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Policy analysis, funding and implementation of clean and healthy living behavior program household order in north Buton regency, southeast Sulawesi province, Indonesia

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Abstract

The Clean and Healthy Living Behavior Program (TCHLBP) in the Household is an effort to empower household members to know, want and be able to practice clean and healthy living behaviors and play an active role in the health movement in the community. The purpose of the study was to analyze the policies, funding and implementation of a clean and healthy lifestyle program for household arrangements in North Buton Regency. The type of research used is qualitative research. This research was conducted in the working area of the North Buton District Health Office in April-May 2022. The research informants consisted of key informants, main informants and supporting informants. In-depth interview data collection techniques, Focus Group Discussion (FGD), and document review. Data analysis is presented in the form of a content analysis matrix. The results showed that the policies in the Clean and Healthy Behavior program in household arrangements have policy standards sourced from the North Buton Regent's Regulation, but not all TCHLBP indicators have policy standards. Availability of the TCHLBP program budget, at the Health Office and Puskesmas, comes from general allocation funds and Health Operational Assistance (HOA). The implementation of the Clean and Healthy Behavior Program has been carried out well but the results have not been maximized, still below the standard. Conclusion; The implementation of the Clean and Healthy Behavior Program in household arrangements in North Buton Regency has not been fully implemented properly because it has not been supported by regional regulations that are in accordance with 10 indicators of TCHLBP, and the availability of limited funds. Suggestion; It is necessary to improve policies, increase the budget for the Clean and Healthy Behavior program and involve the general public in the implementation of TCHLBP in the field.

Keywords: Policy; Funds; Implementation; TCHLBP

1. Introduction

Clean and Healthy Life Behavior are all health behaviors that are carried out because of personal awareness so that families and all members are able to help themselves in the health sector and have an active role in community activities [1], [2]. TCHLBP is basically an effort to transmit experiences regarding healthy living behavior through individuals, groups or the wider community with communication channels as a medium for sharing information [3],[4], [5].

To maximize the implementation of TCHLBP in the community, the Minister of Health of the Republic of Indonesia has made Guidelines for the Guidance of Clean and Healthy Living Behaviors as stipulated in the Regulation of the Minister of Health of the Republic of Indonesia Number: 2269/Menkes/Per/XI/2011 which regulates efforts to improve Clean and Healthy Lifestyles or abbreviated as TCHLBP throughout Indonesia by referring to the management pattern of TCHLBP, starting from the assessment, planning, and implementation stages as well as monitoring and assessment [6], [7].

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The percentage of TCHLBP households is one of the Key Performance Indicators (KPI) of the Ministry of Health. The TCHLBP target that must be achieved by the Ministry of Health is 80% and households that have practiced TCHLBP in Indonesia in 2020 are only 67.85 [8]. Meanwhile, the percentage of households with clean and healthy living behavior in Southeast Sulawesi in 2017 the percentage of Clean and Healthy Living Behaviors of 49% decreased in 2018 by 46%, for 2019 there was a percentage increase of 53% and in 2020 also increased to 56% [9]. In North Buton Regency in 2019 it was 46.3%, decreased in 2020 which was 39.4%, and in 2021 there was an increase of 48.8% although it increased, but the percentage is still very far from the national target, the TCHLBP indicator households that have not reached the target include exclusive breastfeeding on average 66.8%, healthy latrines 55.1%, larvae free 71.3%, eating vegetables and fruit 75.2%, physical activity 72.7%, not smoking in the house 29.5%, delivery by health workers 88.6%, weighing toddlers 85.1%, clean water 98.2%, washing hands 96.6% [10].

Efforts to foster Clean and Healthy Living Behavior in North Buton Regency can be said to have not run optimally. This can be seen from the low coverage of household Clean and Healthy Behavior indicators in North Buton Regency which is allegedly caused by the management of health promotion that has not been maximized. Based on brief interviews with several health promotion officers, it was found that the number of promotional personnel is still considered insufficient, infrastructure facilities are also lacking, the methods used in health promotion are very monotonous, funds or budgets are still limited, local government policy problems do not fully support community behavior. for TCHLBP such as the absence of provision of public trash cans, lack of availability of clean water, monitoring and control have not been carried out optimally.

