



Article

Correlation of Knowledge With The Attitude of Head Family About Clean And Healthy Behaviour (Phbs) In Cilembang Cihideung Tasikmalaya

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A B S T R A C T

Families can implement healthy ways of life by maintaining, and improving their health by providing learning experiences, opening communication, providing information and education so that Clean and Healthy behaviour (PHBS) can be achieved. This study aims to determine the relationship of knowledge with the attitude of the head of the family about Clean and Healthy Life Behavior in Cilembang, Cihideung District, Tasikmalaya City. The method used in this study is an analytical survey using a cross sectional approach. The population in this study were all family heads totaling 232 families. The sampling technique in this study uses cluster random sampling technique, which is as many as 70 family heads. The type of data used in this study is primary data. The instrument used was a questionnaire which was made by the author and tested for validity and reliability. Data analysis techniques using univariate (Frequency Distribution) and bivariate (chi-square) techniques. From the results of the study that most respondents have a good level of knowledge about Clean and Healthy Life Behavior, which is 69 people (98.6%). And the attitude of respondents towards Clean and Healthy Life Behaviors mostly have good attitude, that is 69 people (98.6%), with the results of χ^2 shows $P\text{value} = 0.903 > 0.05$. The conclusion of this study is that there is no significant relationship between knowledge with the attitude of the head of the family about Clean and

Healthy Life Behavior. The results of this study are expected to improve the knowledge and attitudes of family heads regarding Clean and Healthy Life Behavior.

I. INTRODUCTION

With the launch of the National Development Goals (SDGs) in 2016-2030, the government strives to achieve the highest level of health in Indonesian society. Various efforts have been made by the government in the previous policies on the MDGs, but have not yet fully achieved the MDG targets both in general and specifically in the health sector. Health development in the 2015-2019 period is the Healthy Indonesia Program with the aim of increasing the health and nutritional status of the community through health and community empowerment efforts that are supported by financial protection and health service coverage (Ministry of Health, 2015). The success of health development is still faced with various problems, one of which is the application of Clean and Healthy Life Behaviors (PHBS). The percentage of households that practiced Clean and Healthy Behavior (PHBS) in 2014 reached 56.58% of the 70% target. From these achievements it was clear that there were still around 45% of households that had not practiced PHBS (Ministry of Health, 2015).

Clean and healthy life behavior itself is all health behavior carried out on awareness so that family members or families can help themselves in the health sector and can play an active role in health activities in the community. PHBS needs to be applied in various places where a group of people live, work, play and interact with each other so that the health status can increase so that the productivity of a group of people occupying various places will increase (Khumayra & Sulisno, 2012).

The role of midwives in Clean and Healthy Life Behavior can be realized in the form of providing learning experiences or creating a condition for individuals, families, groups and communities by opening communication channels, providing information and

educating to improve knowledge, attitudes and behavior, through a leadership approach (advocacy), social support and community empowerment. Thus the family can recognize and overcome their own problems, especially in their respective settings and families can apply healthy ways of life by maintaining, maintaining and improving their health so that Clean and Healthy Behaviour can be achieved (Handoyo, 2008). In West Java there are 10,241,714 households with a percentage of PHBS households reaching 51.4% of the 6,182,810 households monitored (Ministry of Health RI, 2014).

Healthy household status in Tasikmalaya City reached 48.61% of 160,802 households monitored. Based on the data recap from Tasikmalaya City Health Office, Tasikmalaya City Health Office's working area has 21 health centers where the Cilembang Health Center has the lowest percentage of 32.8% of 6,309 households with 8,117 households and only 2664 households with household status healthy (Tasikmalaya City Health Office, 2016).

Cilembang Public Health Center is located in Cihideung Subdistrict whose working area consists of 3 villages, namely: Yudanegara, Argasari and Cilembang. According to the data obtained, it turns out that Cilembang Village has the lowest healthy family status, which is only 8.6% of the total 3912 families. In RW 09 as many as 232 families were 100% declared unhealthy families (Puskesmas Cilembang, Tasikmalaya City, 2016).

The results of the preliminary survey conducted in Cilembang, Cihideung Subdistrict, Tasikmalaya City, by interviewing 10 heads of households on Clean and Healthy Life Behavior (PHBS) 3 heads of families knew about PHBS while 7 other heads of households did not know about PHBS. Based on the description

above, the writer is interested in conducting study on "The Relationship of Knowledge with the Attitudes of the Head of the Family About PHBS in Cilembang, Cihideung District, Tasikmalaya City".

