



Building A Foundation for Health: A Review of Healthy Lifestyle Knowledge Among Indonesian Cleaning Workers in the Malaysian Cleaning Services Industry

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Abstract

Introduction: The global economy is affected by Indonesian migrant workers' destinations in Malaysia, Taiwan, Hong Kong, and Singapore. Poor housing and cleanliness make it hard for Indonesian workers, especially cleaning service workers, to stay healthy. Employees in the cleaning service business may not understand how to manage their health or navigate the healthcare system due to health literacy issues. Indonesian workers in Malaysia are assessed for workplace health literacy and empowerment. Addressing these issues and improving health literacy can enhance public health, eliminate health inequities, and empower people to make health decisions. **Methods:** The cross-sectional accidental sampling study involves 23 Indonesian workers from a prominent Malaysian university. All Indonesian workers were given a full explanation of the 15-question healthy living questionnaire. **Results:** 47.9% of migrant workers had sufficient knowledge, 39.1% had poor knowledge, and 13% had good knowledge. **Conclusion:** Poor personal hygiene affects Indonesian workers in Malaysia, focusing on workplace health knowledge and empowerment. It stresses health literacy, especially for the poor. To improve public health, reduce health inequities, and empower people to make health decisions, these concerns and health literacy initiatives are crucial.

Keywords: Indonesia Workers, Healthy Behaviour, Cleaning Service, Personal Hygiene

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1. Introduction

A widespread phenomenon, international migration affects most of the countries on Earth. Since Indonesia is an essential component of the global economy, sending migrant workers abroad has a significant impact on the macroeconomy. Consequently, because of its growth, the number of migrant workers' ultimate destinations rises annually. Four well-paying countries that are popular travel destinations include Malaysia, Taiwan, Hong Kong, and Singapore. A significant number of Indonesian labourers predominantly engage in employment as cleaning service workers in Malaysia, particularly among individuals with limited educational attainment. Regrettably, though, the housing and personal hygiene of the Indonesian labourers who work here do not meet criteria for a healthy lifestyle. By providing the required assistance and establishing a positive example, female employees can act as change agents to help athletes with disabilities adopt healthy behaviours. They also improve their own health and wellbeing.

Many obstacles face Indonesian workers in Malaysia, especially those employed in the cleaning services industry. The International Labour Organisation (ILO) Conventions and the Memorandum of Understanding (MoU) between Indonesia and Malaysia are in conflict with them, and they include human rights breaches, exploitation, and neglect. The Indonesian government has taken action to defend these workers, including enacting a moratorium, openly criticising the Malaysian government, and advocating for urgent bilateral talks between the two countries. The issue of health literacy poses a noteworthy worry for individuals with low socioeconomic status, particularly those employed in the cleaning service industry. People with low health literacy may not completely grasp how to manage their health or navigate the healthcare system, which can have a negative impact on their health. An investigation carried out on individuals with little financial resources employed at dental institutions revealed a significant correlation between inadequate knowledge and understanding of oral health and the presence of advanced periodontal disease. The concept of healthy life behaviour involves multiple facets of lifestyle, such as dietary choices, engagement in physical activity, and maintenance of mental well-being. The term is subject to several interpretations, but it typically encompasses actions that





foster well-being and mitigate the occurrence of illnesses. A healthy lifestyle can be difficult for cleaning service workers to maintain because of the physical demands of their work and the possibility of exposure to hazardous materials. (Gunawan et al., 2022; Parker, 1982) This study aims to determine the profile of the level of knowledge about healthy living behaviour among Indonesian workers who work in cleaning services in Malaysia.

2. Research Method

This is a cross-sectional study using an accidental sampling technique with 23 Indonesian workers from one of Malaysia's major universities. All the Indonesian workers who participated in the invitation were provided with a comprehensive explanation of the contents of the questionnaire, which consisted of 15 questions pertaining to behaviours related to healthy living. The answer sheets were gathered and subsequently subjected to descriptive analysis for the purpose of analysing the results. Knowledge regarding healthy living behavior is divided into three categories, namely good, sufficient and poor. Arikunto (2010) categorized a person's knowledge level into three levels based on percentage values, as follows: a. The level of knowledge in the good category if the value is $\geq 76-100\%$; b. The level of knowledge in the sufficient category if the value is $60-75\%$; and c. The level of knowledge in the poor category if the value is $\leq 60\%$. Correlation test using chi-square. This study has received ethical approval following examination by the research ethics board at STIKep PPNI Jawa Barat, marked by the reference number III/017/KEPK-SLE/STIKEP/PPNI/JABAR/VI/2023.

