

Factors Related to Personal Hygiene of Street Children in the Final Waste Disposal Site in Manggala District, Makassar City, Indonesia

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Abstract

Background: Street children are a real phenomenon in everyday life that cause complex social and health problems, dirty appearance, come from poor families, slum settlements or even street children do not have a place to live. The number of homeless people, beggars and street children has decreased, there were 990 street children and homeless people with beggars in Makassar City in 2012. There were 798 street children in Makassar City in 2016 who were recorded by Social Service officers from a number of points. Makassar road with various problems. This number includes 257 street children, 249 homeless and beggars, 58 buskers, 41 prostitutes, 5 transgender women, 63 drug users, and 125 mental disorders. The results of the observations of street children were found with traffic light and garbage disposal sites. These places are often found with dirty, dirty appearance, dirty clothes, smelly, unkempt hair, dirty hands, not wearing sandals and sometimes they eat without washing their hands, which can cause health problems for street children. Based on this background, the researcher is interested in examining the factors related to the personal hygiene of street children in the final waste disposal site in Manggala District, Makassar City.

Material and Methods: The research is analytic observation using the Cross-Sectional study. The study was conducted in 21 October 2019 - 31 December 2019. The population was the patients with street children numbered 88 people, a purposive sampling technique was applied through chic square, uji continuity correction and multiple logistic regression analysis.

Results: The results showed that the variables age, gender, education and knowledge had a relationship with personal hygiene (p -value <0.035), the R-square value was 0.897, which means that the ability of the independent variable to explain the dependent variable was 89.7% and 10.3% explained by factors other than variables.

Conclusion: Knowledge variable has a significant effect on personal hygiene (p -value <0.001), the magnitude of the influence is indicated by the value of Exp (B) 26.6, which means that street children who are knowledgeable are at least 26.6 times less likely to have personal hygiene than street children with good knowledge.

Keywords: Age; Gender; Education; Knowledge; Personal Hygiene; Street Children

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Introduction

Street children are a real phenomenon in everyday life that cause complex social and health problems, dirty appearance, come from poor families, slum settlements or even street children do not have a place to live. The existence of street children is commonly seen in big cities in Indonesia. In general, street children work in the informal sector, namely as scavengers, polishers, sweepers, car washers, hawkers, beggars, parking attendants, and other jobs that generate money. They are children under the age of 16 who spend most of their lives on the streets looking for money [1].

Street children are children who spend most of their time making a living or roaming the streets or other public places, their ages range from 6 years to 18 years (Directorate of Child Welfare, Family and

Elderly, Ministry of Social Affairs, 2001) [2]. In addition, explained by the Ministry of Social Affairs (2005) [3], indicators of street children according to age are children aged 6 to 18 years. From this explanation, it can be concluded that those who can be categorized as street children are those whose ages range from 6 to 18 years.

Personal hygiene knowledge is needed by every individual to maintain life habits in accordance with health, so that it will create optimal health and well-being. By carrying out personal health care, because from experience and research on practices that are based on knowledge it will be more lasting than practices that are not based on knowledge [4]. Personal hygiene is an action to maintain personal hygiene and health or personal hygiene for physical and physical welfare [5]. The cleanliness of street children is often identified as a community that does not pay attention to healthy behavior, including



the fulfillment of basic needs related to personal hygiene.

The development of the city of Makassar is currently very rapid, such as physical buildings, shopping centers and recreation areas. There were evictions of illegal settlements and traditional markets. The urbanization of informal sector job seekers, laborers and pedicab drivers from other districts is increasing. This condition gives an indication of the increasing number of poor families and children who are traveling to the streets to earn a living. Children living on the streets are also vulnerable to threats. The environment in which street children live is physically and emotionally vulnerable. A study in Tanzania found that children living on the streets engaged in substance abuse including smoking to endure discrimination and times of difficulty obtaining food [6].

The number of homeless people, beggars and street children has decreased, there were 990 street children and homeless people with beggars in Makassar City in 2012. There were 798 street children in Makassar City in 2016 who were recorded by Social Service officers from a number of points. Makassar road with various problems. This number includes 257 street children, 249 homeless and beggars, 58 buskers, 41 prostitutes, 5 transgender women, 63 drug users, and 125 mental disorders [7,8].

Material and Methods

The research is analytic observation using the cross-sectional method. The study was conducted in 21 October, 2019 to 31 December, 2019. The population was the patients with street children numbered 88 people, a purposive sampling technique was applied through chi square ($p_{value} < 0.05$) and multiple logistic regression analysis ($p_{value} < 0.25$). The sample criteria in this study are as follows: be on the spot at the time of the study, located along the final waste disposal site Manggala Makassar and 9-16 years old.

