

Cultural Study on the Behavior of Clean and Healthy in Order of Household in Order to Increase Health Status in South Kalimantan

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ABSTRACT— *Maternal mortality, infant and child mortality still be the public health problem in South Kalimantan, Indonesia. The factors that lead that public health problem is the application of clean and healthy living behaviors indicators are not yet supported. That indicators can not be applied because of cultural factors can be seen from the behavior of daily living or associated with beliefs, myths, or hereditary tradition postscript does not match / contrast with the health rules that hinder the development of health programs run by the government as well as the impact on the decline in health status. This study aimed to assess the implementation, explaining and analyze the relationship between cultural factors by implementing of clean and healthy living behavior in household order. This study used quantitative methods to design an analytic observational study with cross-sectional approach. The size of the sample using Slovin formula that amounted to 400 samples. The sampling technique is Stratified Random Sample proportionally. The implementation of the clean and health living founded on the respondents in 6 districts were not implementing clean and health living in daily activities as much as 376 respondents (94%), whereas the implementing clean and health living as many as 24 respondents (6%). Implementation of clean and healthy living behavior in household founded on the respondents in 6 districts was the highest were not applicated clean and health living (94%) and applicated clean and healthy living behavior (4%), a growing culture in South Kalimantan associated with clean and healthy living behavior support (5.5%), and no support (94.5%) and there is a significant relationship between cultural factors by implementing clean and healthy living behavior in household order in South Kalimantan. Therefore, the need for government policy support to improve the implementation of clean and healthy living behavior in the form of regulations, decrees and instructions in program implementation clean and healthy living behavior.*

Keywords—*clean behavior, culture, healthy living behavior, household*

1. INTRODUCTION

One of the problems facing the development of South Kalimantan Province is the degree of public health in South Kalimantan are still not encouraging drawn from three community health status indicators, namely: mortality (mortality), morbidity (morbidity), and life expectancy (UHH). Associated with mortality, can be seen from the low life expectancy (UHH) in 2012 reached 64.52 years of age or below the national average (71.1 years). While mortality such as maternal mortality rate (MMR), infant mortality rate (IMR), and also in child mortality (CMR) also deserves attention because it is relatively lower than other provinces in Indonesia ^[1].

IDHS 2012, South Kalimantan is a province with IMR, which is 44/1000 live births. This figure is above the national average, which is 32/1000 live births. Meanwhile, for the MDG's by 2015, ie \leq 23/1000 live births. In addition, the maternal mortality rate is still quite high. The cumulative number of maternal deaths in South Kalimantan is 77/1000 2007, 96/1000 2008, 2009 and 103/1000 and 111/1000 in 2010 (Profile South Kalimantan Provincial Health Office 2010)

Nationally MMR in Indonesia, according to data of 2012 amounted to 359 / 100,000 live births, while the MDG's are ≤ 102 / 100,000 live births. Similarly, CMR in South Kalimantan in 2012, is still high when compared with the national, ie 57/1000 toddlers in the same period, while the national data 40/1000 toddlers and the MDG's by 2015 was ≤ 32 / 1000 toddler. Efforts are being made to improve life expectancy, reducing the MMR, IMR, and CMR South Kalimantan provincial government and the City District Government has launched various health development programs. But in reality a decrease in IMR and MMR have not been too encouraging ^[1].

One factor which is understood to be the cause is related to culture (culture) South Kalimantan consumerist society, but less concerned in investing their income for themselves or family health. Other factors that lead to not achieving the level of public health indicators are not yet unsupported application of clean and healthy living behaviors (Clean and healthy living behavior). Cultural factors can be seen from the behavior of daily living or associated with beliefs, myths, or hereditary tradition postscript does not match / contrast with the health rules that hinder the development of health programs run by the government as well as the impact on the decline in health status. This is reflected in the habits of the people who throw litter, into the river making the waste into a source of disease transmission. People are also accustomed to smoking in the home and office space, and in public facilities that were exposed to cigarette smoke (smokers or passive smokers) are susceptible to the effects caused by cigarette smoke. Degenerative diseases such as heart disease, hypertension, stroke, diabetes, obesity, osteoporosis, and even the spread of infectious diseases such as dengue, tuberculosis, influenza caused due to lack of implementation of Clean and healthy living behavior ^[2].

