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Relationship between social economic status and family's clean and healthy behavior (PHBS) in Tesa Village, Laenmanen District, 2020

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ABSTRAK

Latar Belakang : *Ekonomi merupakan faktor utama terkait pelaksanaan PHBS di desa Tesa Kabupaten Malaka.*

Tujuan : *Penelitian ini bertujuan untuk mengetahui hubungan antara Status Sosial Ekonomi dengan Perilaku Keluarga Bersih dan Sehat (PHBS) di desa Tesa Kabupaten Malaka tahun 2020.*

Metode : *Desain penelitian adalah ini adalah studi analitik korelasional. Populasi dalam penelitian ini adalah seluruh keluarga di Desa Tesa N = 124 responden dengan teknik simple random sampling diperoleh 94 sampel responden. Instrumen yang digunakan adalah lembar angket tentang status sosial ekonomi dan PHBS. Hasilnya dianalisis dengan menggunakan proporsional cluster*

Hasil :.*Hasil penelitian menunjukkan bahwa hampir semua 72 (76,6%) responden memiliki Perilaku Hidup Bersih dan Sehat (PHBS) yang baik dan hampir separuhnya 47 (50,0%) berstatus Sosial Ekonomi Sejahtera II. Hasil tabulasi silang menunjukkan hubungan antara status Sosial Ekonomi dengan PHBS didapatkan 33 responden (34,0%) dengan PHBS sedang. Hasil uji statistik menggunakan uji rank spearman menunjukkan p = 0,000 lebih kecil dari nilai α = 0,05 (0,000 <0,05) sehingga H0 ditolak dan H1 diterima. Artinya ada hubungan antara status sosial ekonomi keluarga dengan PHBS tahun 2020.*

Kesimpilan*: Dapat disimpulkan bahwa Semakin tinggi status sosial ekonomi keluarga antara pendidikan, pekerjaan dan kondisi ekonomi secara keseluruhan maka semakin baik pula perilaku hidup bersih dan seha dan diharapkan keluarga lebih menjaganya dengan mencari informasi terkait kesehatan.*

KATA KUNCI: *sosial ekonomi; phbs; keluarga; pendidikan; pekerjaan*

ABSTRACT

Background: *Economy is the main factor related to the implementation of PHBS in Tesa village, Malaka Regency.*

Objectives *: This study aims to determine the relationship between Social economic Status and Clean and Healthy Family Behavior (PHBS) in Tesa Village, Malaka Regency in 2020.* ***Methods:*** *The research design is a correlational analytic study. The design of the study is correlational analytic study. The population is all family in Tesa village N = 124 respondents with a simple random sampling technique obtained 94 samples of respondents. The instrument used was a questionnaire sheet about social economic status and PHBS.The instrument used was a questionnaire sheet about social economic status and PHBS. The results were analyzed by using the proportional cluster.*

Results: *The results of the research show that almost all (76.6%) had good Clean and Healthy Behavior (PHBS) and nearly half 47 (50.0%) had the Prosperous Social-Economic II status. The results from cross tabulation shows the relationship between Social Economic status and PHBS which is found that there were 33 respondents (34.0%) with moderate*

PHBS. The result of statistical test using Spearman rank test shows p=0.000 is smaller than the value of α=0.05 (0.000< 0.05) so that H0 is rejected and H1 is accepted. This means that there is a relationship between the social economic status of the family and PHBS in 2020.
Conclusions: *It can be concluded that the higher the social economic status of the family between education, work and overall economic conditions, the better the behavior of a clean and healthy life is expected and the family will protect it more by seeking health-related information*

KEYWORD : *social economic; phbs; family; education; work*

INTRODUCTION

The vision of a healthy Indonesia 2025 is the achievement of the right to a healthy life for all levels of society through a health system that can guarantee life in a healthy environment, the behavior of the people to be proactive in maintaining their health and being able to access quality health services as stated in the long-term development policy in the health sector 2025 (1).

