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IDENTIFICATION OF PUBLIC HEALTH PROBLEM IN COASTAL AREA IN

MATARAM

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By

ABSTRACT

Health problems facing by coastal society today are complexities and varieties. Lot of

resources are not able to increase the welfare of coastal communities, especially in Mataram.

Low of human resources quality is one of health problem. Low of human resources quality is

closely related to unable of health education empowerment in community which worsened by

the low of community awareness to create a clean and health environment, such as the number

of people who throw garbage into the coast, low of yard utilization and other health problems.

Coastal areas is one of the area which facing many problems, especially in public

health. This research is conducted to identify public health problems occur in coastal Mapak

Mataram. This research is aims to identify public health problems from such determinants

namely, environment, and social behavior. This research is a descriptive exploratory research

conducted through observations, surveys and library explore. The results showed that health

problems in the coastal area in Mataram influences by environmental, behavior and social

problems.

Keywords: Health, Coastal, Observation, Survey and Health Issues

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INRTODUCTION

The development of Mataram currently facing a significant problem in society health. The community growth is one of the representation of spirit to compete with other regions. But ironically, the development has not followed by the human resources quality who have knowledge and skills to create a health and clean society. It becomes one of the main causes which uncomplish as the problem facing by the coastal communities for instance in health. Imbalancing development also establish one cause of public awareness to participate in creating a clean and health environment in daily life.

In general, health problems facing by coastal communities based on public health indicators and targets of the Millennium Development Goals (MDGs) such as high infant mortality rate, maternal mortality rate, mortality rate (death rate) and population of morbidity as well as malnutrition. In addition, health problems also can be seen from the problems of demographic transition, where is the problems of contamination diseases such as malaria, tuberculosis, HIV / AIDS and dengue fever is not resolved maximally, as well as the uncontamination diseases or degenerative diseases, such as hypertension, obesity, cardiovascular, and cancer are all these health problems close relation to the lack of knowledge and awareness to behave clean and healthy living.

Clean and Health Lifestyle Behavior (PHBs) is an effort to provide an experience or creating a condition for individuals, families, groups and communities, to open the communication and provide the information to educate, improve the knowledge, attitudes and behavior, through leadership approach (Advocacy), relationship (Social Support) and empowerment. So, the people can identify and overcome the helth problems by their own, especially in order in their households, and communities can implement the way of clean and helth life with maintain and improve their health (Field Lab FK UNS, 2013).

According to the data from the Central Statistic NTB 2014, Sekarbela District has population 56.491 people, most of the people are fishermen and traders. From the total of population meanwhile seen from the nutrition used as one of the health indacator, there is 16% children with malnutrition and 0.46% children facing malnutrition. Less of nutrition can cause degradation of growth, decrease of intelligence, the decline in productivity, a decline in immune accompanied with a worsening of the disease, and even death. In addition, there is a labor that still use a shaman services as much as 33 that also becomes one of the problems caused by the lack of public knowledge about the habits of clean and health living both in order the household or in the environment.

The complexity of the health problems of the coastal communities should be overcome easily considering the existence of the environment in center of knowledge in NTB province. Completion of the health problems which faced by society todays requires the improvement of the human resources quality, especially with regard to the promotion and preventive efforts. The aim of this research is to identify public health problem in the coastal of Mataram

REVIEW OF LITERATURE

Basic Concepts of Health and Healthy

1. Definition of Health

According to Indonesian constitution No. 23 of 1992 on Healthy, Healthy is a state of body, soul, social and spiritual which allow each person to live social and economic productivelly. Is said helth physically is person does not have any clinical disorder. Health Mentally is a health emotional, and spiritual from someone. While talk about health socially is a person's ability to interact with the environment in which he lived.

2. Health Efforts.

These efforts such as: the efforts of Health Care: Curative: rehabilitative treatment: the maintenance or restoration of health efforts from worse desease by consuming the foods which can support the recovery. Improving Healthy Effort: Prevention efforts against a disease: improvement health efforts.

