

The Relationship Between Perceived Benefits With Implementation Of Household Clean And Healthy Lifting Behaviors During The Covid-19 Pandemic

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ABSTRACT

Covid-19 was designated by WHO as a global pandemic in March 2020, for this reason the government issued policies, promotive and preventive services, in this case, calling for the implementation of Clean and Healthy Life Behavior (PHBS) including household. PHBS itself has not been fully implemented in the community, if you refer to this that health problems in the community are caused by habits and perceptions, this is expressed by Rosenstock regarding the Health Belief Model, especially perceived severity. Based on data from the Maros District Health Office in Simbang District, the coverage of PHBS is 25% and those who have not PHBS are 75%. This study aims to determine the relationship between the perceived benefit approach and the application of household PHBS during the Covid-19 pandemic in the community of Simbang Village, Maros Regency. The research method used is a quantitative study with a cross-sectional design. The population in this study is the community in this case housewives who have babies/toddlers totaling 290 people. Sampling by purposive sampling method with a total of 166 people. The data analysis method used a bivariate test with a Chi-Square correlation test. The results showed the results of the Chi-Square test variable perceived benefit (p-value 0.192). Based on the results of the study, it was concluded that there was no relationship between the perception of benefits and the application of household PHBS, which was due to other factors that dominated the community in implementing household PHBS during the Covid-19 pandemic.

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1. INTRODUCTION

Coronavirus or known as Corona Virus (2019-nCoV) first appeared in Wuhan City, China at the end of 2019. WHO determined that the Covid-19 pandemic was based on the development of Covid-19 cases that developed significantly and continuously. On October 4, 2020, the Covid-19 situation report data stated that the country with the highest cases in the world was America. WHO also noted that there were 16,990,036 confirmed cases in America with 568,358 deaths, or a case fatality rate of 3.3% [1].

Indonesia itself has a significant number of Covid-19 cases every day. The Case Fatality Rate (CFR) due to Covid-19 is at 3-4%. On October 3, 2020 Covid-19, the CFR percentage of 3.7% proves the percentage of deaths due to Covid-19 is quite high [2]. The increase in the number of cases took place quite quickly, and spread. Based on the data above, it can be seen that the spread of Covid-19 continues to occur significantly every day, and also the current spread is not only by travelers but more because local transmission and within the family will have an impact on increasing cases.

South Sulawesi itself, especially Maros Regency, ranks the 4th highest Covid-19 case in South Sulawesi province. From the data released by the official website of the South Sulawesi government in response to Covid-19, there are 349 suspected cases, 4040 recovered, and 47 people died so the total confirmation is 4087 Covid-19 cases in Maros Regency [3] this means that there is still an increase in

Covid-19 cases and where It is also necessary to improve PHBS behavior, especially in the household sphere.

Since January 2020, the Indonesian government, from the central to the regional governments, has made various efforts. Starting from making policies, and programs, and performing promotive and preventive services. Promotive efforts made by the government to suppress the spread of Covid-19 are by paying attention to personal hygiene, washing hands before and after carrying out activities using soap and running water, and others. This is part of the indicators of Household PHBS and requires increased guidance, especially during the COVID-19 pandemic and also changes in behavior in the community which is expected to increase public awareness and compliance with the application of Household PHBS [4].

Referring to the previous case that health problems are generally caused by habits and public perceptions which assume that if the disease has not caused a person to be unable to carry out activities as usual, then people will continue to do their habits. This means that if the disease is not perceived as dangerous or hinders activities, then the problem is not a big problem to be afraid of, as is the case with the implementation of PHBS even though people have often followed it. not good [5].

This is as expressed by Rosenstock (1974) which was later developed by Champion and Skinner in Glanz in the theory of Health Belief Model (HBM) where HBM becomes a person's consideration before they behave in a healthy manner. This is also in accordance with previous research by Gomo et al (2013) which revealed that a community's PHBS is determined by the point of view (perception), knowledge, attitudes, beliefs, traditions in the community concerned [6]. Besides that, the implementation of PHBS itself during the Covid-19 pandemic, especially in the scope of household PHBS, has not been fully implemented or implemented, seen from the low coverage of PHBS [7].

Based on this, the idea emerged to see and describe the relationship between public perceptions and the application of Household PHBS. So using the concept of the Health Belief Model (HBM). HBM itself is a form of elaboration of psychosocial theory that is used to explain preventive behavior. This theory explains that when an individual believes in something, the individual will try to take certain actions to achieve the thing he believes in [8]. In the HBM there are 6 dimensions, where one of the dimensions is perceived benefit, the individual's perception of how serious or severe a disease is. Covid-19 itself is a serious disease that not only attacks the respiratory tract organs but can cause death and affect other activities [9].