The concept of Clean and Healthy Living Behavior (PHBS) is marked with 10 indicators, namely: 1) Assistance for childbirth by health personnel, 2) Babies are given exclusive breastfeeding, 3) Weigh babies and toddlers, 4) Use clean water, 5) Wash hands with clean water and soap, 6) Using healthy latrines, 7) Eradicating larvae at home, 8) Eating fruits and vegetables every day, 9) Doing physical activities every day, 10) Not smoking in a closed room (2).

Districts / cities that have a national PHBS policy in 2019 are 82.30%, where this figure has exceeded the 2019 Strategic Plan target of 80%. As many as 18 provinces have reached 100%. Provinces with the lowest percentage were Papua 10.34%, East Nusa Tenggara 27.27%, and West Papua 38.46% (3). From the initial survey conducted on April 14, 2020, it was found that out of 7 families (100%) in Ngampel

Village, the majority, namely 3 families (42%), had not implemented healthy living habits in the household. This can be seen from their habits of not giving exclusive breastfeeding, not having healthy latrines, using river water for MCK (bathing, washing, latrines), not eradicating mosquito larvae in the house (this can be seen from the habit of family members hanging clothes), and their heads household who were accustomed to smoking in the house and 2 families (28%) have adopted a clean and healthy lifestyle, seen from having a healthy latrine. From the family income, almost half of 3 families (42%) with an income of 500 thousand to 1 million per month are classified as low income and 2 families (28%) with an income of more than 2 million per month from the above income, it can be concluded that the family income is classified as high. From the survey results above, it can be concluded that the higher the socioeconomic status of the family between education, work and the overall economic condition, the better the behavior of a clean and healthy life (4).

The impact of the causes above shows that the existence of a low socio-economy affects the behavior of a clean and healthy life. Considering that the impact of behavior on health status is quite large, efforts are needed to change

unhealthy behavior into the healthy ones, one of which is through the Clean and Healthy Behavior (PHBS) program (5,6).

The solution to the impact, among others, is to increase awareness, ability and willingness to live a healthy life for every citizen in order to realize the highest degree of health. In other words, the community is expected to be able to play a role as an actor in health development by caring, maintaining and improving their health status and socio-economic status itself, as well as taking an active role in realizing public health (7).

Based on the phenomenon of the people in Tesa village, Malaka district, on average the people in Tesa village still have not implemented clean and healthy living habits (PHBS) in their daily lives. From the above background, the researcher is interested in conducting research on the socio-economic relationship with clean and healthy living habits in the community

MATERIALS AND METHODS

This type of research is quantitative with a correlation research design because in this study the aim of this research is to find whether there is a relationship between social-economic status and clean and healthy living behavior in the village of Tesa, Malaka district. Correlation research is a study that involves the act of collecting data in order to determine whether there is a relationship and the level of the relationship between two or more variables (8).

The population in this study were the people of Tesa village which consisted of 2 hamlets, with a total of 384 family heads (KK). The research sample was part of the community in Tesa village, Malacca district. The sampling technique was cluster random sampling by taking a sample size of 47 respondents from each hamlet. So that the total sample is 94 respondents. The data analysis of this research consisted of descriptive and inferential analysis.

Descriptive analysis is an analysis used to describe or describe each variable, both the independent variable and the dependent variable. Inferential analysis was carried out to examine the relationship between the independent and dependent variables using the Spearman rank statistical test and the contingency coefficient to determine the significant relationship between each independent variable and the dependent variable (8).

This research instrument is in the form of a questionnaire / questionnaire. The first questionnaire is in the form of a standard questionnaire based on the Ministry of Health of the Republic of Indonesia (2016) with 20 questions based on 10 indicators of clean and healthy living behavior (PHBS) and the second questionnaire uses a standard questionnaire containing socio-economic status according to the criteria of the National Population and Family Planning Agency (BKKBN). includes Pre-Prosperous Families, Prosperous Families 1, Prosperous Families II, Prosperous Families III, and Prosperous Families III plus. The research instrument for the dependent variable (PHBS) using 10 household indicators using a questionnaire (9,10).

