



Clean and Healthy Living Behavior (PHBS) Among Marginal Children In Jakarta

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ABSTRACT

Clean and healthy living behavior is an action to maintain personal hygiene, well-being, physical and psychological to improve health. Marginal children are identified as a community that receives less attention regarding healthy living behavior, especially personal hygiene. This disrupts their daily lives, especially the need for personal hygiene. This study aims to determine the behavior of knowledge about personal hygiene, body image, social support, and the availability of facilities at home. This study uses a qualitative approach. Determination of informants using purposive sampling techniques. Data collection through in-depth interviews using interview guides. The survey results show that there are some marginal children who already know about it but have not fully understood it. The body image of marginal children that they believe in the clothes they wear every day, want to look attractive. The emotional role of parents towards marginal children who support children to always maintain personal hygiene. In addition, supporting facilities in the implementation of good personal hygiene are still not available in shelters and save marginal children in children's street houses.

Keywords: Clean and Healthy Living Behavior, Personal Hygiene, Marginal children.

I. INTRODUCTION

The clean and healthy behavior program is a health initiative that has been introduced by the Ministry of Health in Indonesia. The main objective of the clean and healthy behavior program is to disseminate knowledge and provide education to improve the cognitive, affective, and behavioral domains of the community, thus enabling them to implement a healthy lifestyle that protects and improves their physical and mental well-being (Ministry of Health of the Republic of Indonesia, 2021). The Minister of Health of the Republic of Indonesia in 2011 issued a set of guidelines aimed at improving clean and healthy living behavior throughout Indonesia (PERMENKES, 2011). These guidelines are based on the clean and healthy behavior management framework which includes assessment, planning, implementation, and monitoring. This effort aims to increase the capacity of the community to maintain, improve, and maintain their health, thus enabling them to be aware, motivated, and proficient in improving their health status independently. The concept of clean and healthy living behavior includes health-related behaviors that are carried out with a high level of awareness (Musadlifah, 2016). This behavior allows families or family members individually

to be responsible for their health and actively participate in health-related initiatives in the community.

Clean and healthy living behavior in marginal children can be seen from the shelter, education, relationships with family, eating patterns, environment and knowledge about clean and healthy behavior. While most marginal children do not have a shelter, do not have a family, lack of use of clean water and eat non-nutritious food so that it can cause a lack of clean and healthy living behavior in marginal children.

Previous research shows that only 21.28% of marginal children have good actions in maintaining the health and cleanliness of hair, skin, and nails (Song, 2020). The lack of clean and healthy behavior practices in school-age marginal children is apparently influenced by knowledge and values (Barumere, 2017). Good knowledge about the implementation of clean and healthy living behaviors can increase the implementation of clean and healthy behavior in marginal children (Vitriani 2019). Based on the background that the number of marginal children who face one of their related problems is still high, the author on this occasion is interested in conducting a research study to obtain information related to the personal hygiene behavior of marginal children in Jakarta.

II. METHODS

Type and Location of Research

The type of research is qualitative to investigate, find, describe, and explain the quality or characteristics of social influence that cannot be explained, measured or described through a quantitative approach. pictures, and field notebooks. This research was conducted in Ragunan, West Jakarta, 2023.

Validity and Reliability

In this study, triangulation of sources and methods was used. Triangulation of methods is by comparing data collection methods, namely the results of in-depth interviews with facts in the field through observation results. Triangulation of data sources, exploring the truth of certain informants through various methods and sources of data acquisition.

III. RESULTS AND DISCUSSION

A. Knowledge about Personal Hygiene

"I know, bathing is done by pouring water over my body and using water until it is clean, when I bathe I use soap and toothpaste, and I always brush my teeth in the morning and evening."(JK 12 years old)

"Yes, I usually shower twice a day, in the morning and evening. If there is water, I also wash my hands before eating, but if it's urgent, I just eat straight away."(DR, 10 years old)

"I usually just brush my nails, I often don't cut them with nail clippers, I usually just bite my nails when I'm sitting around relaxing."(SS, 11 years old)

"I know, we have to take baths regularly to be clean, I take baths when my mother tells me to, when I come home from selling, I am usually told to change first before going to sleep, but often I go straight to sleep when I get home because I am tired so I don't have time to change."(KJ, 12 years old)

B. Body Image

"Because no one told me that the clothes I was wearing were dirty or smelly, even though I usually wear these clothes all the time, even after days I change them again."(KU, 10 years old)

"Yes, I usually feel shy, when I see people wearing pretty clothes I want to wear them too, but these are the only clothes I have, my friends also wear clothes like this every day." (Rk, 12 years old)

C. Cleanliness of Clothes

"If I'm not comfortable anymore, I definitely change my clothes, because I always sweat, usually after four days I change my clothes." (Ys, 11 years old)

