Factors Related to PIS-PK in The Working Area of Padang Batung Community Health Center, Hulu Sungai Selatan Regency 2020

by Edi Hartoyo

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Factors Related to PIS-PK in The Working Area of Padang Batung Community Health Center, Hulu Sungai Selatan Regency 2020

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Abstract- Family empowerment will produce healthy families as measured by the Healthy Family Index (IKS). Based on evaluation data, it is known that Padang Batung Community Health Center has an IKS value of 0.17 (unhealthy). The low value of IKS in the working area of the Padang Batung Community Health Center is directly related to the unreachable coverage of public health behaviors as seen from the low coverage of 11 indicators out of 12 Healthy Family indicators that have not reached the 100% target. The low coverage of healthy family indicators in the working area of the Padang Batung Community Health Center in 2019 which illustrates the condition of clean and healthy living behaviors that are less will have a direct impact on the high cases of both infectious and non-communicable diseases. This study aims to analyze the factors associated with the Healthy Indonesia Program Through a Family Approach. This study uses a cross sectional method. The population in this study were families living in the working area of the Padang Batung Community Health Center totaling 2620 families. The number of samples is 97 households with the technique of taking Proportional Random Sampling. Data collection was carried out in the working area of the Padang Batung Community Health Center using a questionnaire. Data analysis uses descriptive and analytic. There was a significant relationship between the knowledge of the head of the family ($p = 0,000$), the support of health cadres ($p = 0.016$), and the availability of health facilities ($p = 0.012$) to the Healthy Family Index in the working area of the Padang Batung Community Health Center. Based on the results of this study increasing knowledge, support for health cadres and the availability of health facilities is an important element in improving healthy families.

Index Terms- knowledge, cadre support, facilities, healthy family index

I. INTRODUCTION

The Healthy Indonesia Program is one of the programs on the 5th agenda of Nawa Cita, which is to improve the quality of life of Indonesian people. The Healthy Indonesia Program subsequently became the main Health Development program which was later planned for its achievement through the Ministry of Health's Strategic Plan for 2015-2019. The Healthy Indonesia Program is implemented by upholding three main pillars, namely: (1) the adoption of a healthy paradigm, (2) strengthening health services, and (3) implementing national health insurance (JKN). The implementation of a healthy paradigm is carried out with health mainstreaming strategies in development, strengthening promotive and preventive efforts, and community empowerment. Strengthening health services is carried out with strategies to improve access to health services, optimization of the referral system, and quality improvement using a continuum of care approach and health risk-based interventions. The implementation of JKN is carried out with a strategy of expanding targets and benefits, as well as quality control and costs for achieving a healthy family. (Ministry of Health RI, 2016).

A family is declared healthy or does not use several markers or indicators. In the framework of implementing the Healthy Indonesia Program, it has been agreed that there are two main indicators to mark the health status of a family, namely (1) Families participate in the Family Planning program (2) Mothers deliver at health facilities (3) Babies receive complete basic immunizations (4) Babies receive exclusive e-breast milk (5) Toddlers receive growth monitoring (6) Patients with pulmonary tuberculosis receive treatment according to standard (7) Patients with hypertension undergo regular treatment (8) People with mental disorders receive treatment and are not diagnosed (9) No family members who smoke (10) The family has become a member of the National Health Insurance (11) The family has access to clean water facilities (12) The family has access or uses a healthy latrine. (Ministry of Health RI, 2017) .

According to Indonesia IKS recapitulation data (IKS Dashboard, Indonesian Ministry of Health Data and Information Center, December 2019) for Indonesian IKS Value of 0.16 (unhealthy) with details of the coverage of 12 indicators as follows. Coverage of families following the Family Planning program 36.18%, coverage of mothers giving birth in health facilities 86.97%, coverage of infants received complete basic immunization 91.49%, coverage of infants receiving exclusive breast milk (ASI) 80.78%, coverage of toddlers getting 87.99% growth monitoring, coverage of pulmonary tuberculosis patients getting treatment according to the standard 36.56%, coverage of hypertensive patients i doing regular treatment 24.36%, coverage

of people with mental disorders getting treatment and not being abandoned 38.65% , coverage of family members no one smoked 42.58%, family coverage was a member of the National Health Insurance (JKN) 49.18%, family coverage had access to clean water facilities 93.36% and family coverage had access or use healthy latrines 86 91%.

