



Management of Implementing Clean and Healthy Living Behavior in Households in Manisa Village

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Abstract

The current policy that regulates clean and healthy living behavior is the Republic of Indonesia Minister of Health Regulation Number 2269/Menkes/Per/XI/2011 concerning guidelines for fostering clean and healthy living behavior. Clean and healthy living behavior is a government priority program through community health centers and is an output target in implementing health development. The lowest coverage of healthy households in the Manisa Health Center Working Area is in the existing Manisa Village. The aim of the research is to determine the management of implementing clean and healthy living behavior in the household setting. This type of research is qualitative research. The informants for this research, managers of the community health center's clean and healthy living behavior program, community health center leaders, cadres, community leaders, religious leaders and the public, were taken using purposive sampling. Data collection was carried out through in-depth interviews, documentation review and Focus Group Discussions. The results of the research showed problems with the input component, the health promotion staff at the community health center had never received training, the funding allocation was very small, and the supporting facilities for Promkes were limited to print media. In the process, planning has not been implemented in an integrated manner, the organization and implementation of health promotions has not been carried out optimally, and monitoring is only based on the results of surveys of household clean and healthy living behavior. It is known that the output component of implementing clean and healthy living behavior in household management is still below the target. Implementation of management of clean and healthy living behavior in





household arrangements is not as expected. Therefore, it is necessary to improve the quality of implementing staff, allocate funds and infrastructure, as well as improve management in implementing clean and healthy living behavior in the household structure.

Keywords: Management, Clean and Healthy Living Behavior, Household, Manisa Sub-District

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1. Introduction

Clean and healthy living behavior is the essence and human right to maintain the continuity of life. This is in line with what is included in the constitution of the World Health Organization in 1948, which agreed, among other things, that obtaining the highest level of health is fundamental for every person regardless of race, religion, political beliefs and socio-economic level. This high degree of health can be obtained if everyone has behavior that pays attention to health (Anik Maryuni, 2013).

The definition of clean and healthy living behavior in the household set out in the Republic of Indonesia Minister of Health Regulation Number 2269/Menkes/Per/XI/2011 is: in the household, the primary target must be to practice behavior that can create a household with clean and healthy living behavior, which includes giving birth assisted by health workers, giving babies exclusive breast milk, weighing toddlers every month, using clean water, washing hands with clean water and soap, managing drinking and eating water in the household, using healthy latrines (stop open defecation) , managing liquid waste in the household, throwing rubbish in the trash, eradicating mosquito larvae, eating fruit and vegetables every day, doing physical activity every day, not smoking in the house and so on (Anik Maryuni, 2013).

Many diseases arise as a result of a lack of clean and healthy living behavior in the household. One of them is Dengue Hemorrhagic Fever or also known as Dengue Hemorrhagic Fever. This disease is caused by the dengue virus which is transmitted





through the bite of the *Aedes Aegypti* and *Aedes Albopictus* mosquitoes. These two types of mosquitoes are found in almost all corners of Indonesia, except for areas that are more than a thousand meters above sea level. Almost every year in Indonesia there are people who contract dengue fever (Nadia S, 2015).

Lack of clean and healthy living behavior in the household also results in the emergence of diarrheal diseases. Diarrhea is still a world health problem. The magnitude of this problem can be seen from the high morbidity and mortality rates due to diarrhea (Salwan, 2008 in Kusumaningrum, Hepiriyani, & Nurhalinah, 2011).

The current policy that regulates clean and healthy living behavior is the Republic of Indonesia Minister of Health Regulation Number 2269/Menkes/Per/XI/2011 concerning guidelines for fostering clean and healthy living behavior which stipulates that clean and healthy living behavior as intended in Article 1 paragraph 1 must be used as a reference for all stakeholders in the context of fostering clean and healthy living behavior in household settings, educational institutions, workplace settings, public places and health facilities (Regulation of the Minister of Health of the Republic of Indonesia, 2011).

