

Community Empowerment To Improve Clean And Healthy Living Behavior [Chlb]: An Action Research

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Abstract.

Efforts to change people's behaviors to support the improvement of health status are carried out through the Clean and healthy living behavior (CHLB) development program. Although this program has been implemented by the Ministry of Health in Indonesia since 1996, CHLB implementation has not run optimally. Evaluation of CHLB development's success is carried out by looking at CHLB indicators, one of which is in the school setting. CHLB at school is an activity to empower students, teachers, and the school community to adopt a healthy lifestyle to create healthy schools. This study aims to increase the students' knowledge, attitudes, and actions regarding CHLB in Madrasah Diniyyah, Al Islam Educational Institution, Talang Aur Village, Ogan Ilir Regency, South Sumatra Province. The study uses action research. This activity is carried out by providing communication, information, and education (KIE) regarding CHLB. In addition, we offer knowledge tests about CHLB and demonstrations by practicing how to wash hands correctly and adequately using clean water and soap to increase students' understanding of CHLB activities. This study emphasizes the importance of socializing clean and healthy life early through integrating learning programs in schools. The results showed an increase in the target audience's knowledge, attitudes, and actions about CHLB. The benefits of CHLB in schools include creating a clean and healthy environment, improving the teaching, and learning process, and making students, teachers, and the school environment healthy.

Keywords: CHLB, school setting, Madrasah Diniyyah, Al Islam Educational Institution.

I. INTRODUCTION

Clean and Healthy Living Behavior (CHLB) is a manifestation of the reality of human life through the application of learning process principles, such that healthy living behavior occurs because of the learning process they receive each day, both in and out of the classroom, family, and society. Sanitation is one of the most critical challenges for developing countries. One of the diseases caused by sanitation, such as diarrhea, can kill one child in the world every 15 seconds because access to sanitation is still too low. This condition raises economic and human resource potential on a national scale. Based on estimates from WHO and UNICEF, around 60% of the population in rural areas in Indonesia lacks access to proper sanitation facilities. Bathing and washing clothes in rivers and open defecation make people susceptible to disease, contaminate ground and surface water, and degrade the quality of soil and shelter. Water, Sanitation, and Hygiene (WASH) in schools is essential for children's health, development, and educational performance; however, the coverage in Indonesia

is still low related to the Sustainable Development Goals (SDGs), which is a world concept to implement sustainable development. For this reason, schools should be more likely to have handwashing facilities with soap and water.[1] CHLB must be applied in everyday life so that diseases do not readily infect humans.

[2] One of the health impacts that occur if CHLB is not implemented includes diarrhea. The conditions can be prevented by improving clean water facilities, providing latrines for families who do not have this access, and increasing information to the public about good and correct CHLB through the media and in collaboration with schools or health centers.[3] School-age children are a group that is prone to health problems due to insufficient knowledge about CHLB. The management of a healthy school program begins with formulating a vision, forming a team, implementing it by considering the health school standards based on the School Health Unit (UKS) triad covering health education, health services, and healthy schools. Environmental development and finally monitoring by empowering healthy school ambassadors for students. Commitment and cooperation are two key factors that ensure the program is implemented successfully.[4] There is a significant relationship between exposure to health promotion media and parents' and teachers' role for CHLB in the classroom. The availability of facilities and infrastructure is a driving factor for behavior change.[5] Where this CHLB can be applied in families and society in general with the support of government policies.

[6] This activity is expected to provide guidance and assistance to the community in organizing the implementation, socializing CHLB, preparing facilities and infrastructure, and monitoring and evaluating the performance of CHLB in schools. Based on the initial situation analysis results, the problems obtained include the lack of availability of clean water, garbage disposal, and river water use for daily needs (defecation, bathing, cooking); there is no sewerage system (SPAL). So, based on the above background, community service activities were carried out with the assisted village service scheme by holding a series of CHLB counseling activities, testing student knowledge regarding CHLB, and Hand Washing with Soap (CPTS) demonstrations in schools as well as adding insight into the importance of a clean and healthy school environment through the implementation of CHLB. CHLB at schools is an activity to empower students, teachers, and the school community to adopt a healthy lifestyle to create healthy schools. Based on the initial survey at the activity location, it is known that CHLB activities in the target location are not optimal and have not been implemented in an integrated manner, both across programs and across fields.