The South Kalimantan Province IKS value is 0.17 (unhealthy) with details of coverage of 12 indicators as follows . Coverage of families following the Family Planning program 45.81%, coverage of mothers giving birth in health facilities 89.09%, coverage of infants received complete basic immunization 89.46%, coverage of infants receiving exclusive breast milk (ASI) 77.98%, coverage toddlers get 81.15% growth monitoring, coverage of pulmonary tuberculosis patients get treatment according to the standard 47.08%, coverage of hypertension sufferers do regular treatment 30.36%, coverage of people with mental disorders get treatment and are not neglected 43.48%, coverage of family members no one smokes 56.52%, family coverage is a member of the National Health Insurance (JKN) 44.17%, family coverage has access to clean water facilities 82.21% and family coverage has access or uses healthy latrines 82, 43%. From this data it shows that the Healthy Indonesia Program at the National and Provincial level in South Kalimantan in 2019 has not reached the target IKS value> 0.8 (healthy) as expected by the government (Indonesian Minister of Health, 2016).

Hulu Sungai Selatan Regency is one of the districts in South Kalimantan Province that has implemented the Healthy Indonesia program through the Family Approach since 2017 based on Permenkes No. 39 of 2016. With a total of 11 districts with 21 health centers as a Healthy Family Advisory Team in their respective working areas. Community health center implement family empowerment and community empowerment. Family empowerment will produce healthy families as measured by the Healthy Family Index (IKS). While the empowerment of rural and urban communities will produce community participation in the form of UKBM such as Posyandu, Posbindu, Polindes, Pos UKK, and others.

Padang Batung Community Health Center is one of 21 Community Health Centers in the Hulu Sungai Selatan Regency and runs the Indonesia Sehat program through the Family Approach with a total of 8 target villages. Each village has a Healthy Family Development Team from the Community health center. Activities of the steering committee for implementing individual health efforts (UKP) the first level that can produce healthy individuals, as measured by the Healthy Individual Indicators (IIS) and implement community empowerment villages and villages in Community Health Center to accelerate the District Health by developing and fostering villages and villages, the Community Health Center implements family empowerment and community empowerment. Family empowerment will produce a healthy family as measured by the Healthy Family Index (IKS).

Based on evaluation data, it is known that Padang Batung Community Health Center has an IKS value of 0.17 (unhealthy) with details of the coverage of 12 indicators of public health behavior as follows. Coverage of families following the Family

Planning program 66.67 %, coverage of mothers giving birth in health facilities 100%, coverage of babies receiving complete basic immunization 92.96%, coverage of babies receiving exclusive breastfeeding (ASI) 78.39%, coverage of toddlers getting monitoring growth of 91.58%, coverage of patients with pulmonary ulcers getting treatment according to the standard 62.20%, coverage of hypertension sufferers doing regular treatment 47.01%, coverage of people with mental disorders getting treatment and not being abandoned 58.82%, coverage of members non -smoking families 63.86%, coverage of sudag families as members of the National Health Insurance (JKN) 63.06%, family coverage has access to clean water facilities 37.50% and family coverage has access or uses healthy latrines 82.12 % (IKS Dashboard, Data and Information Ministry of Health Republic of Indonesia, December 2019). From this data, the Healthy Indonesia Program for the working area of the Padang Batung Community Health Center in 2019 has not reached the target IKS value >0.8 (healthy) as expected by the government.

The low value of IKS in the working area of the Padang Batung Community Health Center is directly related to the unreachable coverage of public health behaviors as seen from the low coverage of 11 indicators from 12 Healthy Family indicators that have not reached the 100% target, such as family coverage following the Family Planning program 66.67 %, coverage of patients with pulmonary tuberculosis received treatment according to the standard 62.20%, coverage of hypertensive patients taking medication regularly 47.01%, coverage of sufferers of a mental disorder getting treatment and not being abandoned 58.82%, coverage of family members no smoking 63.86%, family coverage is a member of the National Health Insurance (JKN) 63.06%, family coverage has access to clean water facilities 37.50% , family coverage has access or uses healthy latrines 82.12%, baby coverage gets complete basic immunization 92.96%, coverage of infants receiving exclusive breast milk (ASI) 78.39%, and coverage of infants getting p monitoring the growth of 91.5 to 8%, then the coverage of mothers giving birth in health facilities has reached the target of 100%.

The low coverage of healthy family indicators in the working area of the Padang Batung Community Health Center in 2019, which illustrates the condition of clean and healthy living behavior. It will have a direct impact on the high number of cases of both infectious and non-communicable diseases. It can also increase cases of death both due to infectious diseases such as dengue fever, malaria, diarrhea, pulmonary TB and HIV AIDS or due to non-communicable diseases such as diabetes mellitus, hypercholesterolemia and hypertension, for maternal and child health, the impact is still high cases of LBW and death babies, all can be seen in data on maternal and child health as well as the 10 most diseases in Padang Batung Health Center 2019.

