

The Effect of Social Support on Clean and Healthy Life Behavior in Fishing Communities in Karampuang Village, Mamuju Regency

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ABSTRACT

Conditions of Clean and Healthy Living Behavior (PHBS) in Indonesia still have many problems that require efforts to change unhealthy behaviors into healthy ones, one of which is through the Clean and Healthy Behavior program. With the demographic transition and disease epidemiology, limited information, knowledge, and socio-cultural and lifestyle changes related to behavior tend to be increasingly complex. IKS coverage in West Sulawesi Province is still low at only 14.5% as well as in Mamuju Regency at 13%. In Karampuang Village 86 (Healthy Families), 467 (Pre-Healthy Families), and 200 (Unhealthy Families). The research was conducted with the aim of determining the effect of social support on PHBS in fishing communities in Karampuang Village, Mamuju District, and Mamuju Regency. This research is quantitative research, analytical descriptive with a cross-sectional approach. The sample is women/housewives of productive age between 19-45 years and has children under five, with the main livelihood of family members being fishermen, with a total sample of 176 respondents. Methods of data collection are done by using a questionnaire. Furthermore, editing, coding, entry, cleaning, and tabulating data are carried out. Then the data is processed using a computer in the IBM SPSS Statistics 21 program. The results showed that Social Support affected clean and healthy living behavior with a p-value of 0.004. Conclusion There is an influence of thoughts and feelings, social support, reach of information, personal freedom, and situational conditions on clean and healthy living behavior, while socio-cultural has no influence because the value is significant

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INTRODUCTION

Healthy living is something that must be applied by everyone, considering that health benefits are very important for every human being, starting from concentration in work and activities in daily

life. Every individual certainly needs health, both personal health and the health of children and families in order to achieve family harmony.

The classical theory of H. L. Bloom states that there are 4 factors that affect health status in a row, namely: 1) lifestyle (life style); 2) environment (social, economic, political, cultural); 3) health services; and 4) genetic factors (heredity). The four determinants interact with each other and affect a person's health status (Saraswati & Faikha Dhista Rahmanningrum, 2021).

With the demographic transition and disease epidemiology, diseases due to behavior and lifestyle changes related to behavior and socio-culture tend to be more complex. Considering the impact of behavior on health status is quite large, various efforts are needed to change unhealthy behavior into healthy ones, one of which is through the Clean and Healthy Behavior program (Natsir, 2019).

Basic Health Research in 2007, 2013, and 2018 showed that the proportion of households that carried out PHBS during the last ten years had increased by around 28%. The proportion of five-year PHBS is 11.2% (2007) to 23.6% (2013) and 39.1% (2018). This is also followed by an increase in the proportion of indicators forming PHBS. This increase has an impact on the awareness, willingness and ability of the community to live a clean and healthy life so as to create a healthy environment. The community can prevent and deal with health problems independently, and know how to use health service facilities when they need it (Rofiningul Mubasyiroh, 2021).

The PHBS program is a form of community empowerment that is preventive and promotive in a very easy and inexpensive way but the results are extraordinary and will have an impact on the quantity and quality of the Healthy Family Index (IKS) and Healthy Individual Index (IIS). One of the benefits of implementing PHBS in the household arrangement is that household members do not get sick easily, productivity increases, and children grow up healthy and smart. The most measurable benefit of preventing disease is that the costs incurred will be much less than treating the disease.

The criteria for a healthy household are: 1) If there are mothers giving birth, delivery is assisted by health workers (doctors, midwives), if in the household there are toddlers, then: 2) provide exclusive breastfeeding to infants and 3) weigh infants and toddlers every month, 4) using clean water, 5) washing hands with soap and clean running water, 6) using the latrine, 7) eradicating larvae at home, 8) eating vegetables and fruit every day, 9) doing physical activity every day, and 10) not smoking in the house. Households play an important role in the initial process of forming behavior that is obtained through the process of communication and interaction between family members.

The Healthy Family Index (IKS) of West Sulawesi Province in 2020 ranks 23 with a value of 0.145 or 14.5% based on 12 indicators of healthy families. Meanwhile, nationally, it is 0.172 or 17.5%. For districts with the highest IKS achieved by Majene District 25.10%. The implementation of the PHBS program in Mamuju Regency has been carried out by the Health Office and health workers at the Public Health Centre. However, the results show that PHBS has not reached the target. The IKS achievement of Mamuju Regency is 13% and this is the lowest achievement compared to other districts (Sulbar, 2021).

The low achievement of the PHBS program is related to geographical conditions, access to health facilities and infrastructure is still limited. From the observations, this area is indeed difficult to reach. To connect PKM Bambu or access in and out of the village. The people of Karampuang Village rely on klotok boats and rowboats as a means of transportation. Some of the roads between the hamlets can be passed by motorbikes and others can only be passed by pedestrians. In very diverse community life, people who live on the coast generally work as traditional fishermen with fishing gear in the form of arrows, hooks, and trawls. With the conditions described above, it is difficult for health workers to provide timely and targeted services, besides that people still have low awareness to behave in a clean and healthy life.