Clean and healthy living behavior is the habit of healthy living person to apply in daily life and avoid bad habits that interfere with the health that will have an impact on the achievement of three main indicators of the health of society. Clean and healthy living behavior may be enforced in the household, workplace, at school, and as well as in public places ^[3]. Clean and healthy living behavior in households conducted in an effort to empower members of the household in order to know, willing and able to practice good hygiene practices and healthy and active role in the movement of public health in order to achieve the household air-Clean and healthy living behavior. Clean and healthy living behavior household implementing Clean and healthy living behavior 10 indicators, namely: Deliveries attended by health personnel, exclusive breastfeeding, infants weighing each month, use clean water, wash hands with soap and clean water, healthy latrines, eradicate larvae DD home once a week, eating fruit and vegetables every day, doing physical activity every day, do not smoke in the house ^[4]. Community participation in implementing Clean and healthy living behavior familiarize themselves in the household order in terms of community development will have an impact on improving the health of the community such as: increased life expectancy, reduced MMR, IMR, and the prevalence of malnutrition in infants and toddlers ^[5].

2. MATERIAL AND METHOD

This study used quantitative methods to design an analytic observational study with cross-sectional approach in order to study the dynamics of the correlation between risk factors with effects done by observation or data collection approach is done at the same time. The variables in this study consisted of two variables, namely the independent variable is the cultural community while bound variable is a clean and healthy lifestyle in order home.

Number of Households (RT) in South Kalimantan is 1013935 RT (BPS South Kalimantan Province in 2012). Scattered in each district, special district / city is a sample of households. The size of the sample using Slovin formula as follows: The formula is based on the number of samples used in this study amounted to 400 samples. The sampling technique is Stratified Random Sample proportionally (Proportional stratified random sampling). The population is divided strata, (sub-populations), then the sampling is done in every strata either by simple random sampling, as well as by systematic random sampling. To determine Stratas-strata using the inclusion criteria, with some consideration, namely: (1) Households with underprivileged socioeconomic status, prosperous and prosperous plus; (2) The area is taken from the districts in the urban-suburb / rural; Mountains / plateau-beach / river; (3) The family who already have biological children; (4) Willing to be a respondent. The selected location is Hulu Sungai Utara, Tabalong, Banjar, Barito Kuala, Tanah Bumbu and Banjarmasin.

This study uses quantitative analysis is used to see Clean and healthy living behavior implementation capacity in selected locations. Data were processed and analyzed using SPSS computer with Windows Ver. 15.0. Analysis of the data in the form of descriptive and analytic univariate and bivariate. Univariate analysis in the form of a frequency distribution presented in tables or graphs. Bivariate analysis using Chi Square to know the relationship between the cultural community by implementing Clean and healthy living behavior household order. Data analysis was performed based on data obtained from primary and secondary data sources.

3. DATA ANALYSIS

A. Characteristics of Respondents

Respondents in this study amounted to 400 people from 6 districts/cities. Based on the interview, known distribution of distribution of respondents by sex, age, education and employment last. Here's a more complete elaboration of the characteristics of the study respondents.

Table 1: Characteristics of Respondents

Respondent characteristics		n	%
Gender	Man	80	20.0
	Woman	320	80.0
Age Category	0 – 14 years old	0	0
	15 – 64 years old	391	97.75
	>65 years old	9	2.25
Education category	Did not finish school	4	1
	Elementary school	86	21.5
	Junior High School	109	27.25
	Senior High School	131	32.75
	Diploma I- Diploma III	16	4
	Bachelor's degree	51	12.75
	Master's degree	3	0.75
Occupation	Midwife	2	0.5
	Labor	3	0.75
	Merchant	4	1
	Doctor	1	0.25
	Teacher	17	4.25
	Salary worker	9	2.25
	Housewife	211	52.75
	SOE's worker	1	0.25
	Entrepreneur	78	19.5
	College student	2	0.5
	Farmer	21	5.25
	Fisherman	1	0.25
	Pensionary	7	1.75
	Civil servant	40	10
	Not working	3	0.75

