TRANSPUBLIKA INTERNATIONAL RESEARCH IN EXACT SCIENCES (TIRES)

DETERMINANTS OF CLEAN AND HEALTHY LIVING BEHAVIOR (PHBS) ON FAMILY LATRINE OWNERSHIP IN RANTO SABUN VILLAGE, PANTE PURBA SETTLEMENT, SAMPOINIET SUB-DISTRICT, ACEH JAYA DISTRICT IN 2023/2024

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Abstract

As stewards of the Earth, humans have a responsibility to protect and manage the environment, creating clean and healthy conditions that support life. While the environment's influence on humans is largely passive, human impact on the environment is notably active, with the capacity to alter it significantly. This study focuses on Clean and Healthy Living Behavior (PHBS) in households, identifying ten key indicators: childbirth assisted by health professionals, exclusive breastfeeding, regular weighing of children under five, use of clean water, proper hand-washing practices, utilization of sanitary latrines, mosquito larvae eradication, daily consumption of fruits and vegetables, regular physical activity, and maintaining a smoke-free home environment. These indicators serve as crucial benchmarks for assessing and promoting environmental health at the household level. This study's findings on Clean and Healthy Living Behavior (PHBS) in households have significant implications for public health, environmental management, and community development. The identified indicators can guide policy-making, urban planning, and health education campaigns, potentially reducing healthcare costs and improving overall well-being. These insights contribute to our understanding of sustainable household practices and their impact on community health, opening avenues for future research and global health initiatives.

Keywords: *Clean and Healthy Living Behavior (PHBS), Family Latrine, Residential*

1. INTRODUCTION

The degree of health is influenced by many factors, namely: environment, behavior, health services and heredity. Environmental and behavioral factors greatly affect health status. Including the environment, namely the state of settlement / housing, workplaces, schools and public places, clean water and air, technology, education, social and economic. While behavior is reflected in daily habits such as diet, personal hygiene, lifestyle, and behavior towards health efforts. (Depkes RI, 2009).

Community-based Total Sanitation (STBM) is a government program in order to strengthen efforts to acculturate clean and healthy living, prevent the spread of environment-based diseases, improve community capacity and implement the government's commitment to increase access to drinking water and basic sanitation on an ongoing basis in achieving the Millennium Development Goals (MDGs). Sanitation efforts based on the Decree of the Minister of Health of the Republic of Indonesia Number 852 / Menkes / SK / IX / 2008 called Community-Based Total Sanitation (STBM) which includes not defecating in the open (BABS), washing hands with soap, managing drinking

water and safe food, managing waste properly, managing household wastewater safely. (Kemenkes RI, 2014).

Clean and Healthy Living Behavior (PHBS) is motivated by the establishment of the vision of Healthy Indonesia 2010, Clean and Healthy Living Behavior consists of several settings, namely, household settings, workplace settings, public place settings, health facility settings and school environment settings. (Rorimpandey et al. (2015); Ministry of Health of the Republic of Indonesia, 2004). Nationally, the population that has met the criteria of good PHBS in 2005 amounted to 27% and increased to 40% in 2015. Meanwhile, the national target in 2019 is expected to reach 80% of the population in Indonesia (Rorimpandey et al., 2015).

Based on data from the World Health Organization (WHO) and the United Nations Children's Emergency Fund (UNICEF) 122 World Journal of Public Health in Progress on Sanitation and Drinking Water in 2014, it is estimated that 1.1 billion people or 17% of the world's population still defecate in open areas. From the data above, 81% of the population who defecate in the open are found in 10 countries and Indonesia is the third country with the highest number of people who defecate in open areas, which is 59%. (Irnawati, 2015).

PHBS is one of the preventive (prevention of a disease or health problem) and promotive (improvement of health status in a person, so it can be said to be a pillar of a healthy Indonesia. (Julianti et al., 2018).

Human physiological needs such as having a home, which includes ownership of a toilet as part of the needs of each family member. Ownership of a toilet for a family is one of the indicators of a healthy home in addition to ventilation doors, windows, clean water, garbage disposal, sewerage, sleeping room, living room, and kitchen. Healthy latrines serve to dispose of human waste, there are various forms such as gooseneck, cubluk, and so on. In relation to the means of defecation, the most fundamental relationship with environmental quality is the facility and type of feces containment used. (Aminah et al., 2021)

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The 2013 Riskesdas results on the proportion of households based on the use of defecation facilities. The national average of defecation behavior in latrines is (82.6%). The five provinces with the highest percentage of households with proper defecation behavior include DKI Jakarta (98.9%), DI Yogyakarta (94.2%), Riau Islands (93.7%), East Kalimantan (93.7%), and Bali (91.1%). The five lowest provinces include West Sumatra (29.0%), Papua (29.5%), South Kalimantan (32.3%), North Sumatra (32.9%) and Aceh (33.6%). Central Java ranks 15th with a population with defecation behavior in latrines, which is 82.7% of several provinces in Indonesia (Kemenkes, 2014).

According to the results of Riskesdas in 2013, in Indonesia there has been a decrease in the prevalence period of diarrhea from 9.0% in 2007 to 3.4% in 2014. The under-five age group is the age group with the highest incidence of diarrhea. The highest

characteristics of under-five diarrhea occurred in the age group 12-23 months (7.4%), males (5.4%), living in rural areas (5.8%), and the lowest index group of ownership of access to clean water and healthy latrines (6.4%) (Riskesdas, 2013).

