

Realizing healthy homes through the latrine program in Meteseh Village Semarang Indonesia

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ABSTRACT

A place of shelter and rest that fulfils physiological needs fulfils psychological needs, prevents disease transmission, prevents accidents and fulfils the concepts of cleanliness, health and beauty that can lead to a perfect life, both physically, spiritually and economically, is called a healthy home. Its characteristics include having a good water source, smooth air circulation inside and outside the room, solid and liquid waste disposal channels, freeing harmful chemicals, house cleanliness, sturdy building materials, and a green environment. Basically, housing is a basic human need and is also a determinant of public health. Decent housing for housing must meet health requirements, one of which concerns the need for latrines. The purpose of this paper is to provide insight to the Meteseh community regarding healthy homes and provide solutions for people who do not meet healthy home standards. In Meteseh Village, there are still houses that do not have latrines. This time, the types of community service programs were in the form of counselling and demonstrations. The method used was by coordinating with the village head in Meteseh, Tembalang District, Semarang, conducting field surveys, asking permission to socialize with residents regarding healthy homes, then installing latrines and evaluating after latrine installation. This activity's target is poor and has not implemented a clean and healthy lifestyle in Meteseh village. The result after the service is that the Meteseh community understands a healthy home better and also begins to apply it in their daily lives.



KEYWORDS

Healthy home
Latrine program
Meteseh



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1. Introduction

Every human being needs a place to take refuge from all threats. Basically, humans need a place of protection after getting their basic needs [1]. A house is a place for humans to live and a reason to ensure health [2]. In order to be considered feasible, a house must at least meet the health criteria. A healthy home is a requirement to assess the health of its occupants. It is said that a healthy house does not mean a big enough luxury house, but a house that has clean, beautiful and healthy criteria [3]. In addition, some things need to be understood in fulfilling a healthy home, namely how the environmental conditions around the house, the construction of the house, the circulation in the building, and the lighting needs [4]. According to SDGs number three, the government itself has a program to improve the standard of living of a healthy and prosperous community. The program is called the program towards a healthy Indonesia through a family approach. This is considered critical to the success of the program [5]. This knowledge related to healthy homes applies both in rural and urban areas throughout Indonesia. Houses that look shabby and abandoned will certainly be the duty of the government and our collective duty to overcome them so that they become a sustainable and better environment. The criteria for a healthy house at least have drinking water channels, floors, house lighting, healthy latrine channels, and ventilation [6]. In the case in Meteseh, several of the residents' houses did not meet the criteria for a healthy house, especially in the ownership of healthy latrines. A latrine is a place to dispose of faeces, and this facility

must be owned and built and used by families whose location must be accessible both inside and outside the home [7]. Several factors cause the lack of latrine ownership, among others, influenced by people's income, behaviour and attitudes, and level of knowledge [8]. In a study in rural India, education was the most important predictor of latrine ownership [9]. Healthy latrines can certainly reduce the risk and even cut off the transmission of diseases that can cause death [10]. The Indonesian population is only around 54% who use healthy latrines, while many still use unhealthy latrines in several areas in Indonesia [11]. In general, this research aims to open the public's insight into the urgency of realizing healthy housing. The next result is the emergence of real community actions to be able to manage cleanliness in order to create a comfortable, healthy home. Specifically, the implementation of this research is to help one of the residents whose economy is below the average to get a decent healthy house with a latrine program.

The implementation is also intended to help the community, in this case, Meteseh Village, which is located in Tembalang District, especially in RW X, where there are still residents who still do not have healthy houses, especially those who are economically below average. Based on the initial survey, it was found that there were around 14 residents whose houses still did not have a latrine. Because there are no latrines, the residents defecate in search of the nearest river in the Meteseh Village area. This causes ODF (Open Defecation Free) behaviour, namely the condition of every individual in the community not defecating openly. The disposal of faeces that do not meet the requirements greatly affects the spread of environmental-based diseases. Because of the danger to the environment, it should not cause various cases of the disease. The village head of Meteseh has several times reminded his residents not to defecate on the banks of the river or carelessly, but because the economic level of each family head is classified as poor, this appeal is often ignored. There needs to be a collective movement that can foster mutual awareness and concern from all elements of society. This started from the socialization program regarding integrated healthy homes and assistance from residents for the provision of latrines to the homes of underprivileged residents to create a clean and healthy environment. In contrast to previous services that discussed related to healthy homes, such as services using direct socialization or lectures [12], outreach from house to house [13], outreach with leaflets [14], and approach with slide share [15]. This service uses direct socialization and, at the same time, as a pilot by making latrines by empowering the surrounding community.

2. Method

The research methods were interviews with the Meteseh village head, field surveys of the condition of the residents of the Meteseh village, socializing healthy homes and getting directions from the head of the Meteseh village for the provision of latrines for residents who were in dire need. Implementation of making latrines and evaluating after what was done during service.