Report of the Bamboo Community Health Center (PKM) in 2020, IKS in Karampuang village in 2020 from 903 heads of families (KK) spread over 12 hamlets with a population of 3,323 people. It

consists of 1,684 men and 1,639 women. It was noted that 86 households were classified as healthy families, 467 families were classified as pre-healthy families, and 200 households were classified as unhealthy families.

RESEARCH METHOD

This study uses a quantitative paradigm in the field of public health with a cross-sectional study design. Aims to determine the determinant factors that affect PHBS in the fishing community of Karampuang Village, Mamuju District, and Mamuju Regency. This research was conducted in Karampuang Village, Mamuju District, Mamuju Regency, West Sulawesi Province. This archipelagic area is included in the health development area of the Bamboo Health Center, which will be carried out from March to May 2022.

This study consists of independent variables, namely social support factors. While the dependent variable is 12 indicators of Healthy and Clean Life Behavior (PHBS) in household order. The data collection method used by the researcher is a questionnaire (questionnaire) with an assessment using the Likert scale on the independent variable and the Guttman scale on the dependent variable. The population in this study was 586 mothers who live in 7 (seven) hamlets in Karampuang Village, Mamuju District, Mamuju Regency. The sampling technique in this study was proportional Stratified Random Sampling with a total sample of 176 respondents. This study uses three types of data analysis, namely univariate analysis, bivariate analysis, and multivariate analysis, and uses 3 theories, namely Green's theory (1980); Karr's (1983); and WHO (1984)

RESEARCH RESULTS

Characteristics of Research Subjects

The population in this study were mothers who were selected using a stratified random sampling technique with the criteria of women/housewives, and of productive age between 19-45 years and having children under five, with the main livelihood of family members being fishermen, amounting to 176 people.

a. Univariate Analysis

Characteristics of Respondents

Table 1 Distribution of Respondents Based on Education in Fishing Communities in Karampuang Village, Mamuju Regency

Education	N	%
No school	23	13.1
Grade school	88	50.0
Junior high school	3	17.6
Senior High School	32	18.2
S1	2	1.1
Total	176	100.00

Source: Primary Data 2022

Based on table 1 shows that the characteristics of respondents based on education are 23 respondents (13.1%) out of school, 88 elementary school respondents (50%), 31 junior high school respondents (17.6%), followed by 32 high school respondents (18.2%), and the least is undergraduate education as many as 2 respondents (1.1%).

Table 2. Distribution of Respondents by Employment in the Fishing Community in Karampuang Village, Mamuju Regency

WORK	N	%
Housewife	172	97.7
Tailor	1	.6
Posyandu cadres	2	1.1
Private Jobs	1	.6
Total	176	100.00

Source: Primary Data 2022

Based on table 2 shows that the characteristics of respondents based on the most dominant occupation are housewives as many as 172 respondents (97.7%), then tailors as many as 1 respondent (0.6%), Integrated Healthcare Center cadres as many as 2 people (1.1%) and private as many as 1 respondent (0.6%).

Table 3. Distribution of Respondents Based on Social Support to Fishing Communities in Karampuang Village, Mamuju Regency

SOCIAL SUPPORT	N	%
Not Support	133	75.6
Support	43	24.4
Total	176	100.00

Source: Primary Data 2022

Based on table 3, it shows that respondents based on social support are more unsupportive, namely 133 respondents (75.6%) while those who support are 43 respondents (24.4%).

Table 4. Distribution of Respondents Based on Clean and Healthy Life Behavior in Fisherman Communities in Karampuang Village, Mamuju Regency.

Clean And Healthy Behavior	N	%
Not good	130	73.9
Good	43	26.1
Total	176	100.00

Source: Primary Data 2022

Based on table 4 shows that respondents based on clean and healthy living behavior are more than 130 respondents (73.9%) while good behavior is 46 respondents (26.1%).

b. Bivariate Analysis

Table 5. The Effect of Social Support on Clean and Healthy Life Behavior in Fishing Communities in Karampuang Village, Mamuju Regency

Social Support	Clean and Healthy Behavior				Total		P-value
	Not good		Good		n	%	
	N	%	n	%	n	%	
Not support	106	79.7	27	20.3	133	100	0.004
Support	24	55.8	19	44.2	43	100	
Total	130	73.9	46	26.1	176	100	

Source: Primary Data 2022

Table 5 shows that respondents who have unsupportive social support are 133 people, where there are 106 people (79.7%) who are not good at doing clean and healthy living behaviors and 27 people (20.3%) are good at living clean and healthy. While respondents who have social support are 43 people, of which there are 24 people (55.8%) who are not good at doing clean and healthy living behavior and 19 people (44.2%) are good at doing clean and healthy living behavior.