Result

There were 88 street children in the final waste disposal site Manggala Makassar and the sampling was adjusted according to inclusion criteria. Data collection for quantitative approaches uses questionnaires. The data obtained by being processed and analyzed then the results are presented in table form as follows:

Table 1 shows that of the Pearson chi-square test ($p_{value} < 0.05$), this is supported by the distribution of data which shows street children aged 12-14 years tend to have bad personal hygiene behavior (48.1%) while all street children aged 15-16 years good personal hygiene (100%).

Table 2 shows that of the 88 respondents, the most dominant gender bad personal hygiene was female (40.5%) and the least gender good personal hygiene was male (60.9%). The result of the continuity correction test shows that there is no significant relationship between gender and personal hygiene ($p_{value} > 0.05$).

Table 3 the distribution of data that shows street children with junior high school education tend to have poor personal hygiene behavior (76.5%) while street children who do not go to school tend to have good personal hygiene behavior (76.5%).

Table 4 shows that respondents who have bad knowledge and bad personal hygiene (94.3) are moderate knowledge and poor personal hygiene (1.9%). The result of the continuity correction test shows that there is a significant relationship between knowledge and personal hygiene ($p_{value} < 0.05$).

Table 5 shows that the variables age, gender, education and knowledge together have a significant relationship with personal hygiene ($p_{value} 0.035$), the R-square value is 0.897. This means that street children who are knowledgeable are at least 26.6 times more likely to have less personal hygiene than street children with good knowledge.

Table 1: The relationship between age and personal hygiene of street children in the final waste disposal site in Manggala Makassar.

Age	Personal Hygiene				Amount		P_{value}^*
	Bad		Good		Frequency	Percent	
	Frequency	Percent	Frequency	Percent			
9-11 years	21	45.7	25	54.3	46	100	0.003
12-14 years	13	48.1	14	51.9	27	100	
15-16 years	0	0	15	100	15	100	
Amount	34	38.6	54	61.4	88	100	

*uji pearson chi-square

Table 2: The relationship between gender and personal hygiene of street children in the final waste disposal site in Manggala Makassar.

Gender	Personal Hygiene				Amount		P_{value}^*
	Bad		Good		Frequency	Percent	
	Frequency	Percent	Frequency	Percent			
Male	18	39.1	28	60.9	46	100	1
Female	17	40.5	25	59.5	42	100	
Amount	35	39.8	53	60.2	88	100	

*uji continuity correction

Table 3: The Relationship between education and personal hygiene for Street Children in the final waste disposal site in Manggala Makassar.

Education	Personal Hygiene				Amount		P_{value}^*
	Bad		Good		Frequency	Percent	
	Frequency	Percent	Frequency	Percent			
Primary School	13	35.1	24	64.9	37	100	0.001
Junior High School	13	76.5	4	23.5	17	100	
No School	8	23.5	26	76.5	34	100	
Amount	34	38.6	54	61.4	88	100	

*uji pearson chi-square



Table 4: Relationship between knowledge and personal hygiene for street children in the final waste disposal site in Manggala Makassar.

Knowledge	Personal Hygiene				Amount		P _{value} [*]
	Bad		Good		Frequency	Percent	
	Frequency	Percent	Frequency	Percent			
Less	33	94.3	2	5.7	35	100	<0.001
Enough	1	1.9	52	98.1	53	100	
Total	34	38.6	54	61.4	88	100	

*uji continuity correction

Table 5: Relationship between age, gender, education and knowledge with street children personal hygiene at the final waste disposal site Manggala Makassar.

Variable	Wald	Sig.*	Exp (B)	Sig.*	R-Square
Age	0.033	0.855	1.234	0.035	0.897
Gender	0.456	0.5	2.441		
Education	1.861	0.173	3.789		
Knowledge	16.274	<0.001	26.61		

*uji regresi logistik berganda

Discussion

Table 1 shows that of the Pearson chi-square test ($p_{value} < 0.05$), this is supported by the distribution of data which shows street children aged 12-14 years tend to have bad personal hygiene behavior (48.1%) while all street children aged 15-16 years good personal hygiene (100%). This means that the older the street children are, the better their personal hygiene. This is very influential on the role of parents as caregivers and the role of peers can also influence the application of children's personal hygiene practices, which they will apply throughout their life.

Educating children about good hygiene is the best way to prevent the spread of infection not only for childhood development but into adulthood. Personal hygiene principles should have become a part of everyday life and providing examples of good personal hygiene practices is the best way for parents to teach their children [9]. The more mature, the level of maturity and strength of a person will be more mature in thinking and working [10].