B. Description of Clean And Healthy Living Behavior In South Kalimantan

1) Implementation of Clean and healthy living behavior in South Kalimantan

Based on interviews and analysis of the results of the questionnaire, then get kind of Clean and healthy living behavior are divided into 2 categories:

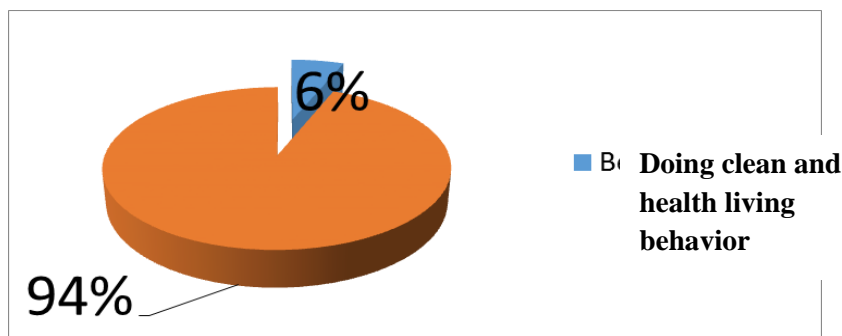


Figure 1: Overview Clean and healthy living behavior Order Household in South Kalimantan Province in 2013

Table 2: Implementation of Clean and healthy living behavior in Respondents Research

No	District	Do clean and healthy living behavior		Didn't do clean and healthy living behavior		Total
		Σ	%	Σ	%	
1	Hulu Sungai Utara	3	7.89	35	92.11	38
2	Banjarmasin	3	2.50	117	97.50	120
3	Banjar	7	7.53	86	92.47	93
4	Tanah Bumbu	3	5.88	48	94.12	51
5	Barito Kuala	1	1.82	54	98.18	55
6	Tabalong	7	16.28	36	83.72	43
Total (person)		24	6	376	94	400

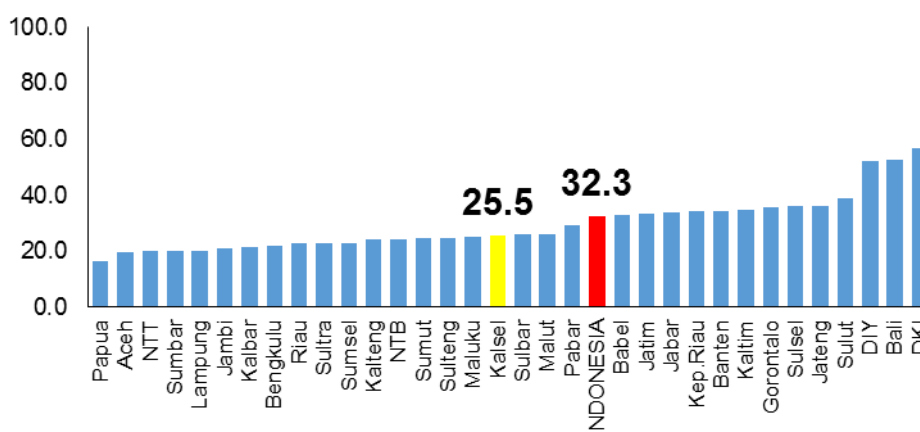


Figure 2: Proportion of Households Meets Criteria Clean and Healthy Living Behavior by Province 2013 (Research and Development 2013)

Clean and healthy living behavior indicators applied by the household survey respondents in detail can be seen in the table below:

Table 3: Proportion of Households by Clean and Healthy Living Behavior Indicators