II. METHODS

Design studies

This study employs an action research design and seeks transformative change through a concurrent action and research process linked by critical reflection. This activity is carried out by providing communication, information, and education (KIE)

regarding CHLB, providing knowledge tests about CHLB, and demonstrations by directly practicing how to wash hands correctly and adequately using clean water and soap to increase students' understanding of CHLB. This activity was carried out with three methods, namely: CHLB counseling, student knowledge tests related to CHLB, and demonstrations of CPTS in schools so that all parties can support the CHLB program. Evaluation of the activities results is carried out by pre-post test on students' level of knowledge about CHLB and Counseling using LCD, demonstration, and Q&A.

Participants

This community service activity provides CHLB materials to 28 students in Madrasah Diniyyah, Al Islam Educational Institution, Talang Aur Village, Ogan Ilir Regency, South Sumatra Province.

III. RESULT AND DISCUSSION

Student Characteristics

The table 1 and 2 shows the characteristics of the participants in sex and age

Table 1. Number of Madrasah Students

No	Gender	Amount [students]	Percentage
1	Man	20	71.4%
2	Woman	8	28.6%
Total		28	100%

Based on the table above, Madrasah Diniyyah Al Islam Educational Institution in Talang Aur Village, Ogan Ilir Regency, has 28 students with details of twenty boys with 71.4% and eight girls with a percentage of 28.6%.

Table 2. Age Classification of Students

No	Age [years]	Amount [students]	Percentage
1	6	1	3.6%
2	7	1	3.6%
3	8	5	17.9%
4	9	5	17.9%
5	10	12	42.9%
6	11	4	14.3%
Total		28	100%

CHLB Counseling Test

This activity was also carried out to see if there was a difference in students' understanding before and after counseling. Tables 3 and 4 show the result of the pre and post-test of the participants.

Table 3. Answers Results of Pre-Test

No	Number of correct answers	The number of students	Percentage
1	4	1	3.6
2	6	6	3.6
3	7	3	10.7
4	8	2	7.1

5	9	14	50
6	10	7	25
Total		28	100

Table 4. Answers Results of Post-test

No	Number of correct answers	The number of students	Percentage
1	5	1	3.6
2	6	1	3.6
3	7	3	10.7
4	8	2	7.1
5	9	16	57.1
6	10	5	17.9
Total		28	100

CHLB in schools is the implementation of specific health procedures by empowering teachers, students, and the community in the school environment. They are expected to adopt a healthy lifestyle to create a healthy school and environment around the school. The benefit of CHLB in schools is to create a clean and healthy environment. That way, the teaching and learning process will run smoothly, while the health of teachers, students, and the surrounding community will not be disturbed. There are eight indicators of Clean and healthy living behavior (CHLB) in schools: 1. Washing hands with running water and using soap 2. Consuming healthy snacks in the school canteen 3. Using clean and healthy latrines 4. Regular and measurable exercise 5. Eradicating mosquito larvae 6. No smoking in schools [7] The habit of CHLB in elementary school-age children can be influenced by various factors, including exposure to health promotion media and parents' and teachers' role in children's CHLB. The availability of facilities and infrastructure is a driving factor for behavior change.[8] Personal hygiene and environmental sanitation habits can be promoted in schools to prevent sickness.[7] According to the World Health Organization, health education combines learning experiences to help individuals and communities improve their health by enhancing their knowledge and attitudes.

Around the school environment.[9] One of the aspects discussed in CHLB is environmental health. It is known that education and income levels affect the environmental health components of CHLB in family settings. There is a significant relationship between education level and income with environmental health aspects in household settings. The level of education is correlated with the level of understanding and is also associated with healthy living behavior. Income and healthy behavior relate to the pyramid of needs in Maslow's theory. But in low-income families, it is stimulating to prioritize meeting the needs of life rather than implementing healthy behavior. In addition to self-motivation, healthy living behavior can change by considering several aspects, such as increasing the level of public education [10]. Furthermore, CHLB was associated with health education, including exercise habits and the use of clean and healthy latrines. Promotion of personal hygiene and environmental sanitation practices in school-based contexts to prevent disease.[7]

Another study indicates that as many as 45.3% of respondents have bad CHLB, have a good level of knowledge (80%), positive attitude (51.8%), good facilities and infrastructure (70%).

There is a relationship between infrastructure availability and CHLB. The availability of infrastructure encourages changes in CHLB for elementary school students.[11] Other studies show a moderate relationship between knowledge, attitudes, and actions towards CHLB.[12] Other research findings show that parental health awareness has an impact on a child's balanced lifestyle. Based on six measures of clean and healthy behavior in children, three indicators are set in the discipline category and high discipline: using clean water, using the toilet, and doing physical activity. The indicator of washing hands with soap for children has a high discipline score, and the use of masks in children has low discipline.[13] Implementing WASH in schools is essential for children's health, development, and educational performance; however, coverage in schools in Indonesia is still low. Where it is found important policies and practices to improve and maintain WASH in schools and can help improve WASH programs in schools in other low resource contexts.[1]



Fig 1. Photos with teachers and students of Madrasah Diniyah Al Islam Educational Institution in Talang Aur Village, Ogan Ilir Regency, South Sumatera Province.