3. Results and Discussion

Based on the geographical location, the Meteseh village area is located in Tembalang District, South Semarang, Semarang City, Central Java Province. With an area of 498,969 Ha. The area of rainfed land is 82 Ha, the area of the land is up to 55 ha, the area of the field or huma is 359,469 Ha, the area of the sports field is 2 Ha, the area of the recreation park is 0.50 Ha. The boundaries of the Meteseh village are as follows: to the north are the Mangunharjo and Sendangmulyo villages, to the east are the Rowosari villages, to the south are the Jabungan villages, and to the west are the Bulusan villages, Figure 1. The general condition of the population in the Meteseh village, Tembalang district, South Semarang, Semarang city, with the number of family heads of 3265 families, the majority are Muslims, regarding the economy, it is good. This is evidenced by the installation of electricity in every resident's house. Moreover, the majority of the houses already occupy or have permanent homes. In general, the livelihoods of the Meteseh residents are labourers, traders, farmers and entrepreneurs. The economic condition in Meteseh Village is still low even though there has been much progress in infrastructure development such as roads, housing and other supporting facilities. However, there are some areas where there are slums and even families, especially in RW X, whose homes do not have latrines due to economic limitations. This economic condition has made some Meteseh RW X Village families less aware of the importance of a healthy home.



Fig. 1. Map of the Meteseh village area

The activities carried out during the research in Meteseh Village, Tembalang District, Semarang City are as follows:

- Preparation; the preparation stage is carried out by looking at the location of the service, taking care of licensing and legalizing activities and preparing activity materials.
- Survey and Location Identification; the location survey stage was carried out in several housing and settlement areas in several urban villages in the city of Semarang. Until then, the location of community service was determined in the Meteseh Village area, especially RW X, because it was found that there were several residents who still did not have a latrine in their house. And the results of the location survey selected a house for residents who were very unable to build a latrine, namely the residence of Mr Musahid.
- Preparation of Extension Materials; identify the potential and problems of Unhealthy Houses in the location, then conduct an analysis in order to develop the existing potential and overcome the problems that arise. The latrine program is a physical work in order to create a healthy house in one of the residents' houses;
- Healthy Home Counseling; [Figure 2](#) is a Healthy Home socialization activity in Meteseh Village, Tembalang City District. The participants are local residents, especially women who move to the PKK.



Fig. 2. Healthy home socialization

- Selection of latrine location, [Figure 3](#); get directions from the village head of one of the residents selected to be given assistance in installing latrines (especially for people who are very poor).

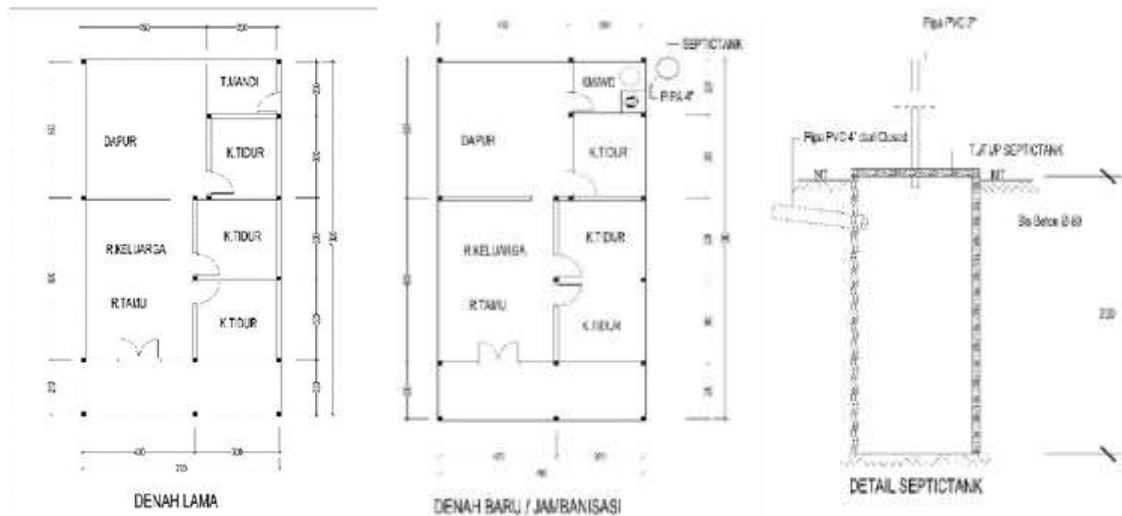


Fig. 3. Location of latrine placement in house design work drawing

- Latrine installation work, [Figure 4](#); At the time of carrying out the work on the latrine installation, the first survey of the part of the house that allows for a squat closet is installed. After the location is selected, it is drawn architecturally to the cut image. The implementation in the field is assisted by the owner of the house, who also works as a handyman on a daily basis.



Fig. 4. The process of installing the latrine at Mr Musahid's house

- Evaluation and Recommendation; this is a stage carried out as an effort to obtain input on whether the program of activities that have been carried out can run well and sustainably and be followed up by the community.

4. Conclusion

This activity concludes that the economic level is quite low, which limits a person's ability to live a healthy life in a healthy home. The habit of defecating on the riverbank is very disturbing to the environment. Having a latrine in each house with a minimum number of one is a good habit. To get to a healthy home, we must clean the house at least twice a day, let the airflow through the windows every morning, throw garbage in its place, drain and close the bathtub or clean water source, and not smoke in the house. The suggestion is that the socialization of Healthy Homes can be carried out sustainably through the help of PKK movers or each PKK head in each Neighborhood Association.

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