From the results of initial observations on the people of North Buton Regency, it was found that of the ten indicators of TCHLBP in the household order, there are still many households/families who have not washed their hands before eating, there are still many people who smoke, exercise that has not been entrenched, and houses that have family latrines. many do not meet the requirements, there are still many puddles and used cans around people's homes and other problems. The purpose of the study was to analyze the policies, funding and implementation of a clean and healthy lifestyle program for household arrangements in North Buton Regency.

2. Material and methods

The type of research used is qualitative research. This research was conducted in the working area of the North Buton District Health Office in April-May 2022. The research informants consisted of key informants, main informants and supporting informants. There were 5 key informants consisting of 1 Head of Public Health Division of the Health Office, 3 Heads of Public Health Centers and 1 person in charge of the Health Promotion Program of the Health Office. The main informants were 9 people consisting of 3 health center health workers, 3 village midwives and 3 health center cadres. There are 6 supporting informants consisting of community shops and the general public. Data collection techniques are in-depth interviews, Focus Group Discussions, and document review. Data analysis is presented in the form of a content analysis matrix.

3. Results

3.1. Policies in the implementation of clean and healthy living behavior in household orders in north buton regency

The policies in the Clean and Healthy Behavior program for household arrangements at the Health Office of North Buton Regency have policy standards that are sourced from the Regulation of the Regent of North Buton. The policy was made to become a standard for implementing TCHLBP, but not all TCHLBP indicators have policy standards. The policies are North Buton Regent Regulation No. 9 of 2018 concerning Maternal Health, Newborns, Infants and Toddlers, North Buton Regent Regulation No. 11 of 2019 concerning non-smoking areas. North Buton Regent Regulation in the form of Circular No. 300/512 of 2012 concerning Order to Maintain Cleanliness of the Office and Surrounding Environment, is a pillar of household TCHLBP, then the other circular letter is a circular signed by the regional secretary regarding the implementation of Joint Gymnastics, which is carried out every Saturday, especially in the scope of the North Buton Regency Regional Apparatus Organization.

Regulations are made as a reference for implementing the TCHLBP program to achieve changes in knowledge, attitudes and positive actions from individuals/communities in the health sector, as expressed by several informants such as the Head of Health Promotion:

- “... Well, related to the TCHLBP policy, household arrangements in the North Buton Health Office work area have not run optimally, but from several TCHLBP indicators there have been policies issued by the government such as giving birth at health facilities and doing physical activities such as gymnastics every Saturday...” (IK-01)

Other informants as stated by the Person in Charge of Health Promotion at the Health Office of North Buton Regency, namely:

- "...For the policy I made and the policy was made, it consists of an assessment SOP and a counseling SOP and contains the procedures for the steps. the policy has not been implemented properly so that the achievement of a Clean and Healthy Lifestyle is still low, the indicators that are carried out are weighing Toddlers, examination of pregnant women, but the policy is based on the standards of the Regulation of the Minister of Health,,," (IK-05)

Further explanation the head of the Kulisusu Health Center said that:

- "... The policy in the TCHLBP program is in our program and we have also made the Standard Operating Procedure (SOP). So the policy must be submitted to be implemented. Here the person in charge is directly responsible for the plan, and for household TCHLBP who makes it means the person in charge of the health promotion program. ..." (IK-05)"
- "... We have followed the national standard as made by the ministry of health, but we need to inform you that the achievement of household TCHLBP for the last 3 years is still below the target in other words it is still below the standard "yes follow the rules,,," (IK-01)

Furthermore, the person in charge of health promotion at the North Buton Health Office stated that;

- "... Here we refer to the standards set by the ministry of health and we also refer to the household TCHLBP from the TCHLBP indicator ,,," (IK-02)

According to the Head of the Bone Rombo Health Center;

- "... How is the policy in the TCHLBP program for household arrangements in the work area of the North Buton District Health Office, does not yet have a policy, but still implements TCHLBP in the community. Achievement is still low below the standard..." (IK-03)

3.2. Availability of budget/funds in the implementation of the clean and healthy behavior program in the household

The availability of the TCHLBP program budget/funds at the Health Office and Puskesmas comes from general allocation funds and Health Operational Assistance for the Health Office and Puskesmas sourced from the Puskesmas HOA funds. The following are excerpts from interviews with informants;

- "... The source of funds for the Clean and Healthy Behavior Program for household arrangements in North Buton Regency comes from the DAU and HOA of the North Buton Regency health office..." (IK-01)

It was further strengthened by the district health promotion person responsible;