Factors Influencing of Health

- 1. Nutrition: Malnutrition is a pathological condition caused by lack or excess alternative or absolute one or more of the nutrients.
- 2. Physiological Function Decline: The decline of the body's functions physiological in line with the growth of age can lead the health disorders as known as degenerative diseases, but it also will have an impact on the easier of infection, because the immune starts to decline.
- 3. Sanitation and Hygiene: Less of maintenance the sanitation and hygiene may cause health problem in line with the easier of infection due the growth of pathogenic microorganisms.
- 4. Stress: Stress is a condition in which a person has trouble with the ability to accept the reality faced and generally does not conform to what is expected.

Factors Influencing Health Status

Theoretically, there are four factors that determine a person's health status such as: Genetic, Environment, and Social and Behavioral or Health services (Availability aspect, facilities, maintenance, product services, and adequately of health programs).

Fishermen Family

Fishermen family are families who are engaged in fishing activities actively, either directly (such as sowing and pull the net), or indirectly (such as the helmsman sailboat, captain of a fishing boat, ship engineer, cook fishing vessels) as currency income (Ichtiar, 1992).

Generally fishermen can divided into several groups, namely: 1). Squire fishermen, is the skipper of fishing boat and are able to hire the fishermen as a maid in his attempt to catch fish in the sea. They have Sajam rain storage field. 2) Fishermen Workers namely, is a fisherman who does not have the means of production but only has the energy sold to the skipper fishermen to help carry out the fishing in the sea. 3) Fishermen owners is fishermen who has less capablelity of having only a small boat for himself and simple tools catcher, so they are called individual fishermen or poor fishermen.

RESEARCH METHODS

This reserach is a descriptive household survey with household survey approach which aimed to the coastal communities. The research was conducted during two months from middle of July until middle of August 2015. The primary data obtained directly from the famalies who live in the coastal area in Mataram using checklist as the instrument of the data collection of the research and from direct observations, while the secondary data obtained from Health Department Mataram including the data from the district or neighborhood committee where the research was conducted. The population in this research are all families stayed in coastal areas of Mataram with total 563 families in 2014. While the sample in this research using purposive sampling, with 46 families as sample.

In this research, the data presented in narrative form, tables of distribution frequency and percentages. Then the data classified into two groups, namely quantitative data in the form of figures and qualitative data were explaned with words. Qualitative data in the form of words aside for a while, because it would be very useful to participate and complete the picture obtained from the analysis of quantitative data. Data obtained from the checklist, summed or grouped according to the form of the instrument. One of the observation conducted in descriptive analysis step is the observation of frequency of the table. Frequency of the table

consists of columns containing frequencies and percentages for each category which combaining with current literature.

RESULTS AND DISCUSSION

Mataram is one of the cities in West Nusa Tenggara province which lies to the west of Lombok island. The score of each respondent about health problems in the coastal area in Mataram as follows the value of the score were obtained from the respondents classified according to criteria that were have.

Environmental Determinants

Coastal areas is one of the area in which the environment have important role to considering both administration management, habitatual management, or environmental sanitation management. From the results that researcher conducted they obtained 34.8% of the people still use the beach as a garbage, 93.5 has a septic tank <10M from wells, and 41.3% people do not have a yard. Increasing the density, increasing household industry too, that will lead the environment pollution. According to Soemirat (2002), he assert that the environment healthy influential the public healthy. Therefore, to be able to manage the quality of the environment or public healthy need to internalized relationship between the human, as well as human ecology. The consequences of bed environmental sanitation management is can occur the various health issues such as increase of morbidity rate, such as diarrhea, occur the social, comfortable and beatuy area problems.

Principly, environment is one of the determinant that occurrence the health problems. According to Hendrik L. Blum noted in Notoadmodjo (2002) he assert that health problem is an complex issue, interrelated with other issues beyond health it self. Similarly, the solving of health problems it self, but it should be seen from all aspects which have an effect on the health problems.

