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The Effectiveness of Family Support Program based on Clean and Healthy Behaviour (CLHB) Indicators

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Abstract

A clean and healthy lifestyle behavior (CHLB) in the household structure is essential to maintain and improve the health of family members. However, in its implementation, consistency is needed so that clean and healthy lifestyle behavior can be carried out optimally based on ten indicators of a CHLB of household arrangements that the government has set. Therefore, this research was conducted using a cross-sectional design with a quantitative descriptive study design—population in the sub-district of Banguntapan, Bantul District, consisting of 826 households. The sample of this study was collected using a technique with a random sampling sample of 100 families and data collection using primary data and secondary data, and field observations. Based on the ten indicators of a clean and healthy lifestyle in the household structure, four indicators have not been appropriately implemented, namely giving exclusive breastfeeding (21%), weighing babies and toddlers every month (14%), doing physical activities every day (34%), and not smoking in the home (23%), with clean and healthy lifestyle coverage in the excellent category (66%). Therefore, it can be concluded that the application of a clean and healthy lifestyle in the Banguntapan, Bantul, household characteristics is good (66%) but has not met the government's target because four indicators of a clean and healthy lifestyle have not been implemented optimally.

Keywords: Characteristics, CLHB, CLHB indicator, Household

Introduction

Clean and Healthy Living Behavior (CHLB) is an applying learning process. So that a person, family, group, or community can help themselves independently related to healthy life behavior¹. CHLB in a household structure is one of the efforts made to empower every member of the household to have the awareness to practice clean and healthy living habits and to be able to play an active role in driving health in the community².

In general, implementing CHLB increases the family's member independence and empowerment in health problems. In addition, the specific objectives are to increase the knowledge, attitudes, and behavior of the community in particular and households towards the Maternal and Child Health, Nutrition, Environmental Health, Lifestyle, and Public Health Service Assurance programs³.

In the household structure, CHLB has ten indicators, namely: a) childbirth assisted by health workers, b) giving exclusive breastfeeding, c) weighing babies and toddlers every month, d) using clean water, e) washing hands with clean water and soap, f) using clean and healthy latrines, g) eradicating

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mosquito larvae, h) eating fruit and vegetables every day, i) doing physical activity every day, j) not smoking in the house¹.

Based on the strategic plan in 2015-2019, the Ministry of Health targets a clean and healthy lifestyle is set to 80%. However, since 2013 the achievement of a clean and healthy lifestyle was 55%. It decreased from 2012, which equal to 56.5%. It is far from the target set in 2014, which is 70%. So it can be said that around 45% of households have not done CHLB⁴.

The results of the Basic Health Research in 2018 contained three CHLB indicators. First, the national prevalence of smoking at the age of more than ten years increased from 28.8% (2013) to 29.3% in 2018. Meanwhile, the prevalence of smoking in the population aged 10-18 years in 2013 increased from 7.2% to 9.1% in 2018. Second, data from the Indonesian Health Profile in 2018 shows that 100% of the five districts in Yogyakarta have implemented a clean and healthy lifestyle policy. Then, the evaluation results of applying the clean and healthy

lifestyle indicator at the household level carried out by the Yogyakarta Province in 2018 were 45%^{5,6,7}.

Inadequate achievement of this target is because of the limited promotion of health education due to a lack of personnel. In addition, the implementation of health promotion and community empowerment related to a clean and healthy lifestyle is still needing⁴. Therefore, this study aims to determine the characteristics of a clean and healthy lifestyle in the household structure in one of the districts in Yogyakarta, Banguntapan Bantul, in 2020, based on ten CHLB indicators.

Research Method

This research was conducted using a cross-sectional design with a quantitative descriptive study design. It took place in the entire community in Banguntapan, Bantul, which consists of 826 families. The research sample was collected using a random sampling technique, with a sample of 100 families, and data collection using primary and secondary data, which has been done in 2020. Moreover, the results of the analysis are presented in tables and graphs.

Findings

Table 1 presents the results from the respondents about a Clean and Healthy Lifestyle Behavior (CHLB) based on the ten indicators.

