

Analysis of A Healthy and Hygienic Lifestyle Towards Patients With Leprosy in Sukatani Bekasi District 2020

Syaefunnuril Anwar H^{1*}, Suanda Saputra², M. Nur Iqbal³

^{1,2,3} Program Study Diploma Tiga Keperawatan, Institut Medika Drg. Suherman, Indonesia.

*Corresponding author. Email : syaefunnuril@gmail.com

ABSTRACT

Background: Leprosy is a contagious disease that can cause several very complex problems for sufferers and the environment. The problems that occur are not only problems from a medical perspective, but will also extend to problems in the social, economic, cultural, security, and even national resilience environment. From the total population data obtained by the author, Sukatani District consists of 7 villages with a population of 74,944 people and the percentage of people with leprosy was 1,274 or 1.7% in 2018. **Methods:** One of the ways that can be done in preventing the spread of leprosy is by implementing behavior in accordance with the Healthy and Hygienic Lifestyle in Indonesia call "Pola Hidup Bersih dan Sehat" or PHBS which is socialized by the government and can be applied in the community such as washing hands with soap before and after eating with water. That flows, uses clean water, uses a healthy toilet or latrine, performs regular physical activity, eats enough fruits and vegetables, and does not smoke in the home environment. From the description above, the authors conducted research on the Analysis of Healthy and Hygienic Lifestyle toward Patients with Leprosy which includes behavioral and environmental aspects on 25 leprosy patients in the Sukatani, Bekasi District, West Java. **Results:** are that most of the respondents in the application of a healthy and hygienic lifestyle in a household structure are in the Main Healthy Category (85%), for the behavioral aspects most of them are in the good category (92%), while for the environmental aspects, most of them are in the Main Healthy Category (85%) and Enough Category (80%). **Conclusions:** The implementation of Healthy and Hygienic Lifestyle in household arrangements for behavioral aspects of leprosy patients in Sukatani is mostly good, the implementation of Healthy and Hygienic lifestyle in the household structure in the aspect of environment is mostly sufficient, and the implementation of healthy and hygienic lifestyle for leprosy patients in Sukatani is mostly within the main healthy criteria. For further researchers are to be able to conduct research on the factors that cause leprosy in communities living in the Sukatani District, Bekasi Regency, West Java.

Keywords: Leprosy, Healthy, Hygienic Life Style

1. INTRODUCTION

Leprosy is one type of tropical disease that still occurs and is a health problem that occurs in the world today, especially in developing countries such as Indonesia. Currently, leprosy or leprosy can be treated easily and patients will not experience disability if it is quickly detected and treated immediately. However, the fact is that people with leprosy do not want to undergo treatment due to the wrong view of society [1].

Leprosy is a contagious disease which causes very complex problems. The problems that occur are not only problems from a medical perspective, but will also extend to problems in the social, economic, cultural, security and national security fields. Leprosy is still a disease that is feared by the community, family, including health workers. This is due to a lack of knowledge / understanding, mistaken belief in leprosy and the disability it causes [1].

Previously, leprosy was influenced by many factors, such as people who live in leprosy endemic areas and also people who often have direct contact with leprosy sufferers. Germs will enter the body of the new patient through the respiratory tract or skin that is broken or not intact, such as a wound. The source of the transmission of leprosy is the leprosy sufferer itself, which contains a lot of germs (Multi-Basiler Type). This means that sufferers can transmit leprosy to other family members if there is prolonged and intimate contact. [2].

According to the 2016 West Java Health Profile, there were 2,465 cases of leprosy with MB cases of 2,272 patients (92.17%) and PB cases of 193 patients (7.83%), and new cases of leprosy as many as 2,057 patients with MB cases of 1,831 patients (89.01%) and PB cases were 226 patients (10.99%), while cases in children were 270 patients (13.13%) spread across 15 districts / cities, namely: Kab. Bogor, Kab. Sukabumi, Kab. Garut, Kab. Ciamis, Kab. Kuningan, Kab. Cirebon, Kab. Indramayu, Kab. Subang, Kab. Purwakarta, Kab. Kerawang, Kab. Bekasi, Kab. West Bandung, Kab. Pengandaran, Bekasi City, Depok City, and Tasikmalaya City. The discovery of new leprosy in 2017 amounted to 1716 people, including 151 cases of children (8.80%) and cases of disability level 2 reached 159 patients (9.27%), this shows that level 2 disability is above the maximum tolerance limit of 5%.

From the total population data obtained by the author, Sukatani District consists of 7 villages with a population of 74,944 people and the percentage of leprosy sufferers is 1,274 leprosy sufferers (1.7%) in 2018.

