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Clean and Healthy Living Behavior of Purun Artisan Family in Pedamaran Village Ogan Komering Ilir Regency

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Abstract: This study aims to find out the clean and healthy living behavior (PHBS) of the purun artisan family in the Pedamaran District of Ogan Komering Ilir Regency. The research was carried out as quantitative research with a cross-sectional design. The data is obtained through interviews using a list of questions and direct observations of 87 households. Primary data includes household characteristics, PHBS, and socio-economic conditions of households, namely poverty levels measured based on Statistics Indonesia indicators. The data were analyzed descriptively and analytically using chi-square with a significant level of about 0.05. The results showed the behavior of the purun artisan community in Pedamaran Village of Ogan Komering Ilir Regency has not entirely run PHBS. However, there is no difference in clean and healthy living behavior between poor and not low-income families in purun artisans in the village.

INTRODUCTION

Poverty is a multidimensional problem faced by all developing countries. Based on data from Statistics Indonesia, 2020, the percentage of poor people nationally decreased from 11.96% in 2012 to 9.22% in 2019. Similarly, in South Sumatra, the percentage of poor people of 13.78% in 2012 decreased to 12.71% in 2019, but the percentage of the poor population in South Sumatra is still above the national average. Some areas that are priority poverty alleviation are districts/cities with high poverty rates, namely North Musi Rawas Regency (19.12%), Musi Banyuasin Regency (14.41%), Ogan Komering Ilir Regency (15.01%), Lahat Regency (15.92%), Musi Rawas Regency (15.28%) and Penukal Abab Lematang Ilir Regency (13.47%).

Pedamaran District is one of the regions in Ogan Komering Ilir Regency with a population of 43,995 people (Statistics Indonesia, 2017) with a poor individual population of 20,876 or about 47.45% of the poor population. The pedamaran community has the potential of local wisdom, namely the purun mat woven craft. Purun plant (*Lepironia articulata*) is a type of weed that grows in swamps (waters). The people of the Pedamaran district, especially housewives, take advantage of their free time by drenching in Purun. Purun plants as raw materials are obtained from peatlands around the village area. Purun weaving activities become one of the sources of family income. Purun crafts produced by the community are generally sold to intermediaries at prices determined by middlemen. Society is only a price-taker so the high price of raw materials and the low price of craft finished goods make the community powerless. The helplessness and incompetence of society cause poverty rates to rise.

Based on the above description, it is essential to research the socio-economic situation of the purun artisan community in Pedamaran Village I Pedamaran District of Ogan Komering Ilir Regency. The purpose of the study was to find out the characteristics of households and clean and healthy living behaviors with the socio-economic status of households in the Pedamaran District of Ogan Komering Ilir Regency. The benefits of this research are as input materials for the government and related agencies in tackling poverty, especially among Purun artisans.

METHODS

This study is quantitative research with a cross-sectional design. This research was conducted in the Pedamaran District of Ogan Komering Ilir Regency. The number of samples based on the results of the calculation obtained was 87 households. The primary data type is obtained through interviews using a list of questions and direct observations in the research area. Primary data includes household characteristics, clean and healthy living behaviors, and socio-economic conditions of households, namely poverty levels measured based on Statistics Indonesia indicators. The analysis is done descriptively and analytically and aims to determine the relationship between each independent and dependent variable. Statistical test was carried out using chi-square with a meaningful rate of 0.05.

RESULTS AND DISCUSSION

Household Characteristics

Poverty status is measured based on Statistics Indonesia indicators. Based on Statistics Indonesia indicator criteria in 2019, households classified as poor have incomes less than IDR 333,505,-/capita/month and households classified as not poor have incomes more than or equal to IDR 333,505,-/capita/month. In this study (87 respondents), 64.4% of respondents were not poor, 75.9% of the respondents have an elementary education background, and 64.4% of the heads of families work. Then 57.5% of the respondents had a history of illness in the past month.

TABLE 1. Characteristics distribution of the respondents

No	Characteristic	Number of households	
		n	%
1	Poverty Status	31	35.6
	- Poor	56	64.4
	- Not poor		
2	Mother's Education		
	- Not finished primary school	7	8.0
	- End of primary school	66	75.9
	- Finished junior high school	10	11.5
	- Finished High school	4	4.6
3	Employment Status		
	- Work	56	64.4
	- Not working	31	35.6
4	Medical History Status		
	- Healthy	37	42.5
	- Sick	50	57.5

Source: Processed from sample data

Of the 87 households, the average age of the head of the family is 52 years, with the youngest aged 27 years and the oldest aged 82 years. The average number of household members living under one roof is 5-6 people. The minimum number of household members is 2 people and the maximum number is 17 people. The average family income per month is IDR 2,167,080,-, with the lowest being IDR 120,000,- and the highest being IDR 6,600,000,-.