No	Indicator	Yes (%)	No (%)
1	Delivery in favor of health workers	82.5	17.5
2	Exclusive breastfeeding	65.5	34.5
3	Measurement the weight and height of infants and toddlers	74.5	25.5
4	Using clean water	87.5	12.5
5	Wash hands with soap and clean water	75.5	24.5
6	Using healthy latrine	82	18
7	Combating larvae at home	51	49
8	Eat fruits and vegetables everyday	50.5	49.5
9	Perform physical activity everyday	28.5	71.5
10	Do not smoke in the house	42.75	57.25

The following picture shows the proportion of households that do clean and healthy living behavior according to 10 indicators in 2013:

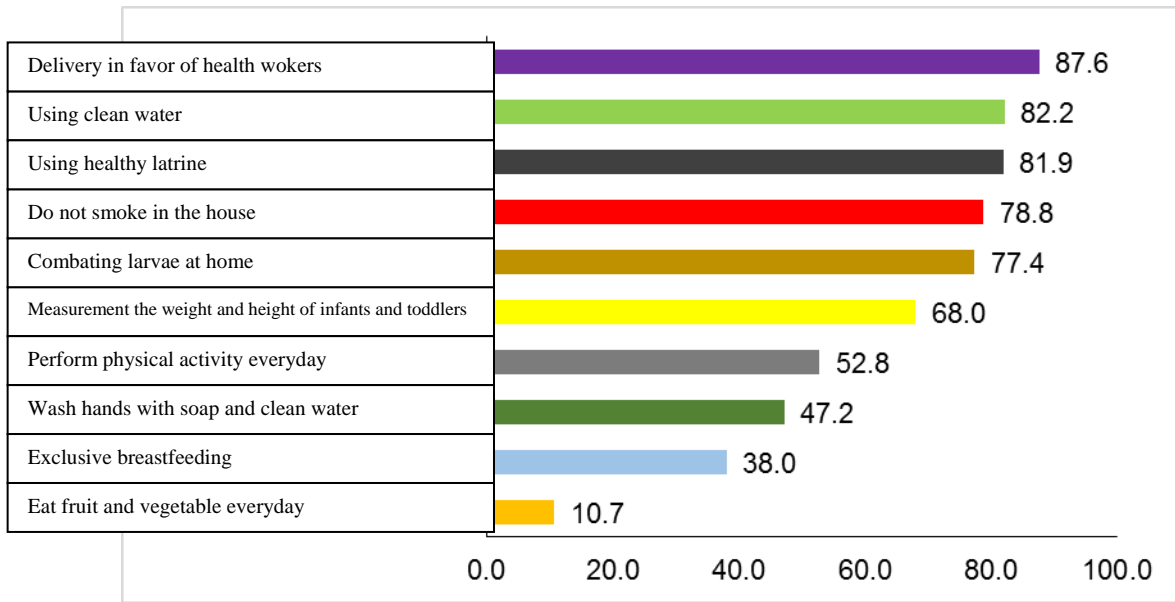


Figure 3: Proportion Of Households That Do Clean And Healthy Living Behavior According To 10 Indicators In 2013

2) The culture that developed in the framework of the implementation of clean and healthy living behavior in South Kalimantan referring to the cultural essence. Here are the results of studies showing a growing culture in South Kalimantan relating to clean and healthy living behavior.

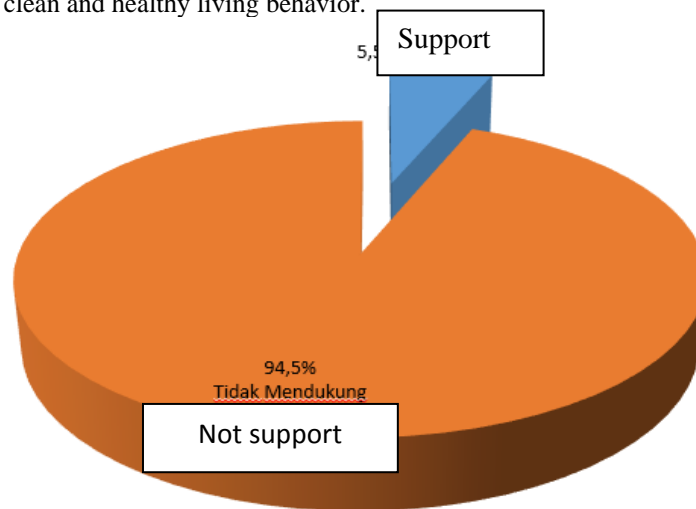


Figure 4: Cultures Were Grown In South Kalimantan Relating To Clean And Healthy Living Behavior

Based on the above figure, it can be seen that the culture that flourished in South Kalimantan associated with Clean and healthy living behavior largely support (94.5%) and the support (5.5%). The following table shows the details of a culture that flourished in South Kalimantan based on the location of the study.

