

INCREASING COMMUNITY PARTICIPATION IN COLLECTIVE CLEAN AND HEALTHY LIVING PRACTICES THROUGH A COMMUNITY HEALTH CULTURE APPROACH IN OECUSSE VILLAGE, TIMOR LESTE

Cipriano do Rosario Pachecho

Faculty of Public Health, Universidad Nacional de José Clemente Paz (UNPAZ)

* Corresponding Author : ciprianodorosariopachecho@gmail.com

Abstract

Clean and healthy living behavior is directly related to efforts to improve the level of public health. Therefore, it must be applied starting from households, educational institutions, workplaces, public places, to health facilities. The activity was carried out with the aim of increasing community participation in collective clean and healthy living practices through a community health culture approach in Oecusse Village, Timor Leste in September 2023. Implementation used the "individual and group counseling" method. Where, all communities are given counseling with the aim that they can individually and in groups understand, change their daily culture regarding personal and environmental hygiene and determine attitudes and actions regarding the source of their own and collective environmental health problems. The evaluation process was carried out before and after the activity to measure the abilities and changes in attitudes of 35 families with 85 participants regarding the counseling material. The pre-test results found that the majority (89.8%) of the counseling participants did not understand the importance of establishing a culture of clean and healthy living both individually and collectively in supporting efforts to improve the level of public health. However, after confirmation from the results of the outreach, it was discovered that 100% of religious leaders could understand the culture of clean and healthy living. This starts from indicators of ability to answer and choose the type of PHBS tool that must be used and knowing how to use it in the simulation stage.

Keywords: *community participation, clean and healthy living practices, community health culture, oecusse village, timor leste*

INTRODUCTION

PHBS or Clean and Healthy Living Behavior is carried out with personal awareness so that the family and all its members are able to help themselves in the health sector and have an active role in community activities. This means that PHBS is an effort to transmit the experience of healthy living behavior through individuals, groups or the wider community using communication channels as a medium for sharing information. Various information can be shared, such as educational material, to increase knowledge and improve attitudes and behavior regarding a clean and healthy way of life.

PHBS is social engineering that makes many community members play an active role as agents of change so that they can improve the quality of daily behavior with the aim of living a clean and healthy life. In the article entitled "Clean and Healthy Living Behavior" on the Persahabatan Hospital page (2019), it is stated that the goal of PHBS is to achieve a healthy household, every family member becomes healthy, does not get sick easily, children grow up healthy and intelligent, and family members work hard. Apart from that, household members are expected to increase their knowledge, willingness and ability to implement PHBS, and play an active role in the PHBS movement in the community.

The village of Oecusse-Ambeno, on the western side of Timor Island, is characterized by low levels of food production, the absence of an adequate supply of clean water, and isolation from the rest of the country. The landscape is fragile and negatively impacted by slash-and-burn agriculture, which also reduces already insufficient water resources. The community mostly lives in remote and uphill locations, where road infrastructure is very poor and access during the rainy season is very limited. The lack of clean water sources, sanitation, and hygienic practices in the region causes health problems. Many water sources are contaminated, giving rise to a number of water-borne diseases, including E. coli, which primarily attacks the elderly and children under five.

Improved Cleanliness and Sanitation: In the 16 communities where ICRO works, 82 percent of residents now have access to a toilet, starting from zero. Two communities were declared open defecation free. The hand washing campaign efforts are timely and help the community fight the COVID-19 pandemic.

Communities Empowered to Manage Community Water: Helping empower communities to manage their own water sources, ICRO established 80 Water Management Committees that have established rules and regulations for community-managed water sources, 43 of which received additional assistance in managing water delivery systems, including improvements existing infrastructure. USAID also partners with local governments to continue water source protection

and community management when the ICRO project ends, helping to build sustainability for successful interventions.

Based on this situation, it is felt important to carry out community service activities with the main aim of increasing community participation in collective clean and healthy living practices through a community health culture approach in Oecusse Village..

MATERIAL AND METHODS

This extension activity uses materials from the ATK (office stationery) type such as: paper and pencils for the need to evaluate respondents' knowledge at the beginning and end as well as during the process flow of the extension activity. Apart from that, interesting pictures are also needed, such as pictures of bathing, washing and latrine equipment (toilets/latrines) as well as examples of simulations in the use of these tools for the education process about efforts to practice clean and healthy living with a cultural approach.