According to Anderson in the theory of Health system models cited by Valuvi (2018) explains that there are three main categories in health behavior, namely: supporting factors (predisposing factors) consisting of: demographic factors (age and sex), social structure factors (education , in social action, ethnicity / race and culture) and health benefit factors, consisting of attitudes, knowledge, beliefs, perceptions of health / illness and

the belief that health services can help the healing process of the disease. Enabling factors (enabling factors) consists of: family resources, as well as the availability of facilities or health care facilities. The third factor is the factor of need (need characteristics), needs are the basis and direct stimulus for utilizing health services, its components consist of individual perceptions in seeing their own health status, symptoms of disease and perceived anxiety and evaluation of the severity of the disease after being diagnosed by a health worker .

In line with some of the theories above, it can be concluded that there are several factors that affect the clean and healthy behavior of families such as age, sex, knowledge, support of health workers, support of cadres, health facilities / facilities and others.

II.   RESEARCH METHOD

This research uses an observational analytical approach with a cross-sectional study design. The location of this research was carried out in the working area of the Padang Batung Community Health Center in Hulu Sungai Selatan Regency. The population in this study were all families in the working area of the Padang Batung Community health center in the Hulu Sungai Selatan Regency, totalling 2620 families. The number of samples in this study was calculated by using the population hypothesis test formula of precision proportion according to Lameshow of 97 households in the working area of Padang Batung Community Health Center. A sampling of the population done with Proportional Random Sampling Technique .

III.   FINDINGS

Table 1. Frequency Distribution of Respondents

Variable	Category	Frequency	Percentage (%)
Age	26 - 55 years old	35	36.1
	36 - 45 years old	21	21.7
	46 - 55 years old	19	19.6
	>55 years old	22	22.6
Education	Not completed primary school	4	4,8
	Graduated from primary school	50	50.6
	Graduated from junior high school	19	19.3
	Graduated from high school	22	22.9
	College	2	2,4
Profession	Civil servant/ army / Police / government	3	3.1
	Self Employed / Seller / Services	48	49.5
	Farmers	46	47.4
Knowledge	Well	16	16.4
	Enough	65	67.2
	Less	16	16.4
Health Worker Support	Less	-	-
	Well	97	100
Cadre Support	Less	9	9.3
	Well	88	90.7
Health facility	Complete	71	73.2
	Not	26	26.8
Healthy Family Index	Healthy	9	9.3
	Pre Healthy	62	63.9
	Not healthy	26	26.8

Table 2. Bivariate Analysis

Variable	Healthy Family Index						Total	p-value
	Not Healthy		Pre Healthy		Healthy			
	N	%	N	%	N	%		
Knowledge								
Less	15	57, 7	1	1.6	0	0	16	0.000
Enough	8	30.8	57	91.9	0	0	65	
Well	3	11.5	4	6.5	9	100	16	
Health Worker Support								
Less	0	0	0	0	0	0	0	-
Well	26	100	62	100	97	100	97	
Cadre Support								
Less	6	23.1	3	4,8	0	0	9	0.016
Well	20	76.9	59	95, 2	9	100	88	
Health Facility								
Incomplete	12	46.2	14	22.6	0	0	26	0.012
Complete	14	53.8	48	77.4	9	100	71	

Table 3. Multivariate Analysis Results

Variable	B	p - value	Exp (B)
Knowledge (X1)	4,395	0 .000	81,057
Cadre Support (X2)	1,671	0 .083	5,319
Health Facilities (X3)	.612	0 .383	1,844
Cons tant	-11,190	0 .000	0 .000

IV.   DISCUSSION

The results of the cross-tabulation analysis of knowledge with the Healthy Family Index shows that respondents who have unhealthy IKS values have 26 people lacking knowledge, as many as 15 people (57.7%), while respondents who have a healthy IKS value, as many as 9 people have good overall knowledge 9 people (100%). Statistical test results with chi-square obtained p = 0,000, because the value of $p < 0.05$ then Ho is rejected. This shows that there is an influence between knowledge on the Healthy Family

Index.