3. Results And Discussions

Demographic data of respondents shows that 69.6% are female, 69.6% are 18-45 years old, and 56.6% have elementary school education. The results showed that 47.9% had sufficient knowledge, 39.1% had poor knowledge, and 13% had good knowledge. The chi-square test shows there is no relationship between gender, age and education and level of knowledge ($p > 0.05$).

Table 1. Respondent's Characteristics





	Category	n (%)
Sex	Female	16 (69.6)
	Male	7 (30.4)
Age	18-45	16 (69.6)
	46-60	6 (26.1)
	>60	1 (4.3)
Education	Elementary	10 (56.6)
	Junior high school	5 (21.7)
	Senior high school	5 (21.7)
Knowledge	Poor	9 (39.1)
	Sufficient	11 (47.9)
	Good	3 (13.0)

Table 2. Respondent's Characteristics

Category		Knowledge (n (%))			p-value
		Poor	Sufficient	Good	
Sex	Female	6 (37.5)	9 (56.3)	1 (6.3)	0.262
	Male	3 (42.9)	2 (28.6)	2 (28.6)	
Age	18-45	5 (31.3)	9 (56.3)	2 (12.5)	0.635
	46-60	3 (50)	2 (33.3)	1 (16.7)	
	>60	1 (100)	0 (0)	0 (0)	
Education	Elementary	6 (46.2)	5 (38.5)	2 (15.4)	0.722
	Junior high school	2 (40.0)	3 (60.0)	0 (0)	
	Senior high school	1 (20.0)	3 (60.0)	1 (20.0)	

The research results show that the knowledge of Indonesian cleaning service employees working in Malaysia is mostly in the sufficient and insufficient categories. This may be due to the low level of education, although the results of the correlation test show that there is no relationship between gender, age and education and the level of knowledge. Apart from that, this may be due to a lack of literacy regarding health among workers.

Poor personal hygiene among Indonesian workers in Malaysia can lead to several potential consequences, including health issues, social problems, and economic impacts. Limited health literacy can serve as an impediment to the adoption of health-promoting behaviours. This phenomenon holds special significance within the context of long-term





care facilities, where notable discrepancies in health literacy skills have been documented. Individuals who possess higher levels of health literacy demonstrate an increased propensity to embrace healthier behaviours (Gaffari-Fam et al., 2020). The facilitation of such behaviours can be effectively achieved through the implementation of workplace wellness programmes and the provision of counselling services (Lin et al., 2023) It is imperative to acknowledge that diminished health literacy is not just attributable to deficiencies in an individual's knowledge, motivation, or abilities but can also be influenced by organisational elements. Organisational health literacy, within the realm of employee health, pertains to the extent to which an organisation's policies, practices, and culture facilitate employees' capacity to acquire, comprehend, and use health information and services necessary for making informed health-related choices. The major aim of the scoping review is to comprehensively examine the existing body of research pertaining to health literacy in the context of the workplace. The ramifications of limited health literacy are experienced by people, families, and communities who have difficulties obtaining high-quality healthcare or adhering to healthy practices (Ehmann et al., 2021; Lindert et al., 2022).

Health literacy and empowerment are closely related concepts that are crucial for enhancing public health and healthcare delivery. Here are several ways that health literacy can facilitate empowerment. Health literacy enables individuals to gain access to, comprehend, and utilise health information and services in order to make informed decisions about their health and well-being. Individuals are empowered when they are able to take charge of their lives and make decisions that affect their health and well-being. Improving health literacy can result in increased empowerment, and increased empowerment can result in enhanced health literacy. Health literacy and empowerment are crucial for attaining global public health objectives and reducing health disparities. Education and training are essential for enhancing health literacy and empowering individuals. By creating policies, practices, and cultures that support employees' capacity to obtain, process, and comprehend health information and services, enhancing organisational health literacy can also facilitate employee empowerment. Improving health





literacy and empowerment is essential for furthering public health and healthcare delivery, and addressing the limitations and gaps in the literature can contribute to the development of a more robust body of scientific knowledge surrounding these concepts (Cron Dahl & Eklund Karlsson, 2016; Tavananezhad et al., 2022).

Low health literacy can happen due to various factors, including: Limited education: People with lower levels of education may have difficulty understanding health information and making informed decisions about their health. Age: Older adults may have difficulty understanding health information due to cognitive decline or changes in vision or hearing. Ethnicity: Health literacy disparities exist among different ethnic groups, with some groups having lower levels of health literacy than others. Limited English proficiency: People who do not speak English as their primary language may have difficulty understanding health information that is presented in English. Chronic conditions: People with chronic conditions may have difficulty understanding complex health information and managing their conditions. Limited access to healthcare: People who have limited access to healthcare may not have the opportunity to learn about health information and services. Overall, low health literacy can have significant negative impacts on individuals' health outcomes, including poor self-care behaviors, higher healthcare costs, and increased risk of adverse health outcomes. It is important to address health literacy disparities and improve access to health information and services for all individuals, regardless of their background or circumstances.