Table 4: The Culture That Developed In The Framework Of The Implementation Of Clean And Healthy Living Behavior In South Kalimantan

No	District	Support		Not support		Total
		Σ	%	Σ	%	
1	Hulu Sungai Utara	3	7.89	35	92.11	38
2	Banjarmasin	3	2.50	117	97.50	120
3	Banjar	5	5.38	88	94.62	93
4	Tanah Bumbu	3	5.88	48	94.12	51
5	Barito Kuala	1	1.82	54	98.18	55
6	Tabalong	7	16.28	36	83.72	43
Total (person)		22	5.5	378	94.5	400

Table 5: Relationship Between Clean And Healthy Living Behavior

Category	Do Clean and Healthy Living Behavior		Didn't do Clean and Healthy Living Behavior	
Support	22	5,5%	0%	0%
Not support	2	0,5 %	376	94,%

After statistical test did not qualify, then the table is simplified into a 2x2 table, obtained p-value <0.005 (0.000). meaning that there is a relationship between Clean and healthy living behavior with a growing culture in the community. Based on the interview, obtained percentage cultural elements that influence the implementation of Clean and healthy living behavior in household order is.

Table 6: Percentage Distribution Of Cultural Elements That Satisfy The Implementation Of Clean And Healthy Living Behavior Household Order

No	Culture factor	Percentage (%)	Rank
1	Knowledge	62.43	1
2	Economy	9.04	3
3	Tools and technology	6.59	5
4	Religious	6.49	4
5	Art	15.45	2
Total		100.00	

4. RESULT AND DISCUSSION

A. Characteristics of Respondents

Table 1 shows that respondents who obtained a majority of respondents were female that is numbered 320 persons (80%). Women who act as mother / wife spending more time at home [6]. It is caused by a dominant female in the care of the household while men as the main breadwinner in the family to spend more time outside the home. While doing research, more researchers met with women because more are in the home than men who spend more time outside the home because the family livelihood.

Based on the characteristics of age, most of the productive age (15-64 years) in the amount of 391 people (97.35%). According Notoadmojo (2003), age affects the perception and mindset of someone, increasing age of the more developed also capture power and patterns of thought so that the knowledge gained, the better. At adult age some intellectual abilities decline while others increase. Crystal is a collection of intelligence information and also verbal seseorangan increased in adult age, otherwise the liquid intelligence, ie a person's ability to reason abstractly started declining ^{[7][8]}.

Based on the level of education that are categorized according to the Education Law No.20 of 2003, the education level is classified into 3 primary level education or early during the 9 years of school children underlying secondary education or secondary education basic education as much as 195 people (48.75%), secondary education as many as 131 people (32.75%) and higher education or education after secondary education are as many as 70 people (17.5%). So it can be concluded that the education of the respondents of this study mostly at the level of elementary education or early education for 9 years. Meanwhile, based on the work of most respondents as a housewife. This is due at the time of the study the most common are women and they mostly work as a housewife as many as 211 people (52.75%) ^[9].

B. Description of Clean And Healthy Living Behavior In South Kalimantan

1) Implementation of Clean and healthy living behavior in South Kalimantan

Clean and healthy living behavior family embodies a healthy paradigm in family-oriented culture of healthy living to improve, protect good health physical, mental, spiritual and social. Therefore we need an understanding of the disease in the family would have happened if not do clean and healthy living behavior. The behavior is a response from a person / organism to a stimulus or stimuli received ^[10].