- "...the budget for the TCHLBP program comes from the district HOA, the General Allocation Fund for the Health Service..." (IK-05)

The operational funds for the Clean and Healthy Behavior Program for TCHLBP for household arrangements are not sufficient, this is explained by;

- "...the funds are very low, lower than last year..." (IK-01)
- "... The budget is not enough, because it has been diverted to dealing with covid 19..." (IK-02)
- "...still lacking, focus on preventing covid..." (IK-05)

The response of health cadres regarding the funding of the TCHLBP program, that they know the source of the funds comes from the HOA Puskesmas and also village funds. Following are the results of interviews with informants;

- "... For these funds come from the HOA Puskesmas activities, we are given incentive funds from village funds..." (IU-01)
- "...It comes from the HOA Puskesmas activities, ma'am. Usually the incentives from the village are 200,000 per month..." (IU-02)

Furthermore, the question about these funds is not sufficient for the implementation of the Clean and Healthy Behavior Program in household arrangements at the Puskesmas. Following are the results of interviews with informants;

- "...The funds are not sufficient because TCHLBP activities cover 10 indicators, some of our activities are in the field and many do not have fund allocation..." (IUB-01)

3.3. Implementation in the implementation of the household clean and healthy behavior program

The TCHLBP program for household arrangements is carried out with assessment activities carried out by recording residents' houses according to 10 TCHLBP indicators and recording houses categorized as healthy. Meanwhile, outreach activities are carried out by providing socialization to the community in accordance with 10 TCHLBP indicators. Following are the results of interviews with informants:

- “... Always coordinate with other programs because we always provide help for mothers who give birth...” (IUB-01)
- “... The implementation system that we are doing at the Puskesmas provides counseling related to PBHS household arrangements or also conducts house data collection, and program cooperation in carrying out Dis PK activities...” (IPM-03)

The obstacle faced by cadres when implementing TCHLBP is community time. As the following interview results;

- “...Indeed, there are many problems in the field, for example the meetings that will be held are not carried out because the community is difficult to gather, but I as a leader try to make people understand TCHLBP...” (IP-01)
- The system for implementing TCHLBP in household arrangements is good and always coordinates with village officials and existing health cadres. Following are the results of interviews with informants;
- “...If they always go down to the village, they always coordinate with village officials and are always together with posyandu cadres if there are extension activities...” (IP-02)

There are changes that are felt by the community after the implementation of TCHLBP, such as the results of the following interviews;

- “...So far we rarely go to posyandu, but after hearing about household TCHLBP counseling activities, we know the importance of implementing TCHLBP...” (IPM-01)

4. Discussion

4.1. Household TCHLBP program policy

Policy is a series of concepts and principles that become the outline and basis of a plan in the implementation of a job, leadership, and way of acting. Policies in the Clean and Healthy Behavior Program at the Health Office of North Buton Regency follow the standard, namely the Regulation of the Regent of North Buton. However, not all TCHLBP indicators have policy standards. These policies are North Buton Regent Regulation Number 11 of 2019 concerning Non-Smoking Areas, North Buton Regent Regulation Number 9 of 2018 concerning Health of Mothers, Newborns and Children Under Five and Regent Regulations and Circular Number 300/512 of 2021 concerning Order to Maintain Cleanliness. Office and Surrounding Environment and Circular No. 426/1191 of 2021 concerning Joint Gymnastics.

The results of the analysis of documents in the field show that regional policies, especially those issued by regional governments, have not as a whole set about 10 indicators of household TCHLBP programs. Some of the regional policy documents mentioned above do not specifically regulate the use of clean water, eating vegetables and fruit every day, washing hands with clean water and soap, using healthy latrines and eradicating mosquito larvae at home once a week.

The results of this study are in line with the research of Nurwahidah, [11] at the Balaraja Health Center, Tangerang Regency, who reported that the Clean and Healthy Behavior Program for household arrangements at the Tangerang Regency Office already had policy standards sourced from the Tangerang Regent's Regulation. The policy is made to become a standard for implementing TCHLBP, but not all TCHLBP indicators have policy standards.

In the regulation of the Ministry of Health of the Republic of Indonesia in 2011, regarding guidelines for implementing TCHLBP programs in households at the Puskesmas, it aims to improve TCHLBP in the household setting and develop TCHLBP development policies as well as strengthen movement and community participation through TCHLBP in household settings, improve access to information and education. to the community in the household setting and increase the capacity of the management of TCHLBP development in the household setting.