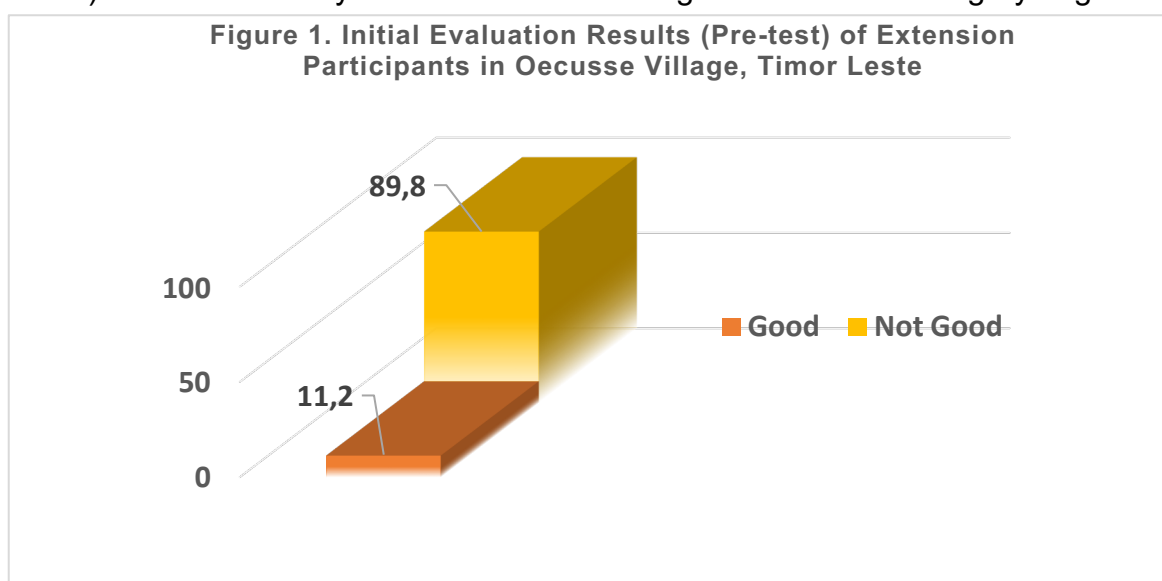
The methods used in this counseling are lectures and classroom simulations. The stages of counseling carried out include:

1. In the initial stage, a pre-test is carried out to determine the formal educational background and level of knowledge and memory of the public regarding the lecture material. In community service, the pre-test has a very important role in measuring participants' initial abilities before providing an intervention. The purpose of the pre-test is so that service results can be more accurate and can help implementers evaluate the effectiveness of the intervention. The material asked by participants included:
 - 1.1. PHBS scope
 - 1.2. Types and benefits of PHBS support equipment include: the need for bathing, washing, defecation (MCK) such as a bridge/toilet
 - 1.3. Simulation of methods for using PHBS support tools
 - 1.4. Cultural support in implementing PHBS
 - 1.5. The impact of ignoring PHBS on personal health and the environment
 - 1.6. The relationship between PHBS and the chance of infectious disease occurrence
2. The second stage, conducting lectures and simulations using all the tools and materials prepared in advance. The tools and materials needed include:
 - 2.1. PHBS Model
 - 2.2. 1.2. Extension materials about PHBS
 - 2.3. 1.3. Simulation instrument for determining the type of PHBS tool and how to use it

3. The final stage is to carry out a post-test to determine changes in the level of knowledge about the lecture material, namely increasing community participation in collective clean and healthy living practices through a community health culture approach in Oecusse Village.

RESULTS AND DISCUSSION

The level of knowledge or non-formal education is not always influenced by the level of formal education. (Awaludin et al., 2019; Deharja et al., 2020; Saepuddin et al., 2018; Save The Children, 2018; Untari et al., 2017). Many research results prove that the level of education has no effect on people's knowledge regarding the importance of clean and healthy living. The same thing also happened to the people in Oecusse, Timor Leste State. Where, the level of public knowledge about PHBS and health is greatly influenced by the culture of the surrounding community. This means that people's knowledge is very dependent on opportunities when exposed to the media or sources of knowledge (Yanti et al., 2015). The evaluation results in the first stage (pre-test) showed that the majority (89.8%) of the community had a level of knowledge in the "Poor" category. Figure 1.



The pre-test results found that the majority (89.8%) of the counseling participants did not understand the importance of establishing a culture of clean and healthy living both individually and collectively in supporting efforts to improve the level of public health. However, after confirmation from the results of the outreach, it was discovered that 100% of cultural (customary) leaders could understand the culture of clean and healthy living. This starts from indicators of ability to answer and choose the type of PHBS tool that must be used and knowing how to use it

in the simulation stage. Based on the results of the interview, it is known that the reason the community's level of knowledge is "not good" is because they rarely get refreshed regarding PHBS material and other material related to PHBS. The material previously obtained from health workers at the health centers in each region was quite old, and was not supported by documentation or reference books regarding consumption patterns to be studied.

