of PHBS is a significant barrier. Low personal awareness is often caused by a lack of motivation and understanding of the positive impacts of PHBS implementation. Awareness campaigns involving community leaders and the mass media are needed to increase personal awareness.

c. Limited Facilities

Limited access to facilities such as sanitation, clean water, and public waste bins hinders the implementation of PHBS. Many households struggle to implement PHBS due to the lack of adequate facilities, such as clean toilets and access to clean water. Improving sanitation infrastructure and access to clean water must be a priority.

CONCLUSIONS AND RECOMMENDATION

The implementation of PHBS in households within the Patalassang Community Health Center (Puskesmas) in Gowa Regency is influenced by a combination of driving and inhibiting factors. To improve PHBS implementation, the following is needed the role of health workers and local government is crucial in increasing community knowledge, such as through education: Continuing and enhancing educational programs on PHBS to increase community knowledge, further strengthening social support through the involvement of community leaders, health cadres, and the community in promoting PHBS, the role and support of the government in providing adequate facilities can increase PHBS implementation, increasing individual awareness and motivation regarding the importance of maintaining cleanliness and health through ongoing campaigns and programs.

With a holistic and integrated approach, it is hoped that the implementation of PHBS in households within the Patalassang Community Health Center's work area will continue to increase, thus positively impacting overall community health.

Through a holistic and integrated approach, it is expected that the implementation of Clean and Healthy Living Behavior (PHBS) among households in the working area of Patalassang Community Health Center will continue to improve and have a positive impact on overall community health status. This improvement can be achieved through enhanced socialization and education, the provision of adequate facilities, capacity building and training for health cadres, the provision of incentives to the community, and strengthened community empowerment.

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