Referring to this, the community plays an important role in breaking the chain of transmission with the application of PHBS and HBM, especially perceived benefits, which is one model that can be used to assess behavior change and take action to prevent the transmission of Covid-19 and the application of household PHBS. Clean and healthy living behavior (PHBS) itself is an effort to provide learning experiences, in terms of maintaining, maintaining and improving health through various means such as communication, education, health promotion strategies, and others, for this reason, it is important to apply household PHBS [10]. But it is undeniable that the Household PHBS itself in the community has not been fully implemented, because there are still many people who of course do not care about the cleanliness of their environment.

The results of data collection from the Maros Regency Health Office regarding PHBS in the Maros Regency area, there are 14 sub-districts that are monitored by household PHBS where the recapitulation of PHBS household arrangements in 2020 during the COVID-19 pandemic there are 3 sub-districts whose coverage has not been high in PHBS and Simbang District is located on the 3rd order. In the Simbang sub-district, the coverage of PHBS is 25% and not yet PHBS 75% or in the sense that it is in the yellow zone [11]. To collect data from Integrated Healthcare Center Cadres in Simbang Village, it was found that there were 290 households with babies, toddlers, and pregnant women. And from interviews with Simbang Health Center officers that there are still many people who have not implemented PHBS this is due to several factors such as locations that are far from health services, difficult travel fields, obstruction of communication between the community and health workers, and many other factors.

Based on the results of the previous description and some previous data, the author concludes that the community already knows about PHBS but still does not consider it important, especially during the Covid-19 pandemic also this individual belief/belief can be an obstacle, and supporter of the

community in implementing this PHBS. This is the basis for conducting research on the Perceived Benefit Relationship with the Implementation of Household PHBS in the Covid-19 Pandemic Period in Simbang Village, Maros Regency.

2. METHOD

This research is quantitative research using a cross-sectional design through a survey approach. This cross-sectional study is a study to study the dynamics of the correlation between risk factors and effects, by approach, observation, or data collection. This research was conducted on March 18, 2022. The location of the research is Simbang Village which is located in Simbang District, Maros Regency, South Sulawesi Province.

The population in this study is the community in this case housewives who have babies/toddlers as many as 290 people. A sample can be defined as a member of the population selected using a certain procedure so that it is expected to represent the population. Sampling in this study used a purposive sampling technique in which the sampling technique was carried out with certain considerations as desired by the researcher.

The sample size was determined using the Lameshow formula where the number of samples was 166 people. Primary data is data obtained from research statements that will be distributed to respondents using a questionnaire. Secondary data is data obtained from related agencies. Data processing is done by computerization using SPSS. Data analysis was carried out by univariate analysis and bivariate analysis which aims to get an overview by looking at the frequency distribution and to determine the relationship between the independent variable and the dependent variable using the Chi-square test with an error rate of $\alpha = 0.05$.

3. RESULTS AND DISCUSSION

Based on the research that has been carried out aimed at knowing the relationship between perceived benefits and the application of household PHBS during the Covid-19 pandemic in the community in Simbang Village, Maros Regency, the author can describe the results of the research in the exposure below:

Characteristics of respondents

The results showed that the frequency distribution of the age, education and occupation of the community in Simbang Village can be described as follows:

Tabel 1. Distribution of Respondents Based on Characteristics of Respondents

Age	n	%
17-19 year	5	3
20-29 year	89	53,6
30-39 year	47	28,3
≥ 40 year	25	15,1
Total	166	100
Pendidikan	n	%
No School	5	3
Primary School/Equivalent	39	23,5
Junior High School	55	33,1
Senior High School	60	36,1
University	7	4,2
Total	166	100
Pekerjaan	n	%
Housewife	152	91,6
Farmer	10	6
Trader	1	0,6
Cadre	2	1,2

Midwife	1	0,6
Total	166	100

Based on Table 1. shows that the characteristics of the age group of respondents who are mostly 20-29 years old are 89 people (53.6%), while the age group <20 years is at least 5 people (3.0%). The level of education shows that the most respondents are at the secondary education level, namely SMA/SMK as many as 60 people (36.1) and the least, namely not attending school as many as 5 people (3.0%). The type of work is the most as housewives as many as 152 people (91.6%) and the least as traders and midwives as many as 1 person each (0.6%).

Researched Variables

Based on Table 2. regarding the distribution of respondents based on Perceived Benefit (benefits) shows that respondents who have sufficient perception are 26 people (15.7%) while those who have less perception are 140 people (84.3%). The distribution of respondents for the application of household PHBS shows that there are 156 respondents (94.0%) who sufficiently apply PHBS, while 10 (6.0%).