The results of the pre-test analysis show that there are still many people (44.3%) who have low scores in answers



Fig. 3 Counseling Situation at Oecusse Community Health Center, Tiles

related to PHBS such as the habit of washing their hands before and after eating, brushing their teeth before and after eating and getting used to eating and drinking in a clean place. As many as 45.5% of people are still hesitant in answering examples of how to wash their hands, brush their teeth, shower with soap and so on. The public also does not know about the reasons why it is important to instill PHBS habits. This causes the majority (89.8%) of people to answer

that the frequency of bathing, washing hands and brushing teeth is only 3 times a day. Even so, they still think that washing hands and brushing teeth is only about eating (BPS, 2018; Mayhew et al., 2015; Patwari & Raina, 2002; Schellenberg et al., 2004; Zahrawani et al., 2022). However, generally (100%) the community already understands the negative impacts of having a culture that prohibits PHBS. This is because the Oecusse Village area has many limitations, especially limited sources of clean water and limited ownership of PHBS infrastructure such as clean latrines. Data shows that the habit of open defecation is still quite high in this area. This is what causes the majority (95%) of people to still make mistakes in answering and explaining how to wash their hands and brush their teeth and use the latrine correctly in order to reduce the chance of infectious diseases. (Awasthi et al., 2019; Gera et al., 2016; Mupara & Lubbe, 2016; Nsabagasani et al., 2016).

The results of the post test analysis after confirmation from the community outreach process showed that 100% had understood the correct PHBS. Generally, people already know about



Fig. 2 Counseling Situation at Oecusse Community Health Center, Tiles

PHBS. This starts with the ability to choose a type of PHBS tool that is simple but useful and friendly towards maintaining individual and family health. The results of interviews with community families revealed that their knowledge could still be refreshed because they had previously received counseling regarding PHBS material. This means that community and family refreshing activities related to PHBS are one of the right efforts to further strengthen and increase community knowledge about clean and healthy living. (Awasthi et al., 2015; Bailey, 1976; Tazinya et al., 2018; World Health Organization, 2014).



Fig. 4 Individual Counseling Situation in Oecusse Family Homes, Tiles

CONCLUSION

Outreach activities to the community and families are able to strengthen and increase family knowledge and capacity regarding healthy and clean living behavior. Considering the limited scope of services to families and communities, it is necessary to collaborate with universities as one of the non-health institutions in providing outreach, including to other non-health cross-sector organizations

THANK YOU

The community service implementation team (PKM) would like to express its thanks to the Dean of the Faculty of Public Health, Universidad Nacional de José Clemente Paz (UNPAZ) who has supported the implementation of this service so that it can run smoothly as we hope. Apart from that, we would like to express our thanks to the head of the Community Health Center and the entire Oecusse Village area of Timor Leste who have supported and given their time to make the process of completing this community service smooth until it was completed as expected..

BIBLIOGRAPHY

- Awaludin, I., Syakrani, N., Bambang, E., Politeknik, S., Bandung, N., Gegerkalong, J., & Bandung, G. (2019). Inovasi Dan Data Elektronik Untuk Posyandu Kelurahan Caringin Kota Bandung. *Ikraith-Abdimas*, 2(2), 1–6.
- Awasthi, S., Kumar, D., Mishra, N., Agarwal, M., & Pandey, C. M. (2019). Effectiveness of various communication strategies for improving childhood pneumonia case management: A community based behavioral open labeled trial in rural Lucknow, Uttar Pradesh, India. *BMC Public Health*, 19(1), 1–11. <https://doi.org/10.1186/s12889-019-8050-0>
- Awasthi, S., Nichter, M., Verma, T., Srivastava, N. M., Agarwal, M., Singh, J. V., Mishra, A. P.,