In its implementation, the household TCHLBP program at the North Buton District Health Center already has a SOP (SOP for Survey Data Collection/Assessment and Counseling on TCHLBP Household Arrangements) referring to the Ministry of Health of the Republic of Indonesia Number 2269/Menkes/Per/XI/2011 concerning Guidelines for Guiding Clean Living Behaviors and Healthy. Meanwhile, in counseling activities, the Ministry of Health of the Republic of Indonesia Number 585/Menkes/SK/V/2007 concerning Guidelines for the Implementation of Health Promotion.

In addition, the cadres who carry out this program also sometimes do promotions to the people they meet. This is in accordance with the instructions in the regulation of the Ministry of Health of the Republic of Indonesia in 2011,

regarding guidelines for implementing the TCHLBP program in households that in the minimum service standard there are nine tasks that must be carried out by the Regency/City Government. One of them is the implementation of Health Promotion with performance indicators of the percentage of healthy households.

It is known from the results of the study, that the indicators of the Clean and Healthy Living Behavior program in the household order have not run optimally in accordance with the SOP which includes delivery assisted by health workers, exclusive breastfeeding, weighing toddlers every month, using clean water, washing hands with clean water and soap, using healthy latrines, eradicating mosquito larvae, eating fruits and vegetables every day, doing physical activity every day and not smoking inside the house.

From the results of the research, the implementation of policies regarding the implementation of the Clean and Healthy Behavior program in household arrangements has not been fully socialized to implementing officers, namely Community Health, village nurses/midwives and health cadres because there are still some officers who do not carry out activities according to the plans that have been made.

4.2. Household TCHLBP program funding

The implementation of the Clean and Healthy Behavior program for household arrangements is sourced from the General Allocation Fund and Health Operational Assistance for the health office and HOA Puskesmas for the Puskesmas level. The funds have been prepared based on the Proposed Activity Plan that has been prepared by the Person in Charge of the Health Promotion Program. The results of interviews with several informants found that since the covid 19 pandemic, the Puskesmas HOA funds, which were previously allocated for the TCHLBP program, were then transferred to the Covid 19 prevention fund, which greatly hampered the achievement of TCHLBP indicators in household settings.

The results of Lamawati's 2011 research on Analysis of Health Promotion Management in the Implementation of Clean and Healthy Living Behaviors in Household Arrangements in Padang City obtained the same thing that the budget for implementing the Household TCHLBP program was very limited because there was no special fund allocation from the Puskesmas. Likewise, Sondakh's 2007 findings in the analysis of the utilization and management of Health Operational Assistance funds at the Sario Health Center in Manado City stated that from the aspect of utilization of the HOA it was used for the management and operation of the Puskesmas. From the management aspect, it involves all program holders. From the aspect of program success indicators, HOA strongly supports the realization of the program at the Puskesmas. The implementation of HOA activities at the Sario Community Health Center has been going well and can be seen from the increase in program coverage for each program at the Puskesmas and from the results of document observations.

According to the Ministry of Health in 2014, the use of HOA funds at Puskesmas was for the operation of health service efforts and Puskesmas management which included local transportation, in this case, namely financing the trips of health workers carrying out promotive and preventive health service activities outside the building, financing the trips of health cadres including traditional healers. maternity assistance assisting health workers in promotive and preventive health service activities outside the building, financing travel for participants in mini workshop meetings, self-reflection surveys, village community meetings, financing health workers travel to attend meetings, consultation/coordination and other activities related to HOA to districts/cities and finance the travel of health cadres including birth attendants to attend refreshing/refreshing activities for Health cadres organized by the Puskesmas and its network along with Poskesdes/Polindes, Posyandu and other Community-based health efforts. The amount of local transportation costs that are financed is in accordance with the provisions stipulated in the district/city. Under certain conditions, regions may pay local transportation costs based on cost, in accordance with the amount of local transportation costs incurred, including rental of transportation facilities if needed, because there are no regular transportation facilities with proof of expenses issued by the owner/provider of transportation services.

The next use of HOA is official travel within the Regency/City (in Regulation of the Minister of Finance of the Republic of Indonesia No. 37/PMK.02/2012 concerning Cost Standards for Fiscal Year 2013). For health workers who in carrying out health efforts or attending meetings/meetings/consultation activities related to HOA in a Regency/City due to geographical conditions require a trip of more than 8 hours and can be reached by roundtrip without staying overnight, local transport fees can be paid and daily money (75%) of the daily fee for domestic business trips per day.