II. METHODS

The method used in this study is an analytical survey using a cross sectional approach. The population in this study were all family heads totaling 232 families. The sampling technique in this study uses cluster random sampling technique, which are 70 family heads. The type of data used in this study is primary data. The instrument used was a questionnaire which was made by the author and tested for validity and reliability. Data analysis techniques using univariate (Frequency Distribution) and bivariate (chi-square) techniques.

III. RESULT

Table 1. Distribution of Frequency of Knowledge of Family Heads About PHBS in Cilembang, Cihideung District, Tasikmalaya City

No	Knowledge of the Head of the Family About PHBS	frequency	%
1.	Good	69	98,6
2.	Enough	1	1,4
3.	Less	0	0
Amount		70	100

Based on table 1 above, it is known that the knowledge of the head of the family about PHBS the highest percentage of respondents have a level of knowledge with good categories as many as 69 people (98.6%) and the lowest percentage of respondents have a level of knowledge with sufficient categories as many as 1 person (1.4%).

Table 2. Distribution of Attitudes of Family Heads Regarding PHBS in Cilembang, Cihideung District, Tasikmalaya City

No	Attitudes of the Family Head About PHBS	frequency	%
1	Good	69	98,6
2	Enough	1	1,4
3	Less	0	0
Amount		70	100

Based on Table 2 above, it is known that the attitude of the head of the family regarding PHBS the highest percentage of respondents had an attitude with a good category that is 69 people (98.6%) and the lowest percentage of respondents had an attitude with sufficient categories as many as 1 person (1.4%).

Table 3. Cross Tabulation of Knowledge with the Attitudes of the Family Head About PHBS in Cilembang, Cihideung District, Tasikmalaya City

Knowl edge of the Head of the Family About PHBS	Attitudes of the Family Head About PHBS			amount		ρ valu e
	good	enoug h	less	F	%	
good	68 8 ,2	1 1 ,4	0 0 0	69 1 ,4	98,6	0, 903
enough	1 1 ,4	0 0 0	0 0 0	1 1 ,4	1,4	
less	0 0 0	0 0 0	0 0 0	0 0 0	0	
amoun t	68 9 ,6	1 1 ,4	0 0 0	70 70	100	

Based on table 3 above, it is known that the head of family's knowledge about PHBS in the good category the largest percentage has a good attitude that is 68 people (97.2%), while the knowledge of the head of the family about PHBS with the largest presentation category has the best attitude as much as 1 people (1.4%) and there is no knowledge or attitude of the head of the family who have less categories. Based on the results of statistical tests on the relationship of knowledge with the attitude of the head of the family about PHBS through the chi-square test obtained the result of pvalue is 0.903 with a significant level of α (0.05), the p value is greater than

the value of α ($0.903 > 0.05$) thus H_0 rejected, which means that there is no significant relationship between knowledge with the attitude of the head of the family about PHBS in Cilembang, Cihideung District, Tasikmalaya city.

IV. DISCUSSION

Knowledge of the Head of the Family About PHBS

Based on Table 1 it is known that the knowledge of family heads with good categories is the largest percentage of 69 people (98.6%). This shows that the majority of family heads already know and understand about Clean and Healthy Life Behavior (PHBS), obtained when conducting study respondents said that in RW 09 counseling was conducted on Clean and Healthy Life Behavior by other students and health workers from the Cilembang Health Center . Whereas as many as 1 person (1.4%) were in the sufficient category, the knowledge of the head of the family about PHBS with enough categories was due to not understanding what was meant by PHBS, obtained when conducting study there were still those who asked again the questions given by the studyer and there were still the head of the family who answered wrongly that giving additional food to infants aged 0-6 months was Exclusive ASI.

According to Notoatmodjo (2010), knowledge is the result of "knowing" and this happens after people sensing a particular object. Sensing occurs through the five human senses. Knowledge or cognitive is a domain that is very important for the formation of one's actions. The factors that can influence the head of family's knowledge about PHBS are experience, level of education, beliefs and facilities provided. Based on the results of the study, respondents with the majority of the level of knowledge are good, all respondents can answer correctly on the question about the meaning of PHBS. According to Proverawati (2012), PHBS in the household is an effort to

empower household members to know, want and be able to carry out clean and healthy living behaviors and play an active role in the health movement in the community.