The results of the study are in line with Yasinta Betan et al (2019), which states that the community still needs information as part of their knowledge in applying clean and healthy behaviour to improve the family's health status. Based on the results of Exp (B) 81,057 in this study, stated that knowledge has a relationship of 81,057 times to the value of family IKS. The results of this study are in line with research by Zaraz Obella et al (2017) that knowledge, economics and education have an effect on clean and healthy behaviour (PHBS Research by Safruddin Yahya, (2018) showed that the level of education (p = 0.001), knowledge (p = 0.001), and attitude (0.000) relates to the ownership of the family toilet.

Based on the results of the study showed the proportion of 100% which states that health workers support not without reason, this is due to the relationship that is familiar to the respondent. So forming good behavior in welcoming all activities in the field of health, the support of health workers who continuously and sustainably in the approach and provide health information to the public.

Families who have a Healthy Family Index get 100% cadre support, families who have a Pre-Healthy Family Index get 95.2% cadre support and families who have an Unhealthy Family Index get 76.9% cadre support. Statistical test results with chi-square obtained p = 0.016, because the value of p <0.05 then Ho is rejected. This means that there is an influence or relationship between cadre support for the Healthy Family Index in the working area of the Padang Batung Community Health Center in 2020. Based on the results of the Exp (B) value of 5,319 in this study stated that cadre support has a 5,319 times effect on the Healthy Family Index of a family in working area of Padang Batung Community Health Center.

Cadre support provides an important role in the running of a program including the Healthy Indonesia program which involves an important role for cadres as explained by Peter Anderas (2000). Health initiatives are built from the bottom up by involving people who have knowledge and are able to play an active role voluntarily both men and women who are chosen and grown in the community and trained to deal with individual and community health problems, and to work in close relationships very close to community health service facilities.

The results of the cross tabulation analysis of the availability of health facilities with family IKS values showed that respondents who had unhealthy IKS values stated the availability of health facilities in the working area of Padang Batung Community health center was incomplete, as many as 12 (46.2%), respondents who had pre-healthy IKS values stated that the availability of health facilities was incomplete as many as 14 (22.6%) and the respondents who had a healthy IKS value stated that the availability of incomplete health facilities did not exist (0%). Statistical test results with chi-square obtained p = 0.012, because the value of p <0.05 then Ho is rejected. This means that there is an influence or relationship between the availability of facilities on the Health Family Index in the working area of the Padang Batung Community health center in 2020.

Thus health facilities provide an important role in the status of the Healthy Family Index. Where according to Naily Rahma Sari et al (2019). Facilities and infrastructure used in providing services greatly affect the performance of officers to carry out their duties. The results of the study are in line with the research of Nixson Manurung (2019) with the results of research on the limited health service facilities and the distance that is far enough from the location of the community that is centered at the Tanjung Rejo Community health center to be used by villages in this sub-district that affects the family in the application of life behavior clean and healthy.

Simultaneously the factors affecting IKS in the working area of Padang Batung Community health center are the knowledge of the Head of the Family, Cadre Support and Availability of Health Facilities with a regression model Y = -11,190 + 4,395X1 + 1,671X2 + 0,612X3, with a nagelkerke coefficient of 53.5% which means The independent variable Head of Family Knowledge , Cadre Support and Availability of Health Facilities affect aspects of the Healthy Family Index by 53.5% while the remaining 46.5% is influenced by variables not included in the case of this study. Based Tests of Model Coefficients with significant value 0.00 <0.05 so tolah Hi Ho and accept the model with particular independent variable is the best model (complete model), thus the regression model that has been formed is feasible to be used.

The most dominant or influential factor in increasing the Healthy Family Index in the working area of the Padang Batung Community Health Center is the Head of Family Knowledge with a value of Exp (B) 81,057 times greater than the other variables, this gives an illustration that the Index Healthy Families are strongly influenced by the knowledge of the Head of the Family to implement a healthy lifestyle, then the support of cadres with Exp (B) 5,319 times greater than other variables so that it does not affect the availability of health facilities, as seen from the value of Exp (B) of 1,844 times siginifikansi> 0.05 which means that health facilities do not have an effect on improving the Family Health Index in the working area of Padang Batu Community Health Center in 2020

V. CONCLUSION

1. There is a significant relationship between the knowledge of the head of the family with the healthy family index in the working area of the Padang Batung Community Health Center.
2. There is a relationship that significant between health worker support to the family with the healthy family index in the working area of the Padang Batung Community Health Center
3. There is a significant relationship between cadre support with the healthy family index in the working area of the Padang Batung Community Health Center.
4. There is a significant relationship between the availability of health facilities with the healthy family index in the working area of the Padang Batung Community Health Center.
5. Knowledge of the head of the family is the factor that most affects the healthy family index in the working area of the Padang Batung Community Health Center.

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