Bivariate analysis produces the distribution and percentage of each indicator. This bivariate analysis is used to describe each research indicator by making tables and graphs of the frequency distribution of each indicator. Bivarat analysis was carried out to determine the relationship between the socioeconomic status of the community with clean and healthy living habits using the Spearman rank test and the contingency coefficient was carried out using the help of computer software with a significant level of p> 0.05 (95% confidence level). The basis for decision making with a confidence level of 95%: (a) If the sig p value> 0.05, the research hypothesis is rejected. (b) If the sig p value <0.05, the research hypothesis is accepted (9).

RESULTS AND DISCUSSION

Based on the results of research conducted by researchers in the Tesa village in January 2020 on 94 families, the results of the univariate analysis were as follows:

Based on **Table 1**, it can be interpreted that most of the respondents were 18-40 years old, namely as many as 47 people (50.0%).

Table 1. Frequency distribution of respondents based on the age of respondents in Tesa village, January 2020

Age	Total	Percentage
18-40	47	50,0
41- 50	34	36,2
51-60	13	13,8
Total	94	100

Source: Primary data, 2020

Based on **Table 2** above, it can be interpreted that almost half of the respondents (46.8%) had elementary education.

Table 2. Frequency distribution of respondents based on education level in Tesa village, January 2020

Education	Total	Percentage
Elementary	44	46,8
Secondary	32	34,0
Higher	18	19,1
Total	94	100

Source: Primary data, 2020

Based on **Table 3**, the results can be interpreted that almost half of the respondents were classified as private workers as many as 46 people (48.9%).

Table 3. Frequency distribution of respondents based on occupation in Tesa village, January 2020

Occupation	Total	Percentage
Housewife	38	40,4
Private	46	48,9
Civil Servant	10	10,6
Total	94	100

Source: Primary data, 2020

PHBS data on families in the Tesa village, 2020

The criteria for family respondents based on Clean Healthy Behavior (PHBS) in Tesa Village in 2020 are presented in the table as follows:

Based on **Table 4**, the results can be interpreted that almost all (76.6%) had good Clean and Healthy Behavior (PHBS).

Table 4. Frequency distribution of respondents based on Clean Healthy Behavior (PHBS) in Tesa village, 2020

Chategories	Total	Percentage
Good	72	76,6
Moderate	22	23,4
Total	94	100

Source: Primary data, 2020

Based on **Table 5**, the results can be interpreted that almost half (50.0%) had a Prosperous Socio-Economic II status.

Table 5. Frequency distribution of respondents based on families socioeconomic status in Tesa village, 2020

Chategories	Total	Percentage
Prosperous Family I (KS I)	8	8,5
Prosperous Family II (KS II)	47	50,0
Prosperous Family III (KS III)	31	33,0
Prosperous Family III Plus (KS III Plus)	8	8,5
Total	94	100

Source: Primary data, 2020

Based on **Table 6** above, the relationship between socioeconomic status and PHBS, it is found that the majority of families were Prosperous Family II (KS II) as many as 33 respondents (34.0%) with Sufficient PHBS.

DISCUSSION
Families Clean and Healthy Behavior in Tesa Village, 2020

The results can be interpreted that almost half (50.0%) with a Prosperous Socio-Economic

Table 6. Cross tabulation of the Relationship between Socio-Economic Status and Family Clean Healthy Behavior (PHBS) in Tesa Village, 2020

Socio-Economic Chategories	PHBS				Total	
	Good		Moderate			
	Frequency	Percentage	Frequency	Percentage	Frequency	Percentage
KS I	7	7,4	1	1,1	8	8,5
KS II	33	34,0	15	16	47	50,0
KS III	30	32	1	1,0	31	33,0
KS III Plus	8	8,5	0	-	8	8,5
Total	77	81,9	17	18,1	94	100

II status (KS II). Prosperous family II (KS II) is a family that has been able to meet the minimum basic needs and social psychological needs as well as to meet their development needs.