Attitudes of the Family Head About PHBS

Based on table 2 it is known that the attitude of the head of the family about PHBS in RW 09 Kelurahan Cilembang, Cihideung Subdistrict, Tasikmalaya City with good category is the largest category, as many as 69 people (98.6%), obtained when doing study most of the heads of families realized that their actions were smoking inside the house is wrong and every house must have a septictank, but with the RW 09 area in the form of an alley and densely populated, the RW leader also realizes that this cannot be done so that RW 09's final disposal all flows to the ditch that is in the village boundary. And as many as 1 person (1.4%) was in the sufficient category, obtained when conducting study there were family heads who thought that eating fruits and vegetables was not necessary every day for economic reasons.

According to Notoatmodjo (2010), attitude is a reaction or response of someone who is still closed to a stimulus or object (Notoatmodjo, 2010). The factors that can influence the attitude of the head of the family in PHBS are: individual external factors and individual internal factors. Individual external factors include educational institutions, environment, culture, mass media, situations and other people who are considered important. Individual internal factors include emotions in self, personal experience, personality, concepts in self and intelligence (Azwar, 2008).

Knowledge Relationship with the Attitudes of the Family Head About PHBS

Based on table 3 it is known that the knowledge of the head of the family about PHBS in the good category the largest percentage has a good attitude that is 68

people (97.2%). This means that whether or not the head of the family possesses knowledge influences the attitude of the family head towards Clean and Healthy Life Behavior (PHBS).

However, the results of the study statistical test obtained the result ρ value of 0.903 with a significant level of α (0.05) then the value ρ value is greater than the value of α ($0.903 > 0.05$), thus there is no significant relationship between knowledge with the attitude of the head of the family about PHBS in Cilembang, Cihideung District, Tasikmalaya City.

Based on information from the head of RW 09, the area was a densely populated community, while the slum inhabitants were in RT 02. Generally in theory, knowledge has to do with PHBS. As stated by Azwar (2008), that knowledge / intelligence can influence one's attitude. According to Prasetyawan, et al (2012), that the better the family's knowledge about PHBS, the more positive the family's attitude about PHBS.

The study results obtained in seeing the knowledge of the head of the family are mostly good but in practice there are several factors that influence the attitude of the head of household so that they are positive towards PHBS in their families, which is inseparable from the Cilembang Puskesmas program that moves health cadres to continue to be active in UKBM activities, can be seen from the Posyandu activities which although they do not yet have a special place and are still located in the madrasa but these activities still run well. In addition, Puskesmas health workers have conducted health promotion in RW 09. This factor minimizes RW 09 from the lowest PHBS category in 2016.

The results of this study are in line with the study conducted by Saibaka (2016), with the title "The Relationship Between Knowledge and Attitude with Clean and Healthy Life Behavior (PHBS) of Households in the Work Area of Wawonasa Health Center in Manado City". The results show that knowledge has a value of $\rho = 1,000$ (value ≥ 0.05). People who have good knowledge are 54%, and the

results of the study show that attitudes have a value of $\rho = 0.916$ (ρ value > 0.05). People who have a good attitude of 54% and people who have good clean and healthy living behavior are 56%. The conclusion is that there is no relationship between knowledge and attitudes with household hygiene and healthy behavior in the Wawonasa Health Center Work Area. However, the results of this study contradict the study conducted by Kurnia (2013) which shows that between knowledge and attitudes have an attachment and influence to one's behavior (ρ value = 0,000).

V. CONCLUSION

- Most respondents have a good level of knowledge about PHBS in the category of 69 people (98.6%).
- Most respondents have a good attitude towards PHBS, as many as 69 people (98.6%).
- There is no significant relationship between knowledge with the attitude of the head of the family about PHBS proven by ρ value greater than α ($0.903 > 0.05$) which means that H_a is rejected.

VI. SUGGESTION

- For further research
The results of this study should be able to increase knowledge, insight and at the same time sharpen the sharpness of thinking critically about the relationship of knowledge with the attitude of the head of the family about PHBS. For other study, this study is expected to continue, to conduct study on the same variables or other variables related to Clean and Healthy Life Behavior by using other types of study or other study sites.

- b. For Educational Institutions
Educational institutions should make the results of this study as an enhancer in scientific script treasury and can be used as a reference source or as a comparison for future study, especially concerning Clean and Healthy Life Behavior (PHBS).
- c. For Health Institutions
Health institutions should continue to improve and maximize health promotion on PHBS so that the community is able to maintain the health of each household member from disruption of disease threats and the environment that is less conducive to healthy living.
- d. For Respondents
The respondent should be able to increase the knowledge and attitudes of the family head about PHBS so that he can help himself in the health sector and play an active role in health activities in the community.

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