The national target for coverage of Minimum Service Standards for Health Promotion and clean and healthy living behavior which is a reference for Districts/Cities is healthy households or clean and healthy living behavior 80%, exclusive breastfeeding 80%, and childbirth assisted by health workers 92% in.

Implement clean and healthy living behavior in several sub-districts. This can be seen from the preparation of cadres and community leaders in a number of villages by the Health Service which aims to help residents, especially in developing clean and healthy living behavior to create a healthy environment.

Meanwhile, the lowest coverage of healthy households in the Manisa Community Health Center Working Area is in Manisa Subdistrict, namely 5% of the Implementation of Household Clean and Healthy Living Behavior Activities in the Promkes Program. The general aim of this program is to empower individuals, families and communities in the health sector to maintain, improve and protect their own health and the environment towards a healthy, independent and productive society. This is achieved through





increasing knowledge, family and community in accordance with local culture (Syafrudin, 2009).

The general target of this program is the empowerment of individuals, families and communities in the field of health which is characterized by increasing healthy living behavior and an active role in maintaining, improving and protecting personal and environmental health according to local social culture, especially during pregnancy, infancy and childhood. -children, female adolescents and those of productive age, and other groups with special health needs (Syafrudin, 2009, p.237).

Public health activities and/or services require good regulation, so that the objectives of each activity or program are achieved well. This process of professionally regulating activities is called management, while the process for organizing public health activities or services is called "Public Health Service Management" (Notoatmodjo, 2011).

The aim of the research is to determine the management of implementing clean and healthy living behavior in household settings in Manisa Village, Manisa Health Center Working Area. Evaluation of input for household clean and healthy living behavior activities in Manisa Village, Manisa Community Health Center Working Area. a). Evaluation of the process through which management functions are implemented in the household clean and healthy living behavior program, b). Evaluation of output through the results achieved from a program in the form of indicators of the success of a program, namely the implementation of clean and healthy living behavior in households in Manisa Village, Manisa Community Health Center Working Area.

2. Research Methods

This type of research is qualitative and aims to provide a clear picture of the management system for the clean and healthy living behavior program in the household setting. The subjects in this research were the people in Manisa Village, Manisa Community Health Center Working Area. Subjects were taken in this research using a purposive sampling technique, namely informants who could provide clear information in the management of clean and healthy living behavior programs. Informants who know the problem more broadly and in depth in relation to the research object. The samples





taken were 1 person holding a clean and healthy living behavior program, 1 person as a community health center leader, 1 person as a cadre, 1 person as a religious leader and 7 community leaders in Manisa Village, Manisa Health Center.

The needs of research subjects are based on the saturation nature of the data obtained. The instrument or tool for collecting research data is the researcher himself, and tools for collecting data include: a. Interview guidelines, b. Tape Recorder, c. Notebook, d. Camera. Data collection was carried out using in-depth interviews with key informants and focus group discussion methods with elements of the community.

3. Results and Discussion

a. Results

1. Input (Input)

a) Policy

The Manisa Community Health Center already has a policy on clean and healthy living behavior in the form of a small booklet, Instructions for Implementing Clean and Healthy Living Behavior, which has not been fully socialized to the Puskesmas staff, the book is only kept with the officers who are responsible for clean and healthy living behavior, so that some staff have not understand the implementation of proper clean and healthy living behavior. According to Edi Suharto (2008) states that a policy is a decree that contains principles to direct the way of acting in a planned and consistent manner in achieving certain goals. Thus, to implement changes in community behavior in the health sector, policy support from the regional government is needed regarding the implementation of clean and healthy living behavior in community life, especially in Manisa Village, such as exclusive breastfeeding, weighing toddlers, eradicating larvae, not smoking in the house. For this reason, implementing clean and healthy living behavior so that it can run as expected requires maximum community support and support from the Government. On the other hand, clean and healthy living behavior is a top priority in health promotion which needs to be supported with funds and





skilled/professional personnel. As expressed by the following informant:

" The policy in implementing the existing clean and healthy household behavior program is in the form of providing a special guidebook in the form of a booklet. "Regarding the policies issued, in terms of manpower, they are already working, there are still people who receive less than the maximum and not all people can be invited to work together."