No.	Indicator	Yes		No		Not Given		Total	
		N	%	N	%	N	%	N	%
1	Childbirth assisted by health workers	88	88	2	2	10	10	100	100
2	Giving exclusive breastfeeding	69	69	21	21	10	10	100	100
3	Weighing babies and toddlers every month	76	76	14	14	10	10	100	100
4	Using clean water	100	100	0	0	0	0	100	100
5	Washing hands with clean water and soap	91	91	9	9	0	0	100	100
6	Using clean and healthy latrines	100	100	0	0	0	0	100	100
7	Eradicating mosquito larvae	98	98	2	2	0	0	100	100
8	Doing physical activity every day	66	66	34	34	0	0	100	100
9	Eating fruit and vegetables every day	90	90	10	10	0	0	100	100
10	Not smoking in the house	71	71	23	23	0	0	100	100

Table 1 Frequency distribution of CHLB Indicators

The results of the first indicator show that 88 out of 100 respondents had implemented one of the indicators in PHBS, whose used health personnel when carried out babies. However, two people did not use professional health personnel, and ten others did not answer.

In the second indicator, the results showed that 69 breastfeeding mothers gave exclusive breastfeeding from a total sample of 100 breastfeeding mothers, so there is still 21% who have not given exclusive breastfeeding. Therefore, intensive health promotion is needed to achieve exclusive breastfeeding for babies can be 100%.

From the frequency distribution in Table 1, it shows that 76 respondents who have babies and toddlers weigh their babies every month, while 14 other respondents do not.

100% of the respondents have used clean water and healthy latrines, seen in indicators four and six. So, all the respondents are aware of both indicators, used clean water and healthy latrines, are necessary.

As shown in table 1, indicator five regarding washing hands with clean running water and using soap, most of them are aware. However, only 9% of respondents have not washed their hands using soap and clean water.

In the indicator of eradicating mosquito larvae

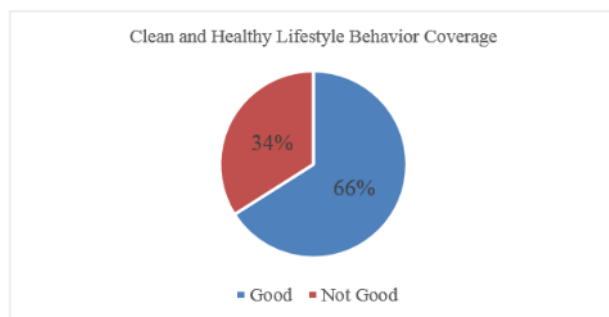
at home, it appears that 2% have not carried out the eradication of mosquito larvae, but 98% of respondents have eradicated mosquito larvae. So it can be said that the community already understands the importance of cleanliness and health at home so that mosquitoes do not breed.

Indicator of doing physical activity shows that 34% of respondents do not do a physical activity because they are not used to doing physical activity alone. However, 66 respondents stated that they had been doing physical activity even though they only walked around their house.

The ninth indicator shows that the results show that 90% of respondents have eaten vegetables and fruit every day. In comparison, the remaining 10% of respondents have not made it a habit to consume vegetables and fruit. Therefore, it is crucial to change the community's behavior so that they get used to eating vegetables and fruit.

According to the tenth indicator regarding no smoking in the house, there are still 23% of the 100 respondents, so 71% still smoke. Based on these results, a good health promotion program will change the respondent's behavior not to smoke in the house.

Only four indicators that do not meet CLHB requirements, which are "giving exclusive breastfeeding" by 21%, "weighing babies and toddlers every month" (14%), "doing physical activity every day" (34%), and "no smoking inside the house" (23%).



Graph 1. Coverage of CLHB conducted by Banguntapan Residents in 2020

Based on Graph 1, it can be said that 66% of the PHBS coverage carried out by the residents of Banguntapan, Bantul, in 2020 is considered good.

Discussion

Based on the research results that have been carried out, the results show that five indicators are not optimal in implementing the ten clean and healthy lifestyle indicators in the household structure. These five indicators are indicators of exclusive breastfeeding by 21%, weighing babies and toddlers every month 14%, doing physical activity every day 34%, and no smoking in the house 23%. Moreover, based on the clean and healthy lifestyle coverage results, most of them are in a suitable category. However, the achievement of a clean and healthy lifestyle in the household structure in Banguntapan District, Bantul, is still not optimal because several indicators have not been fulfilled.