IV. CONCLUSION

Clean and Healthy Living Behavior (CHLB) in schools is one of the government's efforts expected to mobilize and empower the community to live a healthy life in the educational environment. Counseling on CHLB issues has been carried out at Madrasah Diniyyah Al Islam Educational Institution, Talang Aur Village, through community service activities for the assisted village service schemes, by holding a series of CHLB counseling activities, testing student knowledge regarding CHLB, and CPTS demonstrations in schools as well as adding insight about the importance of CHLB. Community service activities must be sustained by providing CHLB materials to school principals, teachers, students, school health cadres, community leaders, health workers, and related cross-sector such as family welfare development. School-based indicators of CHLB wash hands with soap and water before and after eating.

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REFERENCES

- [1] Karon AJ, Cronin AA, Cronk R, Hendrawan R. Improving water, sanitation, and hygiene in schools in Indonesia: A cross-sectional assessment on sustaining infrastructural and behavioral interventions. *International Journal of Hygiene and Environmental Health*. 2017;220(3):539-50. doi: <https://doi.org/10.1016/j.ijheh.2017.02.001>.
- [2] Pramusinta L, Yuniastuti A, Rahayu SRJPHPJ. Description of Health and Clean Life Behaviors and Improving Student Cognitiveness in Islamic Primary School. 2021.
- [3] Ernyasih E, Health P. The Influence of Taharah Behavior in Daily Life on Diarrhea Diseases. *Indonesian Journal of Islam*. 2021;1(1).
- [4] Aziz A, Rahayu T, Habibah G, Istofa D, editors. Managing Health-Promoting School for Sustainability Development. 2nd Southeast Asian Academic Forum on Sustainable Development (SEA-AFSID 2018); 2021: Atlantis Press.
- [5] Nasiatin T, Pertiwi WE, Setyowati DL, Palutturi S. The roles of health-promoting media in the clean and healthy living behavior of elementary school students. *Gaceta Sanitaria*. 2021;35:S53-S5. doi: <https://doi.org/10.1016/j.gaceta.2020.12.015>.
- [6] Nurdiansyah TE, Rahman A, Surya A, editors. Analysis Family Encouragement and Health Workers' Support in Implementing Healthy Lifestyle of Hypertension in the

Pandemic Covid 19 in Bandar Lampung City Indonesia. The 2nd Strada International Conference on Health; 2020.

- [7] Susanto T, Sulistyorini L, Wuryaningsih EW, Bahtiar S. School health promotion: A cross-sectional study on Clean and Healthy Living Program Behavior (CHLB) among Islamic Boarding Schools in Indonesia. *International Journal of Nursing Sciences*. 2016;3(3):291-8. doi: <https://doi.org/10.1016/j.ijnss.2016.08.007>.
- [8] Nasiatin T, Pertiwi WE, Setyowati DL, Palutturi S. The roles of health-promoting media in the clean and healthy living behavior of elementary school students. *Gac Sanit*. 2021;35 Suppl 1:S53-s5. Epub 2021/04/10. doi: 10.1016/j.gaceta.2020.12.015. PubMed PMID: 33832627.
- [9] Kandou GD, Kandou PC, editors. Improving Students Knowledge of Clean and Healthy Living Behavior through Health Education. 3rd Asian Education Symposium (AES 2018); 2019: Atlantis Press.
- [10] Katmawanti S, Nikmatasari L, Nurrochmah S, editors. The Impact of Education and Income on Environmental Health Aspects in Urban Households. The 1st International Scientific Meeting on Public Health and Sports (ISMOPHS 2019); 2020: Atlantis Press.
- [11] Pertiwi WE, Nasiatin TJSJIK. Availability of Facilities to Encourage Clean and Healthy Living Behavior. 2021;10(1):466-72.
- [12] Jayadipraja EA, Prasetya F, Azlimin A, Mando WOSYJPHoI. Family clean and healthy living behavior and its determinant factors in the village of Labunia, Regency of Muna, Southeast Sulawesi Province of Indonesia. 2018;4(1):39-45.
- [13] Musa S, Nurhayati S. Understanding Parental Health Literacy for Clean and Healthy Behavior in Early Childhood During the Covid-19 Pandemic. *Jurnal Pendidikan Usia Dini*. 2020;14(2):352-60.