Furthermore, the informant's statement about the policy was supported by other informants as follows:

" When it comes to policy, we only take it from the existing health regulations. in the form of implementation instructions, in the form of a small book".

b) Power

In terms of staff, the Manisa Community Health Center has sufficient staff for clean and healthy living behavior activities. The staff training that was obtained was in the form of a quick survey of clean and healthy living behavior programs that were implemented, while subsequently there was no specific training on clean and healthy living behavior. The existing staff, including program holders, are assisted by village midwives and cadres. The cadres themselves have been trained before going out into the field by health officers. The problem of human resources or health personnel at the Manisa Community Health Center in implementing the clean and healthy living behavior program is that there is still a lack of skilled personnel in health promotion. Apart from that, existing health workers also carry out dual duties. Considering the limitations of officers because they have to carry out multiple tasks. For this reason, it is necessary to think about efforts to improve the skills of health promotion officers in implementing clean and healthy living behavior in the Manisa Village, Manisa Community Health Center Working Area. According to (Azwar, 1999). Humans are assets or wealth for an organization and are also the motor that plays a role in determining the direction and course of a program in an organization, meaning that humans





can make plans and evaluate a program that is being developed. Therefore, humans are very influential in the success of a program that is being developed so that the program can run well.

Healthy living behavior programs well, it is necessary to provide training or education to health workers so that they can increase their knowledge and skills so that they have expertise in promoting health to the community. Apart from that, it is hoped that other health workers will also support this clean and healthy living behavior program, for example during posyandu, KIA visits, and home visits, so that this clean and healthy living behavior program can run sustainably. As the following informant stated:

Healthy living behavior program at the Manisa Community Health Center. Special training is provided for program interns, but it is rarely carried out, perhaps only once for training on clean and healthy living behavior. Furthermore, the informant's expression about energy was also supported by other informants as follows:

"In terms of manpower, specifically clean and healthy living behavior is sufficient, we use village midwives and poluntir, so to get down to clean and healthy living behavior the village midwives and poluntir. The owner of the clean and healthy living behavior program is myself with an educational background of Bachelor of Public Health and Bachelor of Nursing. There are no specific cadres for clean and healthy living behavior, but we only involve posyandu cadres. But before we deploy the cadres to the field, we provide knowledge or guidance first. In terms of training, I have only trained once before, at that time the provincial health service conducted a rapid survey of clean and healthy living behavior in 2011."

c) Fund

The available funds are very limited, and are not sufficient for clean and healthy living behavior activities. This condition can become an obstacle so that health programs in implementing clean and healthy living behavior in households do not meet expectations. The results of Rini Marlina's research





(2011) regarding Analysis of Health Promotion Management in the Implementation of Clean and Healthy Living Behavior in Household Settings obtained the same thing that the budget for implementing the household clean and healthy living behavior program was very limited because there was no special funding allocation from Public health center. According to (Azwar, 1999). Funds are input that really supports the development of a program. The implementation of health promotion strategies for clean and healthy living behavior carried out by community health centers tends to not be optimal, due to obstacles or problems with limited costs, as stated by the following informant:

“There is funding for implementing clean and healthy living behavior, but it is very small and lacking. "The funds are insufficient to carry out outreach and training for existing officers and cadres."

Furthermore, the informant's expression above, also supported by other informants, is as follows:

"There are special funding sources for clean and healthy living behavior programs, so we disburse funds for guidance and data collection on clean and healthy living behavior. So if an officer comes down, they will be given funds. These funds are insufficient because they have to be shared with other programs to provide guidance and data collection on clean and healthy living behavior. If you really want to be successful, if you really want to have a clean and healthy lifestyle, for one year we will reduce it two to three times, after we get the data, we will carry out training, it should be like that".