According to the Ministry of Health in 2014, that HOA utilization is also used for purchasing or shopping goods, namely by financing the purchase/expenditure of goods to support the implementation of promotive and preventive health activities outside the building, which includes purchasing of Supplementary Feeding counseling/recovery materials, purchasing meeting consumption, counseling, refreshing, as well as printing/copying/providing materials for outreach to the public.

In the 2014 Ministry of Health directive, it was stated that Health Operational Assistance was also used to finance the purchase/expenditure of goods to support the implementation of Puskesmas management, HOA, village community meeting financial management, which included: purchase of stationery/offices for HOA support activities, banking administration fees If in accordance with local bank regulations, administrative costs are required in order to open and close a Puskesmas bank account, then you can use HOA funds from shopping for supporting goods, purchase of stamps, duplicating/photocopying reports, sending letters/reports and purchasing meeting consumption.

4.3. Implementation of the household TCHLBP program

The implementation of the Clean and Healthy Behavior Program in household arrangements in the work area of the North Buton District Health Office is carried out by officers, namely Community health officers, Midwives, Other Health and Health cadres and in the process of reviewing and counseling activities, officers and Health Cadres carry out activities in accordance with 10 indicators of TCHLBP in household order.

However, based on the results of interviews with the community, it was found that the dominant community has not been able to explain optimally about household TCHLBP, especially the 10 TCHLBP indicators. The community's ability to understand the program in the field varies, some only know the program to the extent of not smoking, clean latrines, weighing and physical activity. In addition, it is also unknown whether they carried out this activity in accordance with the guidelines for Clean and Healthy Lifestyle. This has an impact on the achievement of the household TCHLBP program which is still below the minimum service standard that is the target of the Health Service and Puskesmas, which is 80%.

The results of this study are in line with research [12] at the Pameungpeuk Puskesmas, Regency Bandung reported that the achievement of households with TCHLBP was very low in 6 ward, only between 10%-50%, although the results of interviews and observations showed that the officers had implemented the TCHLBP program as planned. This is also in line with the research of Khairiyati, [13] who reported that the support of health workers was related to the successful implementation of the TCHLBP program at the household level. In the study it was explained that support could be in the form of counseling or monitoring carried out by health workers in order to create behavior in the community.

Ruliyandari's research [14] reports that based on ten indicators of clean and healthy living behavior in the household structure, four indicators have not been implemented properly, namely exclusive breastfeeding (21%), weighing infants and toddlers every month (14%), doing physical activity every month. days (34%), and not smoking in the house (23%), with a clean and healthy lifestyle coverage in the very good category (66%). So it can be concluded that the application of a clean and healthy lifestyle in Banguntapan Village, Bantul, has good household characteristics (66%) but has not met the government's target because the four indicators of clean and healthy living behavior have not been implemented optimally.

Some of these studies are in line with the condition of the achievement of the TCHLBP program in North Buton Regency. The problem also tends to be the same, namely TCHLBP implementers are health workers who are less competent because they do not have a formal educational background as Health Promotion workers but are only selected based on their ability to provide counseling.

Based on the results of the focus group, it was concluded that the Household Clean and Healthy Behavior Program, according to research informants, said that related to policies, there were already several policies, but not all of the overall TCHLBP indicators had policies. as well as the provision of facilities and infrastructure such as brochures, leaflets and banners which are still lacking so that not all people can get them. Then there were informants who also said that the TCHLBP indicator is also still a lot of people who smoke in the house because it has become a habit because changing behavior does take time so that it affects the achievement of the Household TCHLBP Program which is still below the standard.

5. Conclusion

The implementation of the Clean and Healthy Behavior Program in household arrangements in North Buton Regency has not been fully implemented properly because it has not been supported by regional regulations that are in accordance with 10 indicators of TCHLBP, and the availability of limited funds. Suggestion; It is necessary to improve policies, increase the budget for the Clean and Healthy Behavior program and involve the general public in the implementation of TCHLBP in the field.

Compliance with ethical standards

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All authors in the making of this scientific article have no conflict of interest.

Statement of informed consent

All informants/respondents involved in this study have stated their consent as informants/respondents to be interviewed and provided information/information in accordance with research needs.

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