Tabel 2. Distribution of Respondents Based on Perceived Benefits

Benefit	n	%
Enough	26	15,7
Less	140	84,3
Total	166	100
Application	n	%
Simply Apply	156	94
Less Apply	10	6
Total	166	100

Bivariate Analysis

Tabel 3. Relationship of Perceived Benefit with RT PHBS Implementation

Perceived Benefit	Implementation of PHBS RT				Total		P-Value
	Enough		Less		N	%	
	n	%	n	%			
Cukup	23	88,5	3	11,5	26	100,0	0,192
Kurang	133	95,0	7	5,0	140	100,0	
Total	156	94,0	10	6,0	166	100,0	

Based on Table 5.20 regarding the Perceived Benefit (benefits) with the application of household PHBS, it shows that of the 26 who have sufficient perceptions, there are 88.5% who quite apply PHBS and 11.5% who do not apply enough, while out of 140 who have insufficient perceptions, 95.0% are enough to apply and 5.0 which does not apply PHBS.

Based on the results of statistical tests using chi-square, the p value = 0.192 because the p value 0.05 then Ho is accepted and Ha is rejected, which means there is no relationship between Perceived Benefit and the application of household PHBS during the Covid-19 pandemic in Indonesia. Simbang Village, Maros Regency in 2022.

Perceived Benefit or perceived benefits, namely beliefs about the effectiveness of individuals about the various available actions in reducing the threat of disease or treatment and disease prevention measures. The effectiveness felt by the individual to be able to avoid the threat of a disease that is perceived as a benefit. Individuals who feel themselves vulnerable to disease will try to find a way to get out of the situation by taking actions that are considered beneficial, so that they avoid disease and can recover [12].

Perceived benefits in this study are benefits that are believed to be felt by the community in implementing household PHBS during the Covid-19 pandemic, such as safe delivery due to sterile equipment, increasing good immunity by exclusive breastfeeding for infants/toddlers, understanding -

knowing the growth and development of toddlers by carrying out activities at the Integrated Healthcare Center, using clean water for daily needs, avoiding the Covid-19 virus, germs, bacteria by washing hands with water and soap, a clean environment by using latrines, doing 3M to be free from mosquito larvae, diligently consuming fruits and vegetables to get the needs of fiber and vitamins, physical activity and not smoking so that the body is healthy.

Judging from the distribution of respondents' answers in table 5.9, the answers strongly agree at most at number 2 as many as 67 respondents (40.4%), this is because respondents feel agree with this which is influenced by the needs of their own babies, and the mother's ability to provide breast milk regularly. especially during this pandemic [13].

The results of the research conducted show that there is no relationship between Perceived Benefits and the application of household PHBS during the Covid-19 pandemic in Simbang Village, Maros Regency. The results of the Chi-Square test analysis showed a P-Value of 0.192, while the hypothesis test with Spearman Rank with a significant value of 0.200 and a correlation coefficient value of -0.100 which means there is no relationship. The factors of age, gender, education, and occupation owned by the respondents in this study will affect the perception of individual benefits, such as education and knowledge where when individuals have higher education it is expected that the higher their knowledge and self-concept, but it is undeniable that individuals who low education are not necessarily low knowledge, James (2003) states that a person's knowledge will have an effect when getting a lot of information.

Several studies that are in line with this research, namely the description of family behavior in self-medication through the Health Belief Model (HBM) Theoretical Approach in Kanali District, the results of the analysis of the P-Value value of 0.499, which means that there is no significant relationship between the HBM variables in terms of This is the Perceived Benefit with antibiotic self-medication behavior [14,15].

Other similar studies showed that there is no significant relationship between perceived benefits and behavior to prevent HIV/AIDS transmission[16,17,18].

Based on the researcher's analysis, there is no relationship between the perception of benefits and the application of household PHBS during the Covid-19 pandemic where although most people have a perception of fewer benefits, it is enough to apply 133(95%) PHBS is due to other factors, such as social support and situations that require action where in Sim-bang Village mothers/families of infants under five who do not bring their children to the Integrated Healthcare Center will be subject to fines, this allows the community to continue implementing PHBS but do not have a good perception of benefits. As explained in Snehandu B.Kar's theory of behavior which is influenced by one's intentions, social support, information held about health, personal autonomy in decision-making, and situations that allow for action or inaction.

4. CONCLUSION

Based on the results of research on the relationship between Perceived Benefits and the Implementation of Household PHBS in the Covid-19 Pandemic Period in the Simbang Village, Maros Regency in 2022, it can be concluded that there is no relationship between Perceived Benefit and the application of household PHBS with the results of statistical analysis of the Chi-Square P test. -Value 0.192 (> 0.05). Perceptions of benefits do not have a relationship because in Simbang Village, people who apply PHBS are more due to the situation/rules that apply, rather than views about the benefits of PHBS. For the people of Simbang Village, especially housewives, it is necessary to know the benefits of each household PHBS indicators, so that when they know the benefits they can improve family health, which can be obtained from the media or counseling activities carried out by health officials.

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