The factor that plays a role in fulfilling one's health status is the socioeconomic level. Families with a limited income level are likely to be unable to meet their food needs, especially to meet the nutritional needs of their bodies, as well as socio-economic conditions that affect human purchasing power for foodstuffs (11).

The results of the research show that almost half of the respondents had a Prosperous Socio-Economic II status (KS II). This is because there were many things that affect it, including the education level of the respondents where almost half of respondents (46.8) had an Elementary education which then affects a person's employment status which will have an impact on one's income. Families with limited income are likely to be unable to meet their food needs and do not have their own savings in the family, as well as social economic conditions that affect the level of human purchasing power for foodstuffs (12).

Based on the results of the study, it was found that almost half (76.6%) had good Clean and Healthy Behavior, from the level of education it could influence a family in behaving well. The results of this study are also in line with research conducted by Yuliana et al. In 2019 which stated that the higher the socio-economic status of the family between education, work and overall economic conditions, the better the behavior of a clean and healthy life (12). Research

conducted by Zaras et al on the influence of Knowledge, Education and Economy on Clean and Healthy Living Behavior in Pekonmon Village Communities, Ngambur District, Pesisir Barat Regency, the results of the study show that there is a relationship between education and healthy living behaviors. community organizing efforts to improve health because the level of education can affect the healthy behavior of families with a less supportive level of education will lead to lower environmental awareness, the better the level of formal education so that it will mature understanding of environmental health knowledge and awareness of environmental health including the application of PHBS principles (12,11)

In the work environment, it can make a person obtain health information either directly or indirectly. Families Clean and Healthy Behavior is not only measured from physical and mental aspects, but also by their productivity in terms of having a job or being productive which is expected to further encourage or facilitate families for PHBS (13).

The results showed that the majority (50.0%) were 18-20 years old. According to Harwinta (2018), there is an influence of the age variable on the PHBS level and there is a significant interaction between the action variable and age. Respondents who are <40 years old have a probability of increasing the PHBS level in the household structure by 55.9%. Maulana (2018) explained that age is a variable that is less correlated with behavior because it is considered chained by attitude (14).

The relationship between Socio-Economic status and family Clean Healthy Behavior (PHBS) in Tesa village, 2020

Based on the results of statistical tests using the Sperman rank test, it is known that p=0.000 was smaller than the value of α=0.05 (0.000<0.05) so that H0 was rejected and H1 was accepted, meaning that there was a relationship between Socio-Economic status and PHBS in families at Tesa village, 2020. Furthermore, from the output above, it is known that the correlation coefficient was -0.472, indicating that the correlation was negative with strong closeness, which means that the higher the economic status of a prosperous family II PLUS, the closer to good PHBS (14).

The results of research on the relationship between Socio-Economic Status and the application of Clean and Healthy Living Behavior (PHBS) in families at Tesa Village in 2020 with the rho value show that the negative correlation with strong closeness means that the highSer the economic status of a prosperous family II PLUS, the closer to moderate/less PHBS. This is supported by Zaahara's research results in Kusumawati, et. al (2018) which explained that the type of work has a significant relationship with clean and healthy behavior in the family. The higher the socioeconomic status which includes the type of work, the higher the behavior of a clean and healthy life in the family. Conversely, the lower it is, the worse the healthy behavior will be (11).

CONCLUSION AND RECOMMENDATION

The socio-economic status of families in the Tesa village, Malaka Regency, in 2020, the results show that almost half of them are with a prosperous socio-economic status II. Clean Healthy Living Behavior (PHBS) results almost entirely with Clean Healthy Good Living Behavior, seen from the level of education, it can influence a family in behaving well. There is a relationship between socioeconomic status and Clean and Healthy Behavior (PHBS) in families in Tesa village. It can be concluded that the higher the economic status of a prosperous family II PLUS, the closer to good PHBS. Suggestions for the community, they should be able to implement clean and healthy living habits (PHBS) in a household structure so that it can improve the standard of living and health status of the wider community in general and families in particular. (9)

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