"I change them often, usually when they are very dirty, usually once every two days I change them and wash them straight away and I feel like my clothes are clean because I wash them using soap." (Bt, 11 years old)

D. Social Support

"My mom often tells to shower, she says we have to shower diligently, so that we are always clean." (Ys, 11 years old)

"My sibling and many people also often tell us to bathe regularly, brush our teeth in the morning and at night, and always maintain personal hygiene. Basically, they tell us to bathe regularly and wash our hands before eating too." (Kj, 12 years old)

E. Availability of Facilities

"If at home there is soap, toothbrush, and shampoo available in the bathroom and many people use them at home so they run out quickly, usually when I run out I just take a shower with water without using soap." (JK, 12 years old)

"There are no nail clippers, usually I borrow my friend's nail clippers, but if there aren't any, I usually just bite my nails, because I've always bitten my nails." (SS, 11 years old)

"If I have money, my bathroom is usually full of toiletries, usually when I run out of money I just take a shower as is, besides, there are also toilets in the mosque, if there is no more water in the house, I usually tell my child to take a shower and then go out to sell." (Ak, 38 years old)

Marginal children are children who live on the streets and are at risk of health problems such as exposure to pollution and health problems due to unclean environmental conditions (Sukman, 2008). Clean and healthy living behavior is an effort so that every individual always prioritizes health so that a quality life is achieved (Andriansya, 2013). The implementation of clean and healthy behavior in everyday life has a benchmark that can be used as a measure that someone is said to have carried out or met the criteria for implementing clean and healthy living behavior (Mhuthia, 2021). Clean and healthy behavior can be carried out in schools, workplaces, families and communities (Boramare, 2017). Clean and healthy behavior can increase public awareness so that they are willing and able to live a clean and healthy life, by implementing and practicing clean and healthy behavior it is hoped that the community will be able to create a healthy environment so that it can improve the quality of life (Ministry of Health, 2017).

In accordance with the results of observations conducted by researchers regarding the knowledge of marginal children that although they know about the importance of maintaining personal hygiene, they are not fully able to apply it in everyday life and maintain personal hygiene, the results of observations that they carry out personal hygiene by bathing when they wake up in the morning, bathing with soap, brushing their teeth and some informants when they get home go straight to bed on the grounds of being tired without changing clothes first. In addition, related to the cleanliness of clothes, children change when they are dirty and smelly, but there are also some informants even though they look very dirty and smelly have not changed them on the grounds that the number of their clothes is very small and seeing the

environment around their friends also use the same clothes, even some of them wear clothes for three to four days before changing their clothes.

Related to the cleanliness of marginal children's nails based on the researcher's observation that they look long, dirty and unkempt. When they want to eat without washing their hands first, because of their daily life on the streets with the excuse of not having time and just eating without paying attention to the cleanliness of their hands. Some informants cut their nails when they are long, but there are also marginal children who deliberately only bite their nails because they do not have nail clippers and biting their nails has become a habit seen when they sit relaxing. Biting nails should not be done because it can cause nails to become damaged and swollen. Nails and the bottom of the nails and cuticles can be a place for germs to nest and a place for germs to breed. Biting nails can cause the germs to move into the mouth and enter the digestive tract which will cause various digestive problems such as diarrhea.

The body image of marginal children in maintaining personal hygiene and the way they view their appearance related to the clothes they wear every day, body image greatly influences a person's hygiene practices. When someone looks messy, untidy, or doesn't care about their hygiene such as how to dress cleanly and attractively. Based on the results of the researcher's observations that marginal children when washing the clothes they wear seem to use soap and perfume because they want to be comfortable, and smell good when wearing them, look beautiful, handsome or attractive in front of their friends when doing activities on the streets. However, another reason that informants are confident with their appearance and feel comfortable with the clothes they wear every day is because they assume that wearing messy, wrinkled clothes they will be pitied when looking for a living on the streets.

The results of in-depth interviews with informants that children who choose to leave home and earn a living on the streets tend to follow the lifestyle of other marginal children. Their appearance is the same as other peers who are on the streets because the style and clothes they wear every day are more confident with their appearance, the reason their friends wear the same clothes, besides that by wearing good, neat clothes will reduce their income when begging on the streets.

Support from people around them to act in maintaining personal hygiene such as bathing at least twice a day, brushing their teeth, wearing clean clothes, cleaning their nails, and washing their hands before eating are the motivation for marginal children to maintain their personal hygiene. Parents act as the main observers and the role of peers can also influence the implementation of personal hygiene practices by marginal children which they will apply throughout their lives. The principles of personal hygiene should already be part of everyday life and providing examples of good personal hygiene practices is the best way for parents to teach their children.