TABLE 2. Distribution of Household Frequencies

No.	Characteristic	Mean	Median	Min - Max	SD
1	Age of the head of the family	52.31	52.0	27- 82	11.36
2	Number of household members	5.7	5.5	2 - 17	2.24
3	Family income	2.167.080	1.822.500	1.200.000 - 6.600.000	1.346.464
4	Family food and non-food consumption per month	2.319.911	2.072.300	644.500 - 7.811.000	1.146.698
5	Per capita consumption per month	429.182	404.775	92.071 – 1.019.222	180.124

Source: Processed from sample data

Clean and Healthy Living Behavior (PHBS)

TABLE 3. Clean and Healthy Living Behaviors (PHBS) Level of the households

No.	Characteristic	Number of households	
		n	%
1	Undergoing labor assisted by expert medical personnel	22	25.3
	- Not	65	74.7
	- Yes		
2	Weighing babies and toddlers every month		
	- Not	22	25.3
	- Yes	65	74.7
3	Exclusive breastfeeding		
	- Not	32	36.8
	- Yes	55	63.2
4	Wash your hands with soap and clean water.		
	- Not	19	21.8
	- Yes	68	78.2
5	Eradicating mosquito nests		
	- Not	40	46.0
	- Yes	47	54.0
6	Eating fruits and vegetables		
	- Not	25	29.4
	- Yes	60	70.6
7	Family members don't smoke in the house.		
	- Not	49	56.3
	- Yes	38	43.7
8	Doing physical activity every day		
	- Not	46	54.1
	- Yes	39	45.9
9	Using clean water		
	- Not	11	12.9
	- Yes	74	87.1
10	Using a latrines		
	- Not	33	37.9
	- Yes	54	62.1

Source: Processed from sample data

Clean and healthy living behavior at the household level has ten indicators for success in achieving a healthy household. Based on the results of the analysis, respondents during childbirth assisted by medical personnel were 74.7% greater than by non-medical personnel (25.3%). There 74.7% of mothers weighing their toddlers every month to posyandu (integrated health center) and 25.3% did not. Mothers who gave exclusive breastfeeding amounted to 63%. Then the respondents who had handwashing habits before and after activities as much as 78.2%. Families who do 3 healthy lifestyle behaviors once a week have as much as 54%. Families who consume vegetables and fruit amount to 70.6%, then 56.3% of families do not smoke in the house, and 45.9% of families have daily exercise habits. 87.1% of families have used clean water for household use and families who use healthy latrines have as much as 62.1%.

Undergoing Labor Assisted by Medical Experts

The training of birth attendant health workers is one effective way to reduce maternal mortality. Most of the complications of childbirth can be prevented or treated if every pregnant woman has access to health facilities and health professionals when giving birth, for example, midwives, nurses, or obstetricians.

Based on the analysis results, mothers who came from low-income families when giving birth were mostly assisted by non-medical personnel, which was 45.5%, while those assisted by medical personnel by 36.9%. The statistical tests using the chi-square obtained the value of $p = 0.645$, then the value of $p > 0.05$ means there is no difference in the status of family poverty with labor assisted by health workers or non-health workers. It is because

the education level is still low. Almost 84% of education is in elementary school. Low education will affect maternal, and family knowledge about the importance of childbirth carried out by health workers.

In contrast to the research conducted by Djama et al. [1], 81.9% of participants were poor health insurance program members using health workers for labor assistance. Then respondents who were not poor health insurance members, mostly 59.4% of maternity assistance, did not use health workers. According to Hermawan [2], non-health workers carried out 28.59% of the Sumatra region of childbirth, and shamans still helped some (11.65%). Stephen and Joshua [3] said most women have given birth alive in the past five years assisted by skilled health workers (67.5%) while only 3.0% do not receive help during childbirth. Maternal characteristics such as education, ethnicity, and income are significantly related to labor health workers ($p < 0.05$).

Weighing infants and toddlers every month

The mother brings toddlers to posyandu once a month to weigh her child to monitor its growth and the state of its nutritional status. The table shows that mothers from low-income families are more likely not to bring toddlers to posyandu (40.9%) than those who bring toddlers to posyandu (38.5%). The results of statistical tests using the chi-square obtained the value $p = 0.839$. The value of $p > 0.05$ means there is no difference in the poverty status of a person with the mother's behavior of bringing her toddler child to posyandu once a month.

A mother should take her baby or child to posyandu to continually monitor the baby or child's growth. As stated by Maulana [4], the activeness of mothers to posyandu monitor the development of their child's nutritional status by health workers (midwives). The role of cadres as motivators can improve the quality of Posyandu, especially in handling health problems [5].