Society Health Behavior Problems

From the results of the research conducted by the researcher 56.5% of people are not open the window in the morning, 34.8% of BAK (uraine) and BAB (feces) arbitrarily, 65.2% of people do not follow the Posyandu (helth checking), 69.6% of people have a open water shelter and 26.1% of the public not involved become KB (family plan) acceptor. According to the Minister of Health No. 852/2008, Open Sanitation community-based is a approach to change the behavior of hygiene and sanitation through community empowerment with triggering method. Low of public behavior, especially related with Community Base Total Sanitation based on output indicators, namely:

- 1. Individuals and communities have access to basic sanitation (latrines).
- 2. Each of household has implement the water management and safe food in the household.
- 3. Every household and public service facilities in a community (such as schools, offices, restaurants, health centers, markets, terminals) available hand washing facilities (water, soap, hand-washing facilities), so that everyone wash their hands properly.
- 4. Every household manage the waste properly.
- 5. Every household manage garbage properly

Other research claim that there is a significant relationship between hygiene health behavioral and water resources quality with the incidence of diarrhea (Efriani 2008). Subagijo (2006) got the result that people's bed behavior 3.5 times greater risk of diarrhea than those who behave clean and healthy life. Sinthamurniwaty (2006) showed that washing hand with soap after defecation is a protective factor from diarrhea.

Siregar (2010) found that the public awareness conducted through people behavior who are always responsible and consider the interests of others, the role and their actions involved in 8 process of improvement of environmental sanitation and public awareness is motivated by the role of pioneers who gave the understanding of community in improvement the slum

environmental sanitation in Matahalasan Tanjungbalai Village. Budiman et al (2011) found that there was a significant relationship with the occurrence of STBM application of diarrhea in infants.

Gaffar (2010) found that the factors that influence the response or attitude of the community in provide the sanitation facilities (MCK) in the resident of the fishing area Takatidung Polewali Mandar village namely knowledge, satisfaction, community involvement (maintenance, management, contribution). Yudo (2005) found that water drinking management community base starting from the identification, construction, management and maintenance involving the participation of local communities actively.

From the results of the researcher conducted 71.1% of people do not complete the primary school, 91.3% within the distance > 5 KM from homes and an indicator of social determinantion is income level. Income level determines the level of poverty. The results of the research that researcher conducted obtained 84.8% of the population has an income less than 1 million and 87% of coastal communities do not have saving. High number of poor families, poverty also become one of the problem in the coastal area in Mataram. Some literature states that the assessment of the health status of community judged from income level. This is due because of highly income level can get good access to health services. In addition, high of income can make people modify their place and arround (including latrines and well) accordance with the terms certained.

Socio-economic determinant of health is the social and economic conditions which create of someone's life, which influence of health. Branch of epidemiologic which learn in that filed is social epidemiology. Social epidemiology learn of specific characteristics of social conditions and mechanism of social conditions in influencing of health. Social epidemiology learn about the role of individual variable level, for example, gender, age, education, occupation, social class, social status, position in the social hierarchy. In addition, social

epidemiological also learn the role of social variables, such as working conditions, absolute region income, distribution income, gap income, housing, food, social capital, social exclusion, social isolation, health policy on the provision of health services (eg, universal access of health care), and health services financing (eg provision of social safety nets) (Murti, 2010).

Social health determinants, such as poverty, lack access of health services, lack access of education, stigma, racism, gender, are some of thr important factors that underlie and contribute the health inequality. For example, public policy is not take side to poor people, inequity education access, and lack of health insurance scheme which protects the financial risk of catastrophic health, which are social factors at the macro level that causes families facing poverty. Further poverty will force poor people to live in a bad neighborhood, bed living environment and unhealthy will increase the risk of disease (Solar & Irwin, 2007).

CONCLUSION

Public health problems in the coastal area Mataram as one of the coastal cities of developing countries in Southeast Asia can be divided into three major parts, namely the environment determinant, behavior and social. This is suggests that government and society need take participation to tackling public health problems.

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