Based on the results of observations with parents of marginalized children that in behaving personal hygiene, their parents provide emotional support to maintain cleanliness such as telling their children to bathe diligently, brush their teeth, cut their nails. Parents who provide hygiene equipment such as complete facilities in the bathroom but when they have enough money to buy. Some street child informants who were interviewed were actually indifferent about their cleanliness even though their parents had told or told them to maintain cleanliness, especially bathing patterns, clean clothes, and always reminded them to keep their nails clean, but the scale of meetings with parents was very short, at night marginal children immediately rest and in the morning they continue their activities on the streets to earn a living making them indifferent. Therefore, when their parents do not remind them anymore, they are even more indifferent and marginal children when they go home, they go straight to sleep and no longer pay attention to their cleanliness such as brushing their teeth before going to bed or changing their everyday clothes and the next day they continue their activities on the streets.

In addition, the availability of hygiene facilities in each informant's home is seen as having a bathroom, most of them live in small houses, the number of their siblings is large and access to bathe they have to queue. Based on the results of in-depth interviews that some of them have bathrooms that are not suitable for use such as clogged toilets, although in the toilet they provide soap, shampoo, toothbrushes, toothpaste and other toiletries but in small quantities, so that marginal children sometimes bathe with water only without using soap or other hygiene facilities. The results of observations carried out in this study, that the lack of facilities available in each home is one of the factors that makes marginal children not do personal hygiene.

IV. CONCLUSION

Marginal children do not fully understand the importance of personal hygiene even though there is some information provided, but the implementation in daily life has not been fully implemented, this is indicated by the indifferent attitude of marginal children in maintaining personal hygiene. The body image of marginal children that they are confident with the clothes they wear, informants want to look attractive in front of their friends, even though the clothes look dirty with the assumption that they will be pitied when looking for a living on the streets. The emotional role of parents to marginal children who support children to always maintain personal hygiene and some parents are indifferent. The availability of facilities for marginal children to carry out personal hygiene is still very low. Some informants have facilities to carry out personal hygiene, but there are also informants who do not have these facilities at all so they use whatever is available. The lack of availability of hygiene facilities in halfway houses is one of the tasks for the government to provide attention in the form of funding for the completeness of halfway house facilities so that guidance can be further improved. For further researchers to conduct a more in-depth study of the concept of self and the influence of exploitation of marginal children in carrying out personal hygiene.

V. REFERENCES

- Andriansyah Y, Rahmantari DN. 2013. Penyuluhan Dan Praktik PHBS (Perilaku Hidup Bersih Sehat) Dalam Mewujudkan Masyarakat Desa Peduli Sehat. *Inov dan Kewirausahaan*. 2(1):45–50.
- Buramare MY, Yudiernawati A, Nurmaningsari T. 2017. Pengetahuan anak anak jalanan (usia sekolah) berhubungan dengan pelaksanaan Perilaku Hidup Bersih dan Sehat (PHBS). *Nurs News (Meriden)*. 2(2):71–9.
- Departemen Kesehatan RI, 2011 (b). Panduan Pembinaan dan Penilaian PHBS di Rumah Tangga Melalui Tim Penggerak PKK. Pusat Promosi Kesehatan, Jakarta: Kemenkes.
- Kemenkes. 2021. Gerakan Perilaku Hidup Bersih dan Sehat dalam Data Riset Kesehatan Dasar. <https://promkes.kemkes.go.id/gerakanperilaku-hidup-bersih-dan-sehat-dalam-data-riset-kesehatan-dasar>
- Mhuthia Adila A, et al. 2021. Seminar Nasional Pengabdian Masyarakat LPPM UMJ Membumikan Perilaku Hidup Bersih Dan Sehat Pada Anak Jalanan Di Sekolah Master (Masjid Terminal) DEPOK. *J UMJ*.
- Musdalifah, M., Daud, F., & Pagarra, H. 2016) Analisis Perilaku Hidup Bersih dan Sehat (PHBS) Masyarakat Desa Nelayan di Kabupaten Takalar Analysis of Clean and Healthy Behavior (PHBS) of Fishing Village Communities in Takalar Regency. *Prosiding Seminar Nasional Biologi VI*, 407–416.
- Sakman. Studi Tentang Anak Jalanan (Tinjauan Implementasi Perda Kota Makassar Nomor 2 Tahun 2008 tentang Pembinaan Anak Jalanan , Gelandangan , Pengemis , dan Pengamen di Kota Makassar). *Supremasi*. 2016;XI(3):1–21
- Song, C. 2020. Gambaran Perilaku Cara Menjaga Kesehatan dan Kebersihan Kulit, Rambut, Kuku di Komunitas Sahabat Anak Grogol, Jakarta Barat periode Februari 2020. *Jurnal Kedokteran*.

Vitriani, E. 2019. Perilaku Hidup Bersih dan Sehat (PHBS) pada Anak Jalanan di Yayasan Rumah Impian Yogyakarta. Jurnal Kesehatan Berkala.