Exclusive breastfeeding

Mothers provide breast milk exclusively for children at age 0 to 6 months as clean and healthy living behaviors. The table shows that mothers who come from low-income families in exclusive breastfeeding are 40.0% higher than those who do not give exclusive breast milk (37.5%). The reason for mothers to breastfeed their toddlers is that there is no cost to buy bottled milk. The economic situation makes the mother still provide breast milk so that the baby's nutritional needs are maintained.

The chi-square analysis obtained the value $p = 0.998$, then the value of $p > 0.05$ means that there is no difference in the poverty status of a person with the mother giving exclusive breast milk. Nurhayati [6] stated that mothers given nutritional counseling would have the knowledge, attitudes, and practices that support exclusive breastfeeding better than those not given nutritional counseling. Exclusive breastfeeding of the baby will affect its nutritional status. It is in line with research by Nilakesuma et al [7], which stated a relationship between exclusive breastfeeding and nutritional status in infants.

The fulfillment of parenting needs in children will affect exclusive breastfeeding. Research conducted by Suiraka et al. [8] states there are differences in parenting in toddlers from low-income families with not poor. Based on the parenting of toddlers with indicators, family members who feed toddlers in low-income family groups are mothers (71%) and non-poor family groups (78.5%). While the results of the study by Kumar et al. [9] in India show that only 55% of babies under the age of 6 months are exclusively breastfed.

Washing hands with soap and clean water

Washing hands with soap and clean water is a clean and healthy living behavior that aims to maintain personal hygiene and prevent transmission through germ-contaminated hands. The table shows that mothers who come from low-income families do not wash their hands before and after doing activities, which is 57.9% compared to those who wash their hands at 33.8%. The chi-square analysis obtained the value $p = 0.102$. The value of $p > 0.05$ means there is no difference in a person's poverty status with the habit of washing hands before and after an activity. A person's habit of washing hands depends mainly on the availability of clean water in his home. If the family has access to clean water, it will be easy to wash their hands. So this PHBS behavior must be supported by water facilities up to the household level.

The study results by Sopacua et al. [10] stated that access to clean water in urban and rural areas could affect handwashing using soap. According to Wantiyah et al. [11], a lack of attention to handwashing will cause diarrhea.

It occurs in school-age children in Jember Regency. Research by Chattopadhyay et al. [12] in East India found that 82% of teenage girls defecate in the open.

Eradicating mosquito nests.

Mosquitoes are among the deadliest animals in the world, and eradication is included in clean and healthy living behaviors in households. This animal can be a carrier and spreader of various diseases. Standing water clean in the house and around the residence must be cleaned often, i.e., by doing 3 M (drain, close, and bury).

Based on the analysis results, mothers from low-income families do not do 3M (drain, close, and bury) to eradicate mosquito nests, which is 42.5% compared to those who do mosquito eradication with 3M, which is 36.2%. Statistical test results using the chi-square obtained the value $p = 0.702$. The value of $p > 0.05$ means there is no difference in family habits in doing 3 healthy lifestyles (drain, close, and bury to eradicate mosquito nests). The kader is expected not only to motivate families to be active in eradicating mosquito nets at home but also to motivate community leaders to actively mobilize the community in cleaning the surrounding environment through regular community service [13].

Consume fruits and vegetables.

Fruits and vegetables are rich in vitamins, minerals, and fiber. The body needs these nutrients to function optimally and stay healthy. The table shows that mothers from low-income families consume more fruits and vegetables (41.7%,) than those who do not consume vegetables and fruit (36%). Statistical test results using the chi-square obtained the value of $p = 0.808$. The value of $p > 0.05$ means there is no difference in a person's poverty status with family habits of consuming fruits and vegetables every day [14].

Not smoking.

Smoking habits can cause various health problems, ranging from lung and respiratory diseases, and cardiovascular diseases, to cancer. The analysis results showed that family members who come from low-income families smoke (42.9%) more than those who do not smoke (34.2%). Statistical test results using the chi-square obtained the value $p = 0.550$, then the value of $p > 0.05$ means there is no difference in the poverty status of a person with the habit of family members not smoking in the house.

According to Syahputri [15], there is a relationship between work, knowledge, attitudes, psychology, and the social environment with the smoking behavior of low-income families. Similarly, according to Warrahma [14], it was found that there is a relationship between work, income, attitude, and psychological and smoking habits of low-income families. Smoking behavior is only to increase or increase the enjoyment obtained, such as smoking after drinking coffee or eating. Psychologically the behavior of smoking is only done just to please feelings. Cigarette consumption in Indonesia is the second-largest contributor to the poverty line after rice commodities. It shows that cigarettes are a commodity primarily for low-income families [16]. The study conducted by Fithria et al. [17] on adolescents in Aceh Province explained that adolescents' smoking factors include peer pressure, parental smoking status, curiosity, and masculinity.