Behavior in implementing a Clean and Healthy Lifestyle or known as PHBS is an effort made to provide a learning experience by creating a condition for an individual, family, group and community by opening a way of communication by providing information and conducting education to increase knowledge, attitudes and behavior through a leadership approach (advocacy), guidance in a social atmosphere (social support) and community empowerment (empowerment). The community itself can recognize problems that will or have occurred and can solve the problems themselves if they have occurred, and can

apply how to behave in a clean and healthy life by maintaining, maintaining and improving the quality of their health [3].

The implementation of clean and healthy lifestyle behavior or PHBS is so as to provide learning experiences for individuals, families, groups and communities, by opening lines of communication, providing information and also carrying out education or teaching that can increase the level of knowledge, attitudes and behavior, through Advocate approaches, Social Support and Community Movement (Empowerment). This approach is expected to facilitate the community in implementing how to behave with a clean and healthy lifestyle in order to maintain, maintain and improve the health status of the community itself [4].

2. METHODS

The type of data used in this study is to use primary data, namely data obtained directly from the source or the object of research by the researcher from the answers to the questionnaires that have been filled in by each respondent. In addition, it also uses secondary data, namely source data derived from existing data in public health centers regarding data on population suffering from leprosy in the area of Sukatani District, Bekasi Regency.

This study was taken from a questionnaire data source, namely a number of written questions that were used to obtain information from respondents in the sense of reports about the things he / she knew. [6]

The instrument in this research is to use a questionnaire that has been provided with closed questions which will be filled in by leprosy patients undergoing treatment as respondents. The filling of this questionnaire is by placing a check mark (√) on the questions that are considered appropriate, and the reasons for the research using the questionnaire are: The data obtained will be easy to process, because respondents are directed not to provide interpretations of answers other than those that have been determined. In the use of time will be relatively short so that the data can be collected as expected, adjusted with the available energy and time. Respondents can easily answer all questions or statements given without thinking much about finding answers because alternative answers are readily available. The number of statements consists of 9 statements for behavioral aspects and 7 statements for environmental aspects assessment.[5]

The results of the analysis will be obtained if the number of answers "Yes" is as follows:

- | | |
|----------|---------------------|
| a. 0-5 | = Primary Healthy |
| b. 6-10 | = Middle healthy |
| c. 11-15 | = Main Healthy |
| d. 16 | = Perfectly healthy |

Data collection was carried out to obtain data about the variables studied. The data collected in the form of primary data, the steps of the data collected include: Making a research permit from the LPPM Division (Research and Community Service) Institut Medika

Drg. Suherman, who was also signed by the Chancellor, then submitted a research permit that was stamped by the institution to the Sukatani Community Health Center.

After the letter was given to the Sukatani Health Center, the researcher then gave an explanation to the Sukatani Community Health Center about the purpose of the research, and it is hoped that a reply will be received from the Sukatani Puskesmas that the researcher is allowed to conduct research.

After obtaining permission from the Sukatani Community Health Center, the next researcher will meet the respondent, namely people with leprosy in the Sukatani Health Center area by first providing an explanation to the respondent about the purpose of the study. If willing to become a respondent, the researcher allows the respondent to sign an informed consent. Respondents were given an explanation of how to fill out the questionnaire and were welcome to ask questions if something was not understood. After all statements were filled in, the questionnaire was taken and collected by the researcher for further analysis. The study concludes the meeting and thanks the respondents.[7]

3. RESULT

Research data collection was carried out from 28 June to 17 July 2020 in the Sukatani Community Health Center, Sukatani, Bekasi. The research results obtained will be described as follows:

Data obtained from respondents with leprosy in the Sukatani, Bekasi. Initial data were obtained from documents at the Sukatani Health Center, where there were 21 patients who went for outpatient treatment due to leprosy and found 4 leprosy patients at the direct location when the researchers toured each village where there were leprosy patients recorded. In 7 villages in Sukatani, there are patients with leprosy and most of them are in Suka Rukun Village. The results of data collection will be displayed and analyzed as follows.

a. Demographic

No.	Category	Quantity	Percent (%)
01.	Gender		
	1. Male	12	48
	2. Female	13	52
02.	Age (years old)		
	1. < 21	4	16
	2. 21-35	6	24
	3. 36 – 45	4	14
	4. 46-60	8	32
	5. > 60	3	12
	Total	25	100

Table 5.1 Demographic Data

From table 5.1, it can be seen that the sexes of the most respondents were female are 13 respondents (52%), and for the most age categories were 46 to 60 years old, they are 8 respondents (32%), and the least age was in over 60 years, amount 3 respondents (12%).