- Sami, G., Sharma, R. D., Khare, R., Verma, V., Pandey, M., Shukla, V., Kumar, S., Chandra, A., Hasib-ur-Rehman, & Pandey, S. (2015). Revisiting community case management of childhood pneumonia: Perceptions of caregivers and grass root health providers in Uttar Pradesh and Bihar, Northern India. *PLoS ONE*, 10(4), 1–18. <https://doi.org/10.1371/journal.pone.0123135>
- Bailey, R. (1976). The community health services. In *Medical Record* (Vol. 17, Issue 3).
- BPS. (2018). *Persentase Rumah Tangga yang Memiliki Akses terhadap Layanan Sanitasi Layak*.
- Deharja, A., Santi, M. W., & Yunus, M. (2020). Peningkatan Kompetensi Kader dalam Upaya Pencegahan Stunting Balita pada Masa Pandemi Covid-19 melalui Implementasi E-Posyandu di Desa Kemuning Lor *Pengabdian Masyarakat ...*, 29–34.
- Gera, T., Shah, D., Garner, P., Richardson, M., & Sachdev, H. S. (2016). Integrated management of childhood illness (IMCI) strategy for children under five. *Cochrane Database of Systematic Reviews*, 2016(6). <https://doi.org/10.1002/14651858.CD010123.pub2>
- Mayhew, M., Ickx, P., Newbrander, W., Stanekzai, H., & Alawi, S. A. (2015). Long and short integrated management of childhood illness (IMCI) training courses in Afghanistan: A cross-sectional cohort comparison of post-course knowledge and performance. *International Journal of Health Policy and Management*, 4(3), 143–152. <https://doi.org/10.15171/ijhpm.2015.17>
- Mupara, L. U., & Lubbe, J. C. (2016). Implementation of the Integrated Management of Childhood Illnesses strategy: Challenges and recommendations in Botswana. *Global Health Action*, 9(1). <https://doi.org/10.3402/gha.v9.29417>
- Nsabagasani, X., Ogwal-Okeng, J., Hansen, E. H., Mbonye, A., Muyinda, H., & Ssengooba, F. (2016). “Better medicines for children” within the Integrated Management of Childhood Illness framework: A qualitative inquiry in Uganda. *Journal of Pharmaceutical Policy and Practice*, 9(1), 1–16. <https://doi.org/10.1186/s40545-016-0071-9>
- Patwari, A. K., & Raina, N. (2002). Integrated Management of Childhood Illness (IMCI) : A robust strategy. *Indian Journal of Pediatrics*, 69(1), 41–48. <https://doi.org/10.1007/BF02723776>
- Pelaksanaan pembinaan kader dan posyandu bidang kesehatan 2023.pdf*. (n.d.).
- Saepuddin, E., Rizal, E., & Rusmana, A. (2018). Posyandu Roles as Mothers and Child Health Information Center. *Record and Library Journal*, 3(2), 201. <https://doi.org/10.20473/rjl.v3-i2.2017.201-208>
- Save The Children. (2018). *Buku Pegangan Kader*. 2(April), 223–238.
- Schellenberg, J. A., Bryce, J., De Savigny, D., Lambrechts, T., Mbuya, C., Mgalula, L., & Wilczynska, K. (2004). The effect of Integrated Management of Childhood Illness on observed quality of care of under-fives in rural Tanzania. *Health Policy and Planning*, 19(1), 1–10. <https://doi.org/10.1093/heapol/czh001>
- Tazinya, A. A., Halle-Ekane, G. E., Mbuagbaw, L. T., Abanda, M., Atashili, J., & Obama, M. T. (2018). Risk factors for acute respiratory infections in children under five years attending the Bamenda Regional Hospital in Cameroon. *BMC Pulmonary Medicine*, 18(1), 1–8. <https://doi.org/10.1186/s12890-018-0579-7>
- Untari, I., Prananingrum, R., & Kusudaryati, D. P. dyah. (2017). Buku Saku Kader Posyandu Balita. *Suparyanto Dan Rosad* (2015, 5(3), 248–253. [http://repository.itspku.ac.id/255/1/BUKU KADER POSYANDU BALITA.pdf](http://repository.itspku.ac.id/255/1/BUKU%20KADER%20POSYANDU%20BALITA.pdf)
- World Health Organization. (2014). *Integrated Management of Childhood Illness (IMCI): Chart*

Booklet. Geneva, Switzerland: World Health Organization. March, 1–76.

Yanti, Mulyadi, & Said Usman. (2015). Pengetahuan, Dana Insentif, Sarana Dan Prasarana Dengan Partisipasi Kader Dalam Pelaksanaan Posyandu (Knowledge, Funding Incentive, Facilities And Infrastructure With Participation Of Cadres). *Jurnal Ilmu Keperawatan* .

Zahrawani, T. F., Nurhayati, E., & Fadillah, Y. (2022). Hubungan Kondisi Jamban Dengan Kejadian Stunting Di Puskesmas Cicalengka Tahun 2020. *Jurnal Integrasi Kesehatan & Sains*, 4(1), 1–5. <https://doi.org/10.29313/jiks.v4i1.7770>