Doing physical activity every day.

Physical activity in sports should be done for at least 30 minutes every day, namely by doing simple physical activity—walking, jogging, cycling, or swimming. The table shows that family members from low-income families do not do physical activity (sports) of about 41.3%, and those who do physical activity do about 38.5%. The chi-square analysis obtained the value $p = 0.965$ and the value of $p > 0.05$ means there is no difference in a person's poverty status with the habit of doing physical activity/exercise every day.

According to Nadimin et al. [18], physical activity factors are one of the causes of obesity in low-income families. Data shows that 75% of obesity in low-income families is due to light activity. In the research by Silitonga [19], most respondents did physical activity at a moderate level (66.04%). Physical activity is related to the respondent's general work in a household which is the activities of housewives in general like cooking, washing, mopping, and ironing. Rebert et al. [20] said research conducted on gakin and non-gakin students showed a

difference in light activity between gakin and non-gakin students. Light activities include English lessons and homework. Students from low-income families do homework longer compared to students from non-poor families.

Using clean water.

Clean water is water that meets health requirements, a basic need that affects public health. Clean water is used for drinking, bathing, and washing. The table shows that more mothers from low-income families do not use clean water for household purposes (54.5%) compared to those who use clean water (37.8%). The chi-square analysis obtained the value $p = 0.468$ and the value of $p > 0.05$, which means there is no difference in a person's poverty status by using clean water for household purposes.

Some low-income households do not have access to clean water, they use river water. According to Rebert et al. [20], households that do not have access to clean water have a lower income level than households that have access to clean water. Meanwhile, according to Nirmalawati [21], poor household women in North Lore District have as much as 65% utilization of clean water sources using river water. According to Rizani [22], most of the poor people in Semarang City have access to clean water amounting to 50 liters/person/day to get drinking water, which covers a distance between 100 - 1000 m. There is a 9% need to walk more than 1000 m. Utilization of water for the community for daily needs such as drinking, cooking, bathing, washing, and other needs. The use of clean water is influenced by education and knowledge [23].

TABLE 4. The relationship of PHBS Level with the Poverty Status of the households

No.	Household PHBS Variable	Poor		Not poor		P-value	Result
		N	%	n	%		
1	Undergoing labor assisted by expert medical personnel						
	- Not	10	45.5	12	54.5	0.648	Not significant
	- Yes	24	36.9	41	63.1		
2	Weighing babies and toddlers every month						
	- Not	9	40.9	13	59.1	0.839	Not significant
	- Yes	25	38.5	40	61.5		
3	Exclusive breastfeeding						
	- Not	12	37.5	20	62.5	0.998	Not significant
	- Yes	22	40.0	33	60.0		
4	Wash your hands with soap and clean water.						
	- Not	11	57.9	8	42.1	0.102	Not significant
	- Yes	23	33.8	45	66.2		
5	Eradicating mosquito nests						
	- Not	17	42.5	23	57.5	0.702	Not significant
	- Yes	17	36.2	30	100		
6	Eating fruits and vegetables						
	- Not	9	36.0	16	64.0	0.808	Not significant
	- Yes	25	41.7	35	58.3		
7	Family members don't smoke in the house.						
	- Not	21	42.9	28	57.1	0.550	Not significant
	- Yes	13	34.2	25	65.8		
8	Doing physical activity every day						
	- Not	19	41.3	27	58.7	0.965	Not significant
	- Yes	15	38.5	24	61.5		
9	Using clean water						
	- Not	6	54.5	5	45.5	0.468	Not significant
	- Yes	28	37.8	46	62.2		
10	Using a latrines						
	- Not	14	42.4	19	57.6	0.785	Not significant
	- Yes	20	37.0	34	63.0		

Source: Processed from sample data

Latrines are an essential sanitation facility and are included in clean and healthy living behaviors. The habits of people who still defecate carelessly need to be eliminated. It has the potential to pollute the environment and become a means of transmission of various diseases. The table shows that mothers from low-income families do not use healthy latrines more than families who use healthy latrines (37.0%). The statistical test results using the chi-square

obtained the value $p = 0.785$, then the value of $p > 0.05$ means there is no difference in the poverty status of a person with the use of family latrines. According to Anggoro and Ningrum [24], households with poor utilization of latrines have low incomes. The results of the chi-square test stated that there is a significant relationship between family income and the utilization of latrines. Households with better socioeconomic status are more likely to use sanitary latrines [25].

CONCLUSION

The behavior of the purun artisan community in Pedamaran Village of Ogan Komering Ilir Regency has not entirely run Clean and Healthy Living Behaviors (PHBS). However, there is no significant difference in clean and healthy living behavior between low-income and not poor families in the purun artisan.

CONFLICT OF INTEREST

The authors declared there is no conflict of interest.

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