A clean and healthy lifestyle in the household structure is intended to make more independent in maintaining health to avoid disease. A clean and healthy lifestyle is also a strategy in increasing community and family independence in the health sector. So there is a need for coordination and communication between health cadres with families and communities in conveying information and conducting health education².

The pre-test and post-test results show that health promotion to improve people's ability to apply a clean and healthy lifestyle has a significant effect⁸. Furthermore, the ten indicators affect community clean and healthy lifestyle behavior changes in household structures⁸. In addition to the health promotion being carried out, knowledge of the environment used as a parameter of personality conditions plays an essential role in having a clean and healthy lifestyle⁹.

Other things that can affect the fulfillment of the clean and healthy lifestyle indicator in household structures are knowledge and attitudes. Therefore, the level of family education and family knowledge

level is very influential. The higher the level of family education will affect the level of family knowledge so that it will form a habit of family members to have a clean and healthy lifestyle, but the lack of family education will lead to a lack of information about clean and healthy lifestyle^{10,11,12,13}.

One indicator that has less achievement value is not smoking in the house. Smoking habits are influenced by the social environment and the ease of getting cigarettes. In addition, not smoking in the house is influenced by habits that are difficult to change. So even though it is supported by good knowledge about the dangers of smoking, it will still be challenging to change its behavior^{12,14,15}. The mother's attitude and behavior very much determine the role of the mother in "weighing the baby" as an indicator of a clean and healthy lifestyle. The more positive the mother's behavior to weigh the child's weight at the Integrated Healthcare Center, the better the mother's behavior to adopt a clean and healthy lifestyle¹⁶.

Another indicator of a clean and healthy lifestyle is giving babies exclusively breastfed. In this study, only 69% of the respondents giving exclusive breastfeeding to their babies. There is study conducted that working mothers give less exclusive breastfeeding to their babies¹⁷. It is because less time to spent with them. In addition, many mothers say that their breastmilk production is trickly, so they cannot meet the baby's needs. The breast milk produced by the mother will decrease if it is not given to the baby on an ongoing basis because breast milk will be produced more depending on the stimulation of the suction from the baby¹⁷.

However, other research shows that the determinant of knowledge about clean and healthy lifestyle is in line with having a clean and healthy lifestyle in household structure^{16,18}. A clean and healthy lifestyle can be carried out by people with any level of education¹⁸. Besides, low-educated people carry out no difference in the implementation of a clean and healthy lifestyle. Moreover, many factors

can influence implementing a clean and healthy lifestyle¹⁸. On the other hand, most highly educated homemakers have not adequately carried out their clean and healthy lifestyle because of the minimum information received by them, especially about how to implement a clean and healthy lifestyle in the household structure¹⁹.

The intervention needed to increase awareness of living with a clean and healthy lifestyle is increasing and maintaining clean and healthy living habits as well as the role of health workers who must always be active in providing information through health promotion so that people can consistently carry out a clean and healthy lifestyle and increase public knowledge²⁰.

Based on the above discussion, healthy living behavior in household arrangements can be caused by many factors, namely knowledge, attitudes, awareness, promotion, and dissemination of information about the importance of implementing a clean and healthy lifestyle in household structures. Meanwhile, the clean and healthy lifestyle in Banguntapan, Bantul, was in a suitable category but had not yet reached the target set by the government. Unfortunately, some clean and healthy lifestyle indicators have not been maximally achieved. It is because there are still CHLB indicators that have not been appropriately implemented.

Conclusion

It can be concluded that the characteristics of the Banguntapan, Bantul, household in implementing a clean and healthy lifestyle in the household structure are already good, which scored 66%. However, that result has not met the target of the government. Suppose it is seen from those ten indicators, only four indicators that have not been maximally implemented. Future studies hope that other researchers can examine a clean and healthy lifestyle in Bantul more extensively.

Conflict of Interest: No potential conflict of interest relevant to this article.

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Ethical Clearance: The Health Research Ethics Committee from Health Polytechnic of the Ministry of Health Yogyakarta stated that the research protocol had met ethical principles based on the 1975 Helsinki Declaration. Therefore the research could be carried out.

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