Based on the results of statistical tests using continuity correction, the p-value = 0.004 is obtained because the p-value 0.05 then H_a is accepted. H_0 is rejected, meaning that there is an influence of social support on clean and healthy living behavior in fishing communities in Karampuang Village, Mamuju District, Mamuju Regency.

Discussion

Based on the results of statistical tests using continuity correction, the p-value = 0.004 is obtained because the p-value of 0.05 then H_a is accepted. H_0 is rejected, meaning that there is an influence of social support on clean and healthy living behavior in fishing communities in Karampuang Village, Mamuju District, Mamuju Regency.

Based on the results of the study showed that the percentage of the influence of social support that was not supportive and not good in carrying out clean and healthy living behaviors was 106 people (79.7%). Mothers who do not receive support then have an impact on poor behavior caused by poor social interaction factors from mothers and husbands who become the support system.

Based on the researcher's assumptions, it can be seen from the emotional support that the husband's lack of attention to remind his wife to be present to monitor the child's growth, instrument support in the form of food that is always the same, namely fish as well as unsupportive cost factors and information support where according to local people it is also rare for health workers to visit work in the context of socializing related to clean and healthy living behavior because it is constrained by poor transportation access.

This study is in accordance with the theory of Snehandu B. Kar in 1983, one of the determinants of health behavior is the support from the surrounding community (social support). In a person's life in society, that person's behavior tends to require legitimacy from the surrounding community. If the behavior is contradictory or does not get support from the community, then he will feel less uncomfortable.

Based on the results of the study, the percentage of the influence of social support that was not supportive but good in carrying out clean and healthy living behaviors was 27 people (20.3%). This shows that the lack of family support from the husband does not become an obstacle for mothers in carrying out PHBS, and that awareness of a clean and healthy life such as cleaning the house and giving exclusive breastfeeding to babies is very important.

This research is in accordance with the theory of Lawrence Green (1980) that the health of a person or society is influenced by reinforcing factors that are manifested in the support provided by family and community leaders. The results of the study indicate that the lack of social support is caused by the family having to work to meet the needs of nutritious food and shelter.

Based on the results of the study, the percentage of the influence of social support that supports but is not good in carrying out clean and healthy living behaviors is 24 people (55.8%). This shows that support from the village government, cadres, health workers, and even health workers is a real action to improve the healthy standard of living of the community but this does not get the attention of the local community, as a result, many do not receive immunizations due to lack of information and lack of awareness. the community how important it is to carry out clean and healthy lifestyles.

This study is in accordance with Anggraeni's research (2017) on Factors Associated with Clean and Healthy Living Behavior in Home Arrangements, showing that social support is obtained from the results of individual interactions with other people in their social environment, and can come from anyone, family, partner. (husband/wife), friends, and co-workers. According to Snehandu B. Kar in 1983, one of the determinants of health behavior is the support from the surrounding community (social support). Regarding the existence of social support but the community does not carry out PHBS is a factor in the lack of awareness to address the behavior (Yusriani, 2018).

Based on the results of the study, the percentage of the influence of supportive and good social support in carrying out clean and healthy living behaviors was 19 people (44.2%). Regarding the effect of good social support on good clean living behavior, it further explains the relationship between social support in the form of emotional support including attention and love of

family/husband, and instrument support in the form of costs that can affect clean and healthy living behavior even though they work as fishermen. This research is in line with Putra Karim's (2018) research on Determinants of Clean and Healthy Living Behavior (PHBS) in Household Orders, which shows that in the working area of the Lawe Sumur Health Center. Researchers assume that social support is obtained from the results of individual interactions with other people in their social environment, and can come from anyone, family, spouse (husband/wife), friends, or co-workers. The psychological and emotional comfort that individuals receive from social support will be able to protect individuals from the consequences of stress that befall them.

This research is in accordance with the theory of Lawrence Green (1980) that the health of a person or society is influenced by reinforcing factors that are manifested in the support provided by family and community leaders (Yusriani, 2021). The results of the study indicate that the lack of social support is caused by the family having to work to meet the needs of nutritious food and shelter. Regarding the local community, they have done good support so that the expected clean living behavior is also formed.

According to the analysis of the researchers, social support in the study did not support much due to socio-economic factors, where social interaction in the form of support and advice from family, village government, health workers, community leaders, and posyandu cadres about PHBS could not be carried out properly, constrained by the condition of the community with standards. Life relies on the catch of fish fishermen. Social factors are also less supportive due to the lack of intimacy that exists between them.

CONCLUSION

Social support affects clean and healthy living behavior in fishing communities in Karampuang Village, Mamuju District, Mamuju Regency, where the significance value is 0.004 ($p < 0.05$). The process of achieving a clean and healthy life is strongly influenced by the support provided by the husband. Family support has an important role because the family can encourage both physically and mentally for mothers to carry out clean and healthy living behaviors. It is better if the social support factor is further improved, especially the support from the family in this case the husband as well as from the village government and the surrounding community.

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