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The Relationship Of Self Efficacy With The Implementation Of Clean And Healthy Living Behavior (CHLB) In Households In Tallo Village, Makassar City

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HIGHLIGHTS

- This research shows that self-efficacy is not very related to a person's desire to adopt clean and healthy living behavior. This means that someone who has high self-efficacy does not necessarily want to adopt clean and healthy living behavior.

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ABSTRACT / ABSTRAK

What individuals must have to be able to implement clean and healthy living behavior (CHLB) is self-efficacy, without self-efficacy their motivation to change will be hampered, individuals who have high self-efficacy tend to have healthier behavior. The aim of this research is to determine the relationship between self-efficacy and the implementation of clean and healthy living behavior (CHLB) in households in Tallo Village, Makassar City. The type of research used is quantitative research with a cross sectional study approach. The population in this study was all 370 households in RW 4, Tallo Village, Makassar City. The data analysis method uses univariate and bivariate tests with the chi-square correlation test. This research shows that self-efficacy is not very related to a person's desire to adopt clean and healthy living behavior. This means that someone who has high self-efficacy does not necessarily want to adopt clean and healthy living behavior.

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1. INTRODUCTION

Clean and Healthy Living Behavior (CHLB) is one of the government's health promotion programs which aims to increase community independence in maintaining and improving their health (Ministry of Health of the Republic of Indonesia, 2008). In 2011, the Health Promotion Center of the Ministry of Health created new CHLB indicators which include 10 indicators which include: Assisted delivery by health workers, weighing babies and toddlers, providing exclusive breastfeeding, using clean water, washing hands with clean water and soap, eradicating larvae mosquitoes, use a healthy toilet, eat fruit and vegetables every day, do physical activity every day, don't smoke at home. In the 2013 CHLB, 10 indicators were used for households with toddlers, so the highest score was 10, while for households without toddlers it consisted of 7 indicators, so the highest score was seven.

Riskesdas data in 2013, the proportion of households that practice clean and healthy living behavior (CHLB) according to 10 household CHLB indicators, namely childbirth assisted by health workers at 87.6%, good clean water sources at 82.2%, and defecation large in the latrine amounted to 82.2%. %. 81.9%, no smoking at home 78.8%, behavior to prevent larvae 77.4%, weighing toddlers 68.0%, daily physical activity 52.8%, washing hands properly 47.2%, exclusive breastfeeding 38.0%, consume vegetables and greens every day. fruit by 10.7%.

Based on initial data obtained by researchers from the Rappokalling Community Health Center, namely in 2014, from 1,639 families in the Tallo subdistrict, the Rappokalling Community Health Center conducted a survey of 391 families and obtained the number of households that had implemented clean and healthy living behavior (CHLB) in the Tallo subdistrict of 317 family. In 2015, based on the results of the Rappokalling Community Health Center survey, the number of households that had implemented clean and healthy living behavior (CHLB) in Tallo Village was 625 out of 1,097 households surveyed. In 2016, out of 1,774 families in Tallo subdistrict, the Rappokalling Community Health Center conducted a survey of 1,024 families and obtained the number of households that had implemented clean and healthy living behavior (CHLB) in Tallo subdistrict of 819 families.

Based on Sarafino & Smith (2011), the most important thing that an individual must have to be able to carry out healthy behavior is self-efficacy. Bandura (1998) defines self-efficacy as an individual's confidence in organizing and implementing the action program required to produce a certain level of achievement. Self-efficacy regulates motivation by determining the goals people set for themselves, the strength of their commitment and the results they expect from the efforts they have made, The stronger self-efficacy is felt and instilled, the greater the number of people to gain and maintain the effort required to adopt, maintain and improve health behavior.

Based on research conducted by Schwarzer & Renner (2000), Strachan & Brawley (2009), Ayyote et al (2010), concluded that there is a relationship between self-efficacy and healthy behavior. They stated that individuals who have high self-efficacy tend to have healthier behavior, and conversely individuals who have low self-efficacy are more likely to have unhealthy behavior. This is in line with research from Yovi Herdianto (2014) who examined the relationship between self-efficacy and healthy behavior in coronary heart disease sufferers. He concluded that there was a significant relationship between self-efficacy and healthy behavior, which means that the higher a person's self-efficacy, the the higher the level of healthy behavior.

2. MATERIALS AND METHOD

The type of research used is quantitative research with a cross sectional study approach. The population in this study was the people of RW 4, Tallo Village, Makassar City, totaling 370 households. Data collection used research questionnaires distributed to respondents. The data analysis method uses univariate and bivariate tests with the chi-square correlation test. Data processing was carried out using SPSS.

3. RESULTS AND DISCUSSION

- a. The relationship between Mastery Experience and the implementation of Clean and Healthy Living Behavior (CHLB) in Households in RW 4, Tallo Village, Makassar City

| Mastery Experience | implementation of Clean and Healthy Living Behavior (CHLB) | | | | amount | | ρ |
|--------------------|--|-----|-------------------|------|--------|-----|--------|
| | implement | | Not implementin g | | n | % | |
| | N | % | n | % | | | |
| Not sure | 12 | 7,9 | 139 | 92,1 | 151 | 100 | 1,000 |
| Pretty sure | 17 | 7,8 | 202 | 92,2 | 219 | 100 | |
| Total | 29 | 7,8 | 341 | 92,2 | 370 | 100 | |

The results of statistical tests show that there is no relationship between mastery experience and the implementation of clean and healthy living behavior (CHLB) in households in RW 4, Tallo Village, Makassar City with a value = 1,000 > 0.05, this is because many people are quite confident about mastery experience can foster a desire to implement clean and healthy living behavior (CHLB) but in reality only a few people implement clean and healthy living behavior (CHLB) in the household. This is not in line with the theory put forward by Bandura (1997) which states that Mastery experience is a source of information that has a big influence on a person's self-efficacy (self-confidence) to do something because it is based on real personal experiences in the form of success and success. failure. Experiences of success will increase self-efficacy, while experiences of failure will decrease it. Once strong self-efficacy is developed through a series of successes, the negative impact of common failures will be reduced.