Based on Figure 1, it can be seen that the description of the implementation of the Domestic Order clean and healthy living behavior found on the respondents in 6 counties / cities are not implementing clean and healthy living behavior in daily activities as much as 376 respondents (94%), whereas the implementing clean and healthy living behavior as many as 24 respondents (6%).

Table 2 shows that the respondents are implementing Clean and healthy living behavior include 10 healthy indicator in everyday life are the highest in Tabalong at 16:28%, while the lowest in the Barito Kuala by 1.82%. The results of this study indicate that the data is not too far with the results of Health Research (Risksdas) 2013 in National,

resident who has met the criteria clean and healthy living behavior 32.3%. Meanwhile, in South Kalimantan Province, the proportion of Households that meet the criteria of Clean and healthy living behavior of 25.5%^[11].

Table 3 above shows that the 4 indicator lowest clean and healthy living behavior are doing physical activity every day (28.5%), do not smoke in the home (42.75%), eating fruits and vegetables every day (50.5%) and eradicate mosquito larvae in the home (51%). Similar results were obtained with Riskesdas in 2013, which indicates that physical activity and consumption of vegetables and fruits each day also included in the lowest indicator in implementing clean and healthy living behavior household order^[11].

2) The culture that developed in the framework of the implementation of clean and healthy living behavior in South Kalimantan

The implementation of clean and healthy living behavior in South Kalimantan referring to the cultural essence, the value of a healthy culture is an integral part of its existence as an effort to create a healthy life and a part of the culture that is found universally. Of culture as well, healthy living can be traced, through an understanding of the components of healthy, sick, suffering from the disease, disability and death, and believed the value held in the community, as well as culture and technology developed in the community. The understanding of health and illness is of course different in each community depending on their culture^[12].

Based on Table 4, it is known that the largest percentage of related cultures developed is support (5.5%) for the implementation of clean and healthy living behavior household order. The results of the study showed that the culture enough to support the implementation of these clean and healthy living behavior will have an impact on people's behavior towards health improvement because clean and healthy living behavior is an umbrella of health. The reason is clean and healthy living behavior set procedure for healthy living of all the life described in the seven criteria and three lifestyle that if all the requirements are fulfilled, the person can be said to live a healthy life. Meanwhile, some of the cultural perception of respondents about clean and healthy living behavior indicators are^[13]:

- a. Down declining birth in shaman, because the cost is cheaper than midwives, herbalists want to clean up the blood after childbirth than midwives
- b. It is recommended by parents to give birth to a midwife, because the advice of parents must be obeyed
- c. With breast milk reduce spending to buy formula
- d. Because it gives Asi is compulsory for mothers to breastfeed for 2 years and the milk is very nutritious for babies
- e. The flurry of continuous work so did not get to weigh children
- f. No need routine origin healthy children to neighborhood health center
- g. Air cleaner healthier
- h. Health is a part of the faith
- i. More comfortable in toilet
- j. More practically in the river so that the dirt drift to another place
- k. The mosquito dies after biting
- l. Not like that has been handed down to eat vegetables and fruit prices expensive
- m. Lazy exercise because they are tired of working and there is no time
- n. Smoking is allowed religion

Table 6 shows that the cultural elements that most influence on the implementation of clean and healthy living behavior household order to study respondents are aspects of knowledge (62.43%). Therefore, strategies that need to be taken to cultivate Clean and healthy living behavior through the intervention of the aspects of knowledge in society with the aim to improve public knowledge related to the implementation of Clean and healthy living behavior household order.

Health services are not only focused attention on the problem right drug, right time, right patient, the right dose and the right procedure. But in practice, these services require a knowledge of the importance of the right approach. It is related that health care is a social practice that health workers are positioned in front of the whole human being in need of humanitarian approach. Therefore, knowledge about the social aspects of culture in the improvement of health services have become important factors that need to be understood by health professionals. In this context, health services requires appropriate services approach, namely socio-cultural minded approach^[14].