From these data, it provides information that women and men have a comparable number of exposure to

leprosy, and those aged under 45 years have a higher rate of exposure to leprosy than those aged over 45 years. And it can be concluded that leprosy does not look at sex or age. All sexes and all age groups are exposed to leprosy.

b. Analyze Healthy and Hygienic Lifestyle (Behavior Aspect)

No.	Behavior	Quantity	Percent (%)
01.	Good	23	92
02.	Sufficient	0	0
03.	Less	2	8
	Total	25	100

Table 5.2 Healthy and Hygienic Lifestyle Data (Behavior Aspect)

From table 5.2, it can be seen that respondents who have a healthy and hygienic lifestyle in the aspect of behavior have good categories are 23 respondents (92%), and there are still 2 respondents (8%) who have less behavior.

Indicators that are assessed in this aspect of behavior are not smoking, help with childbirth by health workers, immunization, weighing children under five, family nutrition with a minimum of always having breakfast, health insurance plans, washing hands with soap, brushing teeth before bed, and regular exercise. [5]

c. Analyze Healthy and Hygienic Lifestyle (Environment Aspect)

No.	Environment	Quantity	Percent (%)
01.	Good	0	0
02.	Sufficient	20	80
03.	Less	5	20
	Total	25	100

Table 5.3 Healthy and Hygienic Lifestyle Data (Environment Aspect)

From table 5.3, it can be seen that there are no one has healthy and hygienic lifestyles in terms of environmental aspects in the good category (0%), and there are still those in the less category are 5 respondents (20%).

Another indicator that was not fulfilled by most of the respondents for the environmental aspect was having Residual Waste Water Disposal (SPAL). Only 4 respondents (16%) have “SPAL”, especially ponds or disposal pool, the rest mostly dispose of the remaining household waste into the closest ditch or river from their respective homes.

Indicators that are assessed in the environmental aspect for a Healthy and Hygienic Lifestyle are having a latrine, having a clean water source, having a trash can, having a SPAL (Residual Waste Water Disposal), house ventilation that is bright enough even without lights, population density with a home page , and houses with tiles, cement, ceramics and others. [5]

d. Analyze Healthy and Hygienic Lifestyle on Household Structure

No.	Category	Jumlah	Percentage (%)
01.	Perfectly	0	0
02.	Main	22	85
03.	Middle	2	10
04.	Primary	1	5
	Total	25	100

Table 5. 4 Category of Healthy and Hygienic Lifestyle on Household Structure.

From table 5.4, it is found that most of the respondents, are 22 respondents (85%), have a category Main Healthy. Other respondents are in the moderate healthy category (10%), and 1 respondent (5%) is in the Primary Healthy category.

Perfectly Healthy is a criterion if all indicators in the behavioral and environmental aspects are fulfilled which consists of 16 indicators. Meanwhile, Primary Health is obtained if the respondent meets the PHBS criteria within the range of 11-15 indicators that are met, Middle Health is obtained if the respondent meets 6-10 criteria of all PHBS indicators, and primary health is if the respondent only meets 0-5 indicators in the Healthy and Hygienic Lifestyle.[5]

4. DISCUSSION

From the behavioral aspect data, information is obtained that almost all leprosy sufferers in the Sukatani have a healthy and hygienic lifestyle for the behavioral aspect is good (92%), and only 2 respondents whose behavior aspects are in the low category (8%). From the data we have collected, there is a part of the behavioral aspect that leprosy do not do regular exercise. There are only 8 respondents (32%) who stated that they do regular sports such as gymnastics, soccer, futsal, and running. As for the behavioral indicators carried out by all respondents (100%) is the behavior of washing hands with soap.

From the data, there are no respondents who have a healthy and hygienic lifestyle for environmental aspects that are in the good category. This is because there are several indicators that the respondent cannot fulfill. Meanwhile, the indicator most respondents did not fulfill was the population density indicator with a house page. Only 2 respondents (8%) who meet the indicator have a home page, the rest are in a densely populated area and do not have a home page.

From the data, information is obtained that not one respondent is in the Perfectly Healthy criteria, meaning that none of the respondents have met all the indicators in the Healthy and Hygienic Lifestyle criteria which consists of 16 criteria. And there are patient respondents with leprosy who have the lowest criteria, namely Primary Healthy (Pratama), where the respondent only has an indicator value that is fulfilled only as many as 5 indicators. [5]

5. CONCLUSION

- The implementation of Healthy and Hygienic Lifestyle in household arrangements for behavioral aspects of leprosy patients in Sukatani is mostly good.
- The implementation of Healthy and Hygienic lifestyle in the household structure in the aspect of environment is mostly sufficient.
- The implementation of healthy and hygienic lifestyle for leprosy patients in Sukatani is mostly within the main healthy criteria.

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