- b. The relationship between Vicarious Experience and the implementation of Clean and Healthy Living Behavior (CHLB) in Households in RW 4, Tallo Village, Makassar City

| Vicarious Experience | implementation of Clean and Healthy Living Behavior (CHLB) | | | | amount | | ρ |
|----------------------|--|------|-------------------|------|--------|-----|--------|
| | implement | | Not implementin g | | | | |
| | N | % | N | % | N | % | |
| Not sure | 18 | 11,4 | 140 | 88,6 | 158 | 100 | 0,045 |
| Pretty sure | 11 | 5,2 | 201 | 94,8 | 212 | 100 | |
| Total | 29 | 7,8 | 341 | 92,2 | 370 | 100 | |

The results of statistical tests show that there is a relationship between vicarious experience and the implementation of clean and healthy living behavior (CHLB) in households in RW 4, Tallo Subdistrict, Makassar City with a value = $0.045 < 0.05$, so it can be concluded that lack of confidence in vicarious experience can make people too lack of implementing clean and healthy living behavior (CHLB) in the household, and vice versa, sufficient confidence in vicarious experience can make people implement clean and healthy living behavior (CHLB) in the household. This is in line with the theory put forward by Bandura (1997) which states that vicarious experience is observing the success of other people with comparable abilities in carrying out a task which will increase self-efficacy (self-confidence) in carrying out the same task. Vice versa, the experience of other people's failure will reduce the individual's assessment of his abilities and the individual will reduce the effort he makes.

- c. The relationship between verbal persuasion and the implementation of Clean and Healthy Living Behavior (CHLB) in Households in RW 4, Tallo Village, Makassar City

| Verbal persuasi | implementation of Clean and Healthy Living Behavior (CHLB) | | | | amount | | ρ |
|-----------------|--|------|-------------------|------|--------|-----|--------|
| | implement | | Not implementin g | | | | |
| | N | % | N | % | N | % | |
| Not sure | 20 | 12,7 | 138 | 87,3 | 158 | 100 | 0,005 |
| Pretty sure | 9 | 4,2 | 203 | 95,8 | 212 | 100 | |
| Total | 29 | 7,8 | 341 | 92,2 | 370 | 100 | |

The results of statistical tests show that there is a relationship between verbal persuasion and the implementation of clean and healthy living behavior (PHBS) in households in RW 4, Tallo Village, Makassar City with a value = $0.005 < 0.05$, so it can be concluded that a lack of confidence in verbal persuasion can make people too lack of implementing clean and healthy living behavior (CHLB) in the household, and vice versa, sufficient confidence in verbal persuasion can make people implement clean and healthy living behavior (CHLB) in the household. This is in line with the theory put forward by Bandura (1997) which states that individuals who are convinced verbally tend to try to achieve success. According to Bandura, the influence of verbal persuasion is

not very large because it does not provide an experience that individuals can directly experience or observe. In stressful conditions and continuous failure, the influence of suggestion will quickly disappear if you experience unpleasant experiences.

- d. The relationship between physical and emotional state and the implementation of Clean and Healthy Living Behavior (CHLB) in Households in RW 4, Tallo Village, Makassar City

| physical and emotional state | implementation of Clean and Healthy Living Behavior (CHLB)) | | | | amount | | ρ |
|------------------------------|---|-----|-------------------|------|--------|-----|--------|
| | implement | | Not implementin g | | | | |
| | N | % | N | % | n | % | |
| Kurang yakin | 14 | 7,1 | 182 | 92,9 | 196 | 100 | 0,738 |
| Cukup yakin | 15 | 8,6 | 159 | 91,4 | 174 | 100 | |
| Total | 29 | 7,8 | 341 | 92,2 | 370 | 100 | |

The results of statistical tests show that there is no relationship between physical and emotional state and the implementation of clean and healthy living behavior (CHLB) in households in RW 4, Tallo Village, Makassar City with a value = 0.738 > 0.05, this is because many people are quite confident about Physical and emotional states can foster the desire to implement clean and healthy living behavior (CHLB) but in reality only a few people implement clean and healthy living behavior (CHLB) in the household. This is not in line with the theory put forward by Bandura (1997) which states that strong emotional conditions also usually reduce performance levels. When experiencing great fear, strong anxiety and high levels of stress, humans have low self-efficacy expectations.

7. CONCLUSION

Self-efficacy is not really related to a person's desire to implement clean and healthy living behavior, this is because of the four variables studied, only two variables are related to implementing clean and healthy living behavior (CHLB), namely vicarious experience and verbal persuasion, this means someone who Having high self-efficacy does not necessarily mean that you want to adopt clean and healthy living behavior. It is recommended that people in RW 4, Tallo subdistrict, always maintain their health by always implementing clean and healthy living behavior (CHLB) at home, looking at other people's experiences in maintaining their health and cleanliness so that they can also implement the 10 indicators of clean and healthy living behavior (CHLB) households, always maintain their physical and emotional condition so that they are able to always implement the 10 indicators of household clean and healthy living behavior (CHLB)

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