Some of the factors that influence the clean and healthy living behavior culture itself, if based on data from the study in order are the knowledge, art, economics, religion, technology and equipment, which can then be described as follows:

- a. Knowledge and culture clean and healthy living behavior

According to research conducted Abuna (2012) about the relationship between knowledge and attitude of mothers with clean and healthy living behavior applied on household order which shows that there is a relationship between knowledge with applied behavioral clean and healthy living. Behavior that is based on knowledge will be more lasting than in the underlying behavior by knowledge. Then came the perception of the individual and the emerging attitudes, intentions, beliefs / faith can motivate and realize the desire to become an act. Other opinions submitted by Budiman (2012) in his study entitled Clean and Healthy Lifestyle (Clean and healthy living behavior) Order Households in Sub Main District of South Cimahi Cimahi, showed that there is a significant relationship between knowledge and implementation of Clean and healthy living behavior in household order^{[12][15]}.

In Syahrizal research (2002) on factors related to family Clean and healthy living behavior in Bungo. In these studies stated that mothers who have high knowledge of Clean and healthy living behavior role for his family to live a clean and healthy behavior compared with mothers who have low knowledge about Clean and healthy living behavior. So Clean and healthy living behavior associated with the level of knowledge. If the acceptance of a new behavior or adoption behavior through a process like this in the underlying knowledge, awareness and a positive attitude, then the behavior will be lasting (long lasting). Conversely, if the behavior is not based on knowledge and awareness that will not last long. This fits well with the results of this study. Notoadmodjo states that knowledge is a very important factor in shaping behavior. Knowledge is the result of know once someone did sensing to a particular object. And experience and previous studies proved that the behavior that is based on knowledge will last longer than the behavior that is not based on knowledge^{[16][17]}.

b. Arts and culture clean and healthy living behavior

In the opinion of Sina (2010) which states that the interest of people including the artistic value of a person to receive and process information received will affect the understanding of the application of Clean and healthy living behavior and digest the information obtained thus forming a positive or negative attitude towards Clean and healthy living behavior. Taylor in Notoatmodjo (2005), states that the arts, customs and habits acquired humans as members of society is an element of culture and will be developed into a daily habit of implementing Clean and healthy living behavior in the family that would affect attitudes towards Clean and healthy living behavior itself^{[18][19]}.

c. Livelihood and culture clean and healthy living behavior

There are many factors in the application of clean and healthy living behavior in tantanan household, socio-economic factors are the factors are closely associated with implementing clean and healthy living behavior. The higher the socioeconomic status of the family include, among others, education, employment and overall economic conditions the better the healthy behavior and clean. Socio-economic status that includes (1) the type of work, (2) education, (3) ownership of assets and (4) the prestige form of homage society viewed from the position of formal, informal and customary institutions and religion has a positive and significant relationship with healthy behavior in the family. In Setyono research. P (1997) as quoted Ramdaniati (2008) in his research about the image of the knowledge, attitudes and socio-demographic characteristics of mothers in labor utilization in the district of West Java Sumedang that the higher the level of income working mothers will further enhance the delivery of health care workers search. This shows that there is a relationship between a mother who worked with the selection of delivery assistance by health personnel is one indicator of Clean and healthy living behavior. Housewives who make their livelihood will supplement the family income to meet their daily needs. Thus the allocation of income for the health needs grow. This research was supported by the results of research conducted by Kumalasari (2011) which examines the relationship between economic status with a clean and healthy lifestyle in order households in Hamlet Village Rejosari Ngijo Gunungpati District of Semarang, showed that the work in this case livelihood and income will be significantly related to the implementation of clean and healthy living behavior in society^[19].

d. Religion and culture clean and healthy living behavior

In the opinion of the Notoatmojo Gochman, healthy behaviors (health behavior) can be seen as a personal attribute such beliefs in this case religious, expectations, motives, values, perceptions and other cognitive elements as individual characteristics include elements -unsur affection and emotional state, and as patterns of behavior that appears, that the actions and habits related to defend, maintain and to improve health^[7]. Moreover, according to Iqbal (2007) states that the trust factor in this case religion, socio-economic, environmental, intelligence and knowledge of the information would affect the health and Clean and healthy living behavior are applied to the order of the household^[21]. The role of religion to correct the practice of health / health sciences correcting practice (health) religious. Islam gives teachings that Iftar will be better by eating foods that sweet. This command was considered by its adherents as something that is recommended, but actually in health iftar with that sweet is not intended as something that is healthy, but is intended to restore the condition of the body so as not to be surprised when it will receive the intake even more.