b. Discussion

Output Components

Household clean and healthy living behavior activities that have been implemented have not achieved the target as expected. This is due to the failure to implement clean and healthy living behavior in households on an ongoing basis and the lack of participation of health workers in implementing clean and healthy living





behavior in households in Manisa Village, Manisa Community Health Center Working Area. For the output component, it was obtained from the results of in-depth interviews with several informants and focus group discussions with cadres and the community, that the implementation of clean and healthy living behavior for households in Manisa Village, the Manisa Community Health Center Working Area has not been implemented well. This is influenced by several causal factors, including: lack of funds/budget for implementing clean and healthy living behavior, inadequate planning, unstructured organization, lack of participation from health workers who are out in the field, and no less important here is the lack of cross-border collaboration. sectors and programs. According to (Muninjaya, 2004) Output is the result of work or the conclusion of elements resulting from the ongoing process. The implementation of clean and healthy living behavior in household settings in the Manisa Village, Manisa Community Health Center working area, there is a similarity of opinion between groups of informants, who said that in order for the clean and healthy living behavior program to be implemented in a sustainable manner, cross-sector support is needed for empowerment. community so that people are willing and able to behave healthily, as well as fostering comfort together with health workers. To see the development and progress of implementing clean and healthy living behavior in the community, it is necessary to record, report, develop and reach the evaluation stage on an ongoing basis, so that it can be used as a source of information for making future plans, as stated by the following informant:

"So far, no counseling regarding clean and healthy living behavior has been implemented, even if it were, it would probably only be implemented in the sub-district. "To improve this clean and healthy living behavior, we want to have collaboration between officers and the community, and provide guidance so that people understand this clean and healthy living behavior and want to behave healthily."

"So far there has been no counseling or surveys conducted by health workers or delegates regarding clean and healthy living behavior. In terms of officers, there





are none yet.

"There is no education for health workers regarding clean and healthy living behavior, there are no surveys from officers for this area, officers also never participate in community activities."

"There is no counseling on clean and healthy living behavior, but in the past there was to eradicate larvae, but the timing was uncertain, usually they came to homes. but now for the last three years there hasn't been any."

4. Conclusion

The existing manuals in the form of guidebooks and instructions related to clean and healthy living behavior have not been fully disseminated to community health center officers, these manuals are only kept with the officers who are responsible for clean and healthy living behavior. The staff implementing clean and healthy living behavior activities at the Manisa Community Health Center is considered sufficient. In terms of training for officers on clean and healthy living behavior, it was only given once in 2011. The cadres themselves are given guidance before going out into the field. The source of funds for the household clean and healthy living behavior program comes from the Special Allocation Fund. The amount of funds available for implementing clean and healthy living behavior is still limited. The facilities and infrastructure for implementing clean and healthy living behavior activities available at the Manisa Community Health Center are quite complete and still suitable for use. Planning to increase the implementation of clean and healthy living behavior in the Manisa Community Health Center working area is still in the review stage and has not been implemented in an integrated manner either across programs or across sectors. In organizing the descriptions of each officer, this has not been done in a structured manner and this has only been conveyed verbally, consisting of program holders, village midwives and cadres. Reporting is carried out only twice a year. The implementation of clean and healthy living behavior in Household Arrangements in the Manisa Village, Manisa Community Health Center Working Area has not been implemented according to the expected targets set by the district/city.





1) Input

The existing guidebook should be socialized to all Manisa Community Health Center officers, so that all officers can understand clean and healthy living behavior.

2) Process

It is recommended that the job description for each community health center officer involved in the clean and healthy living behavior program team be written and structured. In driving the implementation of monitoring, evaluation should be carried out periodically or every month, in this case it concerns activities that have been or will be carried out and related obstacles that are found.

3) Output

In order for the implementation of clean and healthy living behavior to run well and sustainably, it needs to involve cross-programs and related sectors, as well as involve community participation from planning to the evaluation stage.

5. Compliance with ethical standards

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Disclosure of conflict of interest

This research collaboration is a positive thing for all researchers so that conflicts, problems and others are absolutely no problem for all writers.

Statement of informed consent

Every action we take as authors is a mutual agreement or consent.

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