Humans as caliphs on earth certainly have an obligation to protect and manage the environment in order to create a clean and healthy environment so that the environment can support human life (Khairunnisa et al., 2019). Humans have the ability to exploit the environment so that they can change it according to their wishes. The influence of the environment on humans is more passive, while the influence of humans on the environment is more active (Proverawati & Rahmawati, 2012). There are 10 indicators of PHBS in households, namely carrying out childbirth by health workers, providing exclusive AS, children under 5 years old are weighed every month, using clean water, washing hands with clean water and soap, using healthy latrines, eradicating mosquito larvae, eating vegetables and fruit every day, doing physical activity every day and not smoking in the house.

2. RESEARCH METHODS

This study was an analytic survey with a control approach. The sample taken was all families who did not have healthy latrines in Ranto sabun Village totaling 101 families as a case group. So the total sample in this study was 102 families. Total sampling technique was used, where the sample taken was all the population. The data collection technique was carried out through the interview method using a questionnaire sheet to obtain the results of the assessment of the knowledge and income of the head of the family with the ownership of family latrines in Ranto sabun Village. Two types of data analysis were used, namely univariate analysis and bivariate analysis. Generating percentages of each variable. Bivariate analysis was conducted on two variables that were suspected to be related or correlated.

3. RESULTS AND DISCUSSION

Table 1. Characteristics Based on Occupation

	Frequency	Percent	Valid Percent	Cumulative Percent
Farmer	64	62.7	62.7	62.7
Self-employed	17	16.7	16.7	79.4
Housewife	19	18.6	18.6	98.0
Civil Servant	2	2.0	2.0	100.0
Total	102	100.0	100.0	

Based on table 1, it can be seen that farmer respondents totaled 64 with a percentage of 62.79%, entrepreneurs totaled 17 with a percentage of 16.7%, housewives totaled 19 with a percentage of 18.6%, and civil servants totaled 2 with a percentage of 2%.

Table 2. Characteristics based on income

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Low	53	52.0	52.0	52.0
	Medium	19	18.6	18.6	70.6
	High	30	29.4	29.4	100.0
	Total	102	100.0	100.0	

Based on table 2, it can be seen that low income respondents 53 with a percentage of 52.0%, medium income 19 with a percentage of 18.6%, and high income 30 with a percentage of 29.4%.

Table 3. Characteristics Based on Gender

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Male	85	83.3	83.3	83.3
	Female	17	16.7	16.7	100.0
	Total	102	100.0	100.0	

Based on table 3, it can be seen that male respondents totaled 85 with a percentage of 83.3% and female respondents totaled 17 with a percentage of 16.7%.

Table 4. Characteristics based on latrine ownership

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Available	74	72.5	72.5	72.5
	Not Available	28	27.5	27.5	100.0
	Total	102	100.0	100.0	

Based on table 4, it can be seen that the number of respondents with latrines is 74 with a percentage of 72.5% and the number of respondents without latrines is 28 with a percentage of 27.5%.

Table 5. Relationship between Knowledge and Family Latrine Ownership

	Latrine Ownership						
Respondent Knowledge	**Have a Family Latrine**		**Do not have a family latrine**		**Total**		**p**
	F	**%**	**F**	**%**	**F**	**%**	
Good	74	97,4	2	2,6	76	100	0,000
Bad	0	0	26	100	26	100	
Total	74	72,5	28	27,5	102	100	

From the results of data analysis using the chi square test, the ρ value is 0.000. Because the ρ value = 0.000 <0.05, it can be concluded that Ha is accepted. This means

that there is a significant relationship between knowledge and ownership of healthy latrines in Ranto sabun Village, Sampoiniet District in 2024.

This study is in line with the results of research by Putra & Selviana (2019) which shows that the knowledge factor has a significant relationship with ownership of healthy latrines (ρ value = 0.000). Other research results that are in line with this study are research by Sumiarni (2019) where the study shows that the knowledge factor has a significant relationship with ownership of healthy latrines (ρ value = 0.000).

Table 6. Relationship between household income and latrine ownership

Family Head Income	Latrine Ownership				Total		p
	Having a Family Latrine		Does not have a family latrine				
	F	%	F	%	F	%	
Low Income	27	50.9	26	49.1	53	100	0.000
Medium Income	17	89,5	2	10.5	19	100	
High Income	30	100	0	0,0	30	100	
Total	74	72,5	28	27,5	102	100	

From the results of the analysis using the chi square test, the p value = 0.000 was obtained. Because the p value = 0.000 <0.050, it can be concluded that the result is accepted. This means that there is a significant relationship between family head income and family latrine ownership in Ranto sabun Village, Sampoiniet Subdistrict in 2024.

This study is in line with the results of research (Mukhlasin & Solihudin, 2020) which shows that there is a significant relationship between the income of the family head and latrine ownership The results of research (Widyastutik, 2017) also show that there is a significant relationship between the income of the family head and latrine ownership.

4. CONCLUSION

The implementation of research activities in Ranto sabun Village, Sampoiniet Subdistrict starting from January 2, 2024, showed that out of 102 heads of families, the number of low income heads of families who did not have family latrines was 27 (49.1%) out of 102 respondents. There is a significant relationship between income and knowledge with family latrine ownership. Based on these findings, we recommend implementing targeted educational programs to increase awareness about family latrines and proper sanitation, exploring community-based initiatives and micro-financing options for low-income families, collaborating with local government and NGOs to provide subsidies or materials for latrine construction, conducting follow-up studies to assess intervention impacts, and integrating latrine construction into broader poverty alleviation and public health programs. These actions could significantly improve sanitation conditions and overall public health in Ranto Sabun Village and similar communities.

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