e. Equipment / technology and culture clean and healthy living behavior

Based on the results of research conducted by Syafrizal (2002) which showed that the factor means of stimulants in this case the adequacy of facilities and infrastructure owned by the public related to the affordability of clean water is not associated with implementing Clean and healthy living behavior household order. Similar delivered by Hati(2008), which states that the infrastructure in this case is the condition and completeness of equipment and facilities that support the promotion of health that affect society in the implementation of Clean and healthy living behavior is an indicator variable in implementing Clean and healthy living behavior. This means that the completeness of the equipment and technology is not directly related to the implementation of Clean and healthy living behavior, but an indicator of the implementation of health promotion^{[13][16]}.

Technological developments have been a factor in public health culture change. For example, when the first public delivery by traditional birth attendants for help with simple equipment, but this time, more people are to midwife or obstetrician with sophisticated equipment. Even knowing the circumstances of the baby in the womb through ultrasound. Not only about the health of the individual or personal culture that is changing. Culture of public health at this time has changed when compared with the past. Formerly the community more towards pain paradigm. However, this time along with the times, people tend to healthy paradigm of understanding of their health. Individual assessment of

health status is one of the factors that determine behavior, namely pain behavior if they feel sick and healthy behaviors if they are considered healthy.

Ill behavior is any act committed by individuals who are sick in order to obtain a cure, for example, they will go to the health center if sick, because they want the pain be cured^[22].

While healthy behaviors are actions by individuals to maintain and improve their health, for example: disease prevention, personal hygiene, fitness care and nutritious foods. Society will always keep his health in order not to become ill. People have become diligent exercise, fitness, check ups to the health center, civilizing hand washing using soap, avoid foods high in cholesterol and others. Efforts to develop health promotion programs and clean and healthy living behavior are more focused, planned, integrated and sustainable, developed by the district / city health promotion pilot integration with the main goal is clean and healthy living behavior order household (individual, family, community) and is expected to evolve in the direction of the Village / Village Sub / health centers and district / city healthy. Community knowledge of clean and healthy living behavior need to be improved through communication made by health workers [23].

There needs to be training on how to correct communication in health care workers, so that the message can be accepted and applied by the community. So it is suggested the need for promotion of clean and healthy living behavior in all walks of life is enhanced and sustained. In addition, the quality of health care workers to promote Clean and healthy living behavior should be improved by training included how to communicate properly and qualified. Methods for the promotion of clean and healthy living behavior should be tailored to the ability of the family, so that they understand exactly what is meant by clean and healthy living behavior and what they should do. It also needs to be motivated so that they are willing and able to perform properly Clean and healthy living behavior. When they understand, they will try to do so^[24].

5. CONCLUSION

Implementation of clean and healthy living behavior in south kalimantan that strata clean and healthy living behavior order household found on the respondents in 6 districts / cities is the highest are not do clean and healthy living behavior (94%) and did not do clean and healthy living behavior (4%), a growing culture in south kalimantan associated with clean and healthy living behavior support (5.5%), and no support (94.5%) and there is a significant relationship between cultural factors by implementing clean and healthy living behavior household order in south kalimantan. Therefore, the need for government policy support to improve the implementation of clean and healthy living behavior in the form of regulations, decrees and instructions in program implementation clean and healthy living behavior like no smoking in the house, for the eradication of larvae jumantik formation and strengthening of alert village, and involvement in the program kader dasa pensions implementing clean and healthy living behavior and optimize the role of health professionals through the arrangements for training, seminars and workshops to increase insight, methods or innovation in order to promote the health workers in the community clean and healthy living behavior.

6. ACKNOWLEDGMENT

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