

### Community Health and Environment Issue:

### Case on Sanitation and Stunting

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### MDGS: Millennium Development Goals

Target 7C:

Halve, by 2015, the proportion of the population without sustainable access to safe drinking water and basic sanitation

**SDGS:** Sustainable Development Goals

Target 6.2:

By 2030, achieve access to adequate and equitable sanitation and hygiene

for all and end open defecation, ...

# SDGs:



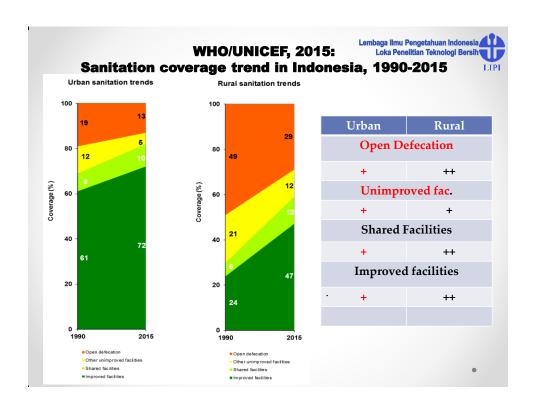
### **Sustainable Development Goals**

#### Target 6.2:

By 2030, achieve access to adequate and equitable sanitation and hygiene for all and end open defecation, ...

- Until 2016 access for the poor or vulnerable people to adequate sanitation facilities has reached 54.12%.
- The Indonesian government has set a target of 100% by 2019 for proper sanitation facilities.

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### The trend in rural vs urban in Indonesia:

- The improvement of sanitation facilities in rural area goes significantly better then urban
- Urban area played a significant role on river water pollutions 

  domestic wastewater (Nat. Geo. 2016: 68% rivers in Indonesia were highly polluted by domestic waste).
- Rural area → high env. carrying capacity
- Urban area → some restrictions: lack of spaces, over population, lack of infrastructures etc.
- From total population of 262 mio. (per Jan. 2017), 55% in urban area

In urban slums of developing country

Over population without sufficient infrastructure

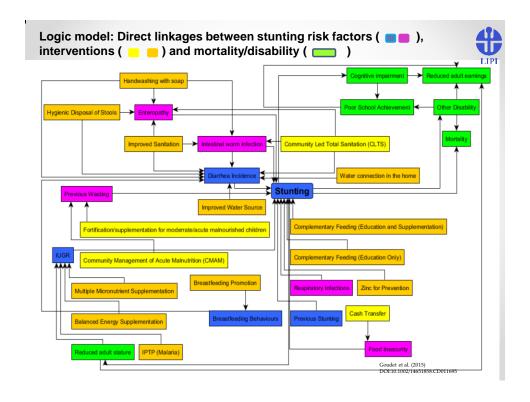
Water

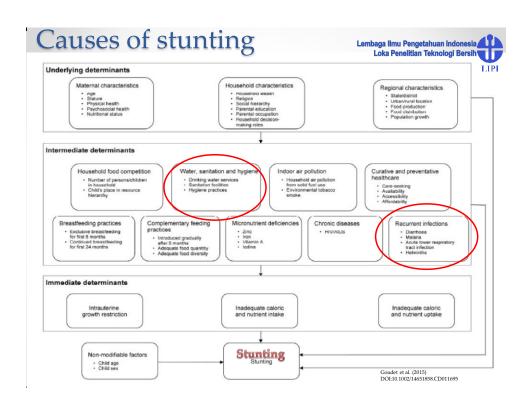
Sanitation

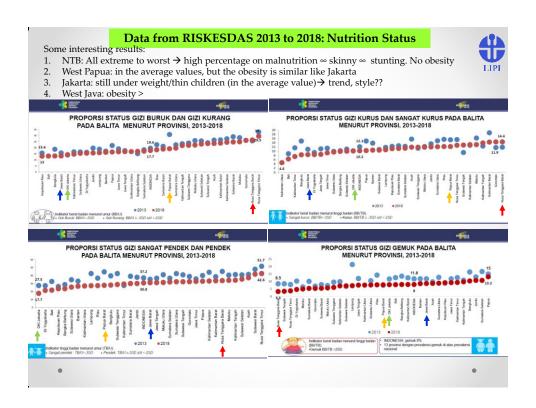
Human health

Child health n growth

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## **Objectives**

Lembaga ilmu Pengetahuan Indonesia Loka Penelitian Teknologi Bersih

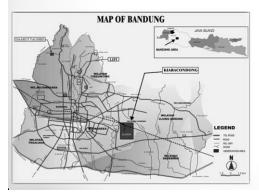
Research has been done in an urban slum of Bandung City, Indonesia:

- ➤ To evaluate **child health** and **nutritional status**.
- ➤ To reveal the actual situation of sanitary environment, personal awareness & behaviour.
- ➤ To examine the relationship

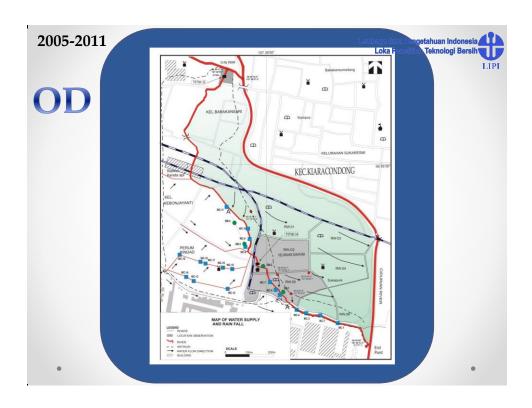
# **Bandung City:**

- Population ca. 2.4 million
- Has 30 districts
- Kiaracondong's population: 142,356 (2016) → the most populated district in 6.18 km²

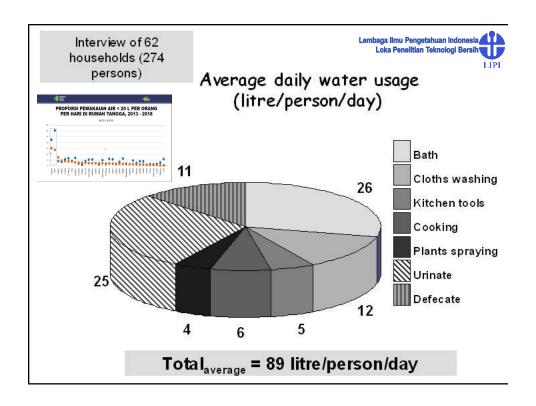
(https://portal.bandung.go.id/pemerintahan/kecamatan/7GVA/kecamatan-kiara-condong)













Prototype Bio-toilet MFIS-15

Further Development:
one family composting
toilet, good design,
value chains
(management and
marketing of compost,
urine etc.)

# 2016-2017 research on hygienic aspects

**■** Participants

230 (Children <5 years old and the care takers/Mothers

### **■** Data collection

✓ Questionnaire Mother's age, Water source, Toilet type

✓ Interview
Water use, Sewer, Handwashing,
Child health information (nutrition, diarrhea, etc.)

### **■** Participants

231 pairs (children & caretakers)

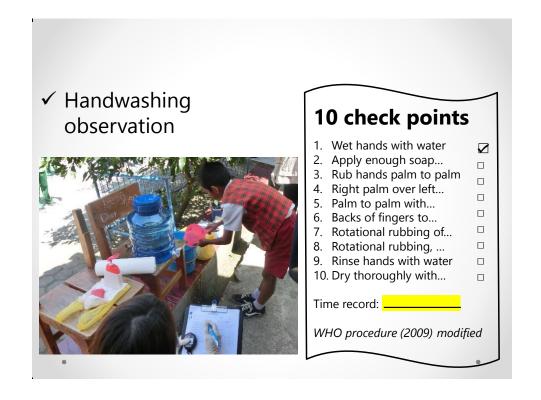
### **■** Data collection

- ✓ Body measurements
- √ Handwashing observation (WHO 2009)
- √ Hand bacteria sampling
- ✓ Questionnaire
- ✓ School attendance & performance (n = 60)

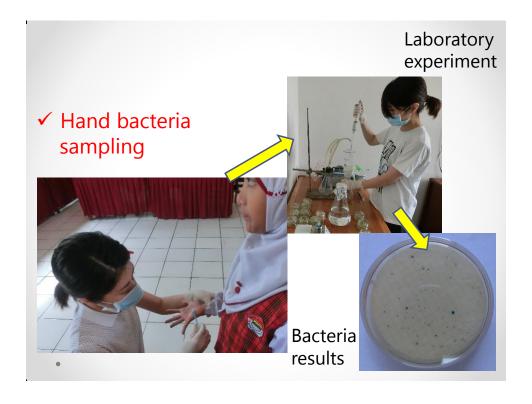
### Result from interviewing mothers:

- ➤ A **high level** of personal hygiene awareness
- Low consideration for appropriate wastewater treatment
- ➤ Child nutritional status seemed to be generally **good**









Risk Factors for Undernutrition and Diarrhea Prevalence in an Urban Slum in Indonesia: Focus on Water, Sanitation, and Hygiene

Yumiko Otsuka, Lina Agestika, Widyarani, Neni Sintawardani and Taro Yamauchi Publisher: The American Society of Tropical Medicine and Hygiene

Characteristics of children (n = 228)

Characteristics	n	Proportion (9	
Gender			
Boy	117	51.3	
Girl	111	48.7	
Grade			
Preschool	59	25.9	
Grade 2	58	25.4	
Grade 4	51	22.4	
Grade 6	60	26.3	
Disease symptoms*			
Diarrhea	32	14.0	
Respiratory illness	91	39.9	
Water, sanitation and hygiene knowledg	e and awarer	less (n = 169)	
Total score (median, range)	7 (2–8)		
Important time for handwashing			
After using the toilet	73	43.2	
Before eating	151	89.3	
After eating	50	29.6	
Handwashing behavior (n = 169)			
Always handwashing with soap	47	27.8	
Handwashing skills (n = 221)			
Checklist total score (mean ± SD)	5	$5.0 \pm 1.8$	
With water and soap	210	95.0	
With water	11	5.0	
Using towel	158	71.5	
* Two-week period prevalence.			

Doi:10.4269/atjmh.18-0063

BMI = Body Mass Index [kg/m2] HAZ = Height for age z-scores BMIAZ calculated using WHO software HAZ <-2 = stunting BMIAZ <-2 = thin BMIAZ >+2 obese

Child nutritional status by gender (n = 228) Gender Girl Height-for-age z-scores (mean  $\pm$  SD)  $-1.27 \pm 0.99$   $-1.04 \pm 0.78$ Body mass index-for-age z-scores -0.66 ± 1.39 -0.49 ± 1.15 (mean ± SD) 27.4 9.0 Stunting (%) Thinness (%) 15.4 8.1 Obesity (%) 7.7 1.8

■ Body measurements
(Comparing with WHO standard using Z scores)

PAUD (n = 61)SD (n = 170)Boy Girl Girl Boy (n = 31)(n = 87)(n = 83)(n = 30)29.0 10.0 25.3 9.6 Stunting (%)  $(HAZ^a < -2)$ (n = 9)(n = 3)(n = 22) (n = 8)3.2 3.3 18.4 9.6 Thinness (%) (BMIAZc < (n = 1) (n = 1)(n = 16)(n = 8)3.3 9.7 2.4 Obesity (%) 6.9 (BMIAZc > (n = 3)(n = 1)(n = 6)(n = 2)

<sup>a</sup> Height for age, <sup>b</sup> Weight for age, <sup>c</sup> Body mass index for age

■ Body measurements for Grade 6 (Indonesian vs. WHO standards using %tiles)

Grade 6	Indonesian STD*		WHO STD	
(n = 61)	Boy (n = 34)	Girl (n = 27)	Boy (n = 34)	Girl (n = 27)
Stunting(%) Height for age < 3P	8.8 (n = 3)	<b>0</b> (n = 0)	<b>41.2</b> (n = 14)	<b>11.1</b> (n = 3)
Thinness (%) BMI for age < 3P	<b>23.5</b> (n = 8)	<b>0</b> (n = 0)	<b>29.4</b> (n = 10)	3.7 (n = 1)
Obesity (%) BMI for age > 97P	<b>14.7</b> (n = 5)	<b>7.4</b> (n = 2)	<b>11.8</b> (n = 4)	3.7 (n = 1)

Hand bacteria contamination before and after handwashing



Grade 6	Boy	Girl	All
(Age: 10-14 years old)	(n = 29)	(n = 22)	(n = 51)
Reduction (%)	<b>89.7</b> (n = 26)	<b>82.6</b> (n = 19)	<b>86.5</b> (n = 45)
Before (median: cfu/hand)	55	30	50
After (median: cfu/hand)	15	4	12

### Conclusions

- · Child health is influenced by:
  - Household characteristics such as monthly income, drinking water management
  - Outdoor activities: school, community environment

#### Acknowlegement:

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