Low health literacy can be attributed to a variety of factors, such as: people with a lower level of education may struggle to comprehend health information and make well-informed decisions regarding their health. Due to cognitive decline or changes in vision or hearing, older individuals may have trouble understanding health information. There are disparities in health literacy between ethnic groups, with some ethnic groups having lower levels of health literacy than others. People who do not speak English as their first language may struggle to understand health information offered in English. People with chronic health problems may have trouble processing and acting upon detailed health information. People with limited healthcare access may not have the opportunity to learn about health





information and services. Low health literacy can have significant negative effects on the health outcomes of individuals, including poor self-care behaviours, increased healthcare costs, and an increased risk of adverse health outcomes. It is crucial to address health literacy disparities and enhance access to health information and services for all individuals, regardless of their background or circumstances (Cron Dahl & Eklund Karlsson, 2016; Hickey et al., 2018; King, 2010; Shahid et al., 2022; Tavananezhad et al., 2022).

Low health literacy can have several detrimental effects on a person's health and well-being. Here are some of the most significant effects: Individuals with limited health literacy are more likely to misinterpret or miscalculate drug prescriptions, which can lead to incorrect medication use and potentially negative health outcomes. Low health literacy is frequently associated with poor self-care behaviours. This can involve a lack of preventative actions, such as regular check-ups and screenings, which can lead to delayed diagnosis and treatment of health concerns. Individuals with poor health literacy are more likely to seek care in emergency departments and be admitted to hospitals, resulting in increased healthcare costs. Studies have indicated that low health literacy relates to increased mortality rates. This is most likely due to a mix of reasons, including inadequate illness management, a lack of preventative treatment, and rising healthcare utilisation. Noncompliance with Treatment Plans: A lack of health literacy has been linked to noncompliance with treatment plans and medical regimens. This can result in poor disease control and increased health risks. Increased Healthcare Costs: People with low health literacy frequently have higher healthcare costs. This is attributable to increased healthcare utilisation as well as the additional expenditures involved with managing the problems of poorly treated health issues. Discouragement from Seeking Health Services: Low health literacy might prevent people from seeking health care, potentially leading to untreated or inadequately managed health disorders. In conclusion, insufficient health literacy can have a major detrimental influence on an individual's health, healthcare utilisation, and overall quality of life. It is critical to address this issue through education, increased communication, and other initiatives to improve health literacy (Hickey et al., 2018; Shahid et al., 2022).





Improving health literacy among marginalised people is a difficult endeavour that necessitates a variety of approaches. In this regard, the following are some of the most useful methods: Use plain language. It is critical to deliver health facts in an understandable manner. This entails avoiding medical jargon in favour of plain, ordinary language. Use Visual Aids: Visual aids can help explain and make complex health information more accessible. Diagrams, charts, and other visual aids are examples of this. Structured education programmes can help promote health literacy by providing people with the knowledge and skills they need to manage their health. Increase your digital health literacy. With the increased use of digital health tools, it is critical to educate people on how to discover and use trustworthy health information online (Hickey et al., 2018; Seidel et al., 2023). Create a warm environment. A friendly and nonjudgmental environment can encourage people to ask questions and seek assistance when they need it. Use Teach-Back Methods: This is asking people to repeat back the information they've been given in their own terms to ensure they've understood it correctly. Patient Decision Aids: These are tools that assist patients in making decisions by offering information about options and outcomes, as well as defining personal beliefs. Increase Access to Health Information and Services: Improving health literacy requires making health information and services available to all people, regardless of their background or circumstances. Community Mobilisation: Increased levels of health literacy in populations result in social advantages, such as mobilising communities to address the social, economic, and environmental determinants of health (Agency for Healthcare Research and Quality, 2014; Coughlin et al., 2020; Nielsen-bohlman et al., 2005; Nutbeam et al., 2018; Smith & Gutman, 2011). The Role of Government and Health Systems: It is critical that governments and health-care systems provide clear, accurate, relevant, and accessible information to a wide range of people. These interventions have the potential to promote health literacy among marginalised populations, resulting in improved health outcomes and reduced health inequalities (King, 2010; Seidel et al., 2023; Shahid et al., 2022; Smith & Gutman, 2011).

4. Conclusion





The significant consequences of poor personal hygiene among Indonesian workers in Malaysia, with a primary concentration on workplace health literacy and empowerment, It highlights how critical it is to address and raise health literacy, particularly among underserved groups. Improving public health, lowering health disparities, and enabling people to make knowledgeable decisions about their own health and well-being all depend on addressing these problems and putting improved health literacy initiatives into practice.

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