Table 2 shows that of the 88 respondents, the most dominant gender bad personal hygiene was female (40.5%) and the least gender good personal hygiene was male (60.9%). The result of the continuity correction test shows that there is no significant relationship between gender and personal hygiene ($p_{value} > 0.05$). Based on this research, it shows that street children who are male have better personal hygiene than girls but it is not significant. This is based on the fact that sex is only a physiological and biological difference that can differentiate between men and women [11].

The characteristics of men and women are also different, both in terms of physical, attitude and action but the personal hygiene problem of street children does not make a difference because all street children no longer pay attention to their personal hygiene but try to only fulfill their needs in order to survive in the middle of a big city like Makassar. Another factor that makes children become street children is because they are born from a family that lives on the streets without having a permanent residence. The tendency that appears is that they are usually not a complete family, but a mother and her children. Humans are motivated to meet the needs of their lives. These needs have a level or hierarchy, starting from the lowest (basic/physiological) to the highest (self-actualization) [12,13].

Table 3 the distribution of data that shows street children with junior high school education tend to have poor personal hygiene behavior (76.5%) while street children who do not go to school tend to have good personal hygiene behavior (76.5%). This is supported by the

distribution of data that shows street children with junior high school education tend to have poor personal hygiene behavior (76.5%) while street children who do not go to school tend to have good personal hygiene behavior (76.5%). This means that street children who do not go to school pay more attention to their personal hygiene.

The results of this study indicate a finding that is inconsistent with Notoatmodjo S (2010), that a person's education level will have a big share in mindset and health problems [12]. The level of education also determines knowledge of something, including knowledge of personal hygiene, so the higher a person's education, the more they know how to maintain personal hygiene behavior. Education level of a person is very influential in behavior, especially healthy behavior. The higher the level of education, the more someone knows how to maintain personal hygiene. A person's education level will help that person to more easily capture and understand information. The lower a person's education, the lower the level of understanding. Education is a process of changing people's knowledge, attitudes and good behavior regarding personal hygiene [14]. So, the higher a person's education, the easier it is to receive information so that the more knowledge they have [15].

Table 4 shows that respondents who have bad knowledge and bad personal hygiene (94.3) are moderate knowledge and poor personal hygiene (1.9%). The result of the continuity correction test shows that there is a significant relationship between knowledge and personal hygiene ($p_{value} < 0.05$). This is supported by the distribution of data that shows street children with less dominant knowledge, less good personal hygiene behavior (94.3%), while street children with sufficiently dominant knowledge have good personal hygiene behavior (98.1%). This means that the better the knowledge, the better the personal hygiene of street children.

According to Green (1980) trying to analyze human behavior from the health level. The health of a person or society is influenced by 2 main factors, namely behavioral factors and factors outside of behavior. Furthermore, the behavior itself is determined by 3 factors, namely predisposing factors, which are manifested in knowledge, attitudes, beliefs, values and so on, supporting factors, which are manifested in the physical environment, whether or not there are health facilities or facilities and driving factors, which manifested in the attitudes and behavior of health workers, or other officers who are a reference group of community behavior [16,17].

Green's theory in research will be used to predict that knowledge will affect attitudes which then determine whether a person's behavior is good or bad to improve his health. According to Notoatmodjo S



(2010), changing or adopting a new behavior is a complex process and requires a relatively long time. Before a person adopts a new behavior, he must first know what the meaning or benefit of this behavior is for himself or his family. In this study, a good knowledge is obtained that encourages respondents to behave properly and correctly in maintaining personal hygiene [18].

Table 5 shows that the variables age, gender, education and knowledge together have a significant relationship with personal hygiene (p value 0.035), the R-square value is 0.897. This means that street children who are knowledgeable are at least 26.6 times more likely to have less personal hygiene than street children with good knowledge. This means that street children with knowledge are more or less at risk of having less personal hygiene as much as 26.6 times compared to street children with good knowledge.

Conclusion

Knowledge variable has a significant effect on personal hygiene ($p < 0.001$), the magnitude of the influence is indicated by the value of Exp (B) 26.6, which means that street children who are knowledgeable are at least 26.6 times less likely to have personal hygiene than street children with good knowledge

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Ethical Considerations

Ethical clearance was obtained from Institute of Health Science "Nani Hasanuddin", Makassar, Indonesia; with number" RK. 001a/STIKES-NH/KEPK/IX/2019. Just before the interview, written (or thumb impression) consent was obtained from each participant in Institute of Health Science Nani Hasanuddin Makassar guidelines.

Conflicts of Interest

The authors alone are responsible for the views expressed in this article and they do not necessarily represent the views, decisions, or policies of the institutions with which they are affiliated.

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