

THE EFFECT OF COMMUNITY-BASED TOTAL SANITATION TRIGGER ON FREE DEFECATING BEHAVIOR IN COMMUNITIES

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ABSTRACT

The problem of sanitation development in Indonesia is a problem of socio-cultural challenges, one of which is the behavior of residents who are used to open defecation in any place. As of May 2021, the level of cases of open defecation (BABS) in Bogor City was 35,286 cases. West Bogor is one of the most sub-districts, namely 7,930 cases. STBM implementation aims to realize hygienic and sanitary community behavior independently in order to improve the highest degree of public health.

This study aims to determine the effect of using Community-Based Total Sanitation Triggers on Open Defecation Behavior in Communities in Pasir Jaya Village in 2021.

This type of research is quantitative research using the Pre-Experimental method, the design used is One Group PreTest-PostTest. The method of sampling in this study was by using the Probability Sampling technique using Simple Random Sampling with a total sample of 56 respondents. The research instrument used a questionnaire.

The results of this study showed defecation behavior before being given the use of the STBM trigger from 56 respondents showing 25 respondents (44.6%) had bad behavior and defecation behavior after being given the use of STBM triggering from 56 respondents showing 38 respondents (67.9%) have good behavior.

This study shows that there is influence because the results of the Parametric Paired Until T-Test hypothesis test show the Asymp value. Sig, which is 0.000 less than <0.05 , it can be concluded that the hypothesis is accepted. This means that there is a difference between the results of the Pre-Test and Post-Test, so it can be concluded that there is "The Effect of Using Community-Based Total Sanitation Triggers on Open Defecation Behavior in Communities in Pasir Jaya Village".

Keywords : Use of STMB Triggers, Defecation Behavior, Random

INTRODUCTION

The problem of sanitation development in Indonesia is a problem of socio-cultural challenges, one of which is the behavior of residents who are accustomed to open defecation in any place, especially the presence of water which is also used for washing, bathing and other hygienic needs. Based on the Johannesburg Declaration as outlined in the Millennium Development Goals (MDGs), it was agreed in 2015 to reduce by half the proportion of the world's population who do not have access to basic sanitation, namely healthy latrines and must have access to basic sanitation (latrine) by 2025. This determination was agreed upon by Countries in the world including in Indonesia.¹

Data from the World Health Organization (WHO) for 2020 states that Indonesia is the second largest country in the world whose population still practices open defecation (BABS). This situation causes around 150,000 Indonesian children to die every year due to diarrhea and other diseases caused by poor sanitation. The latest data from the Community-Based Total Sanitation

(STBM) website published on the Indonesian Ministry of Health website shows that there are still 8.6 million households whose family members are still practicing open defecation as of January 2020. 2

Based on data and information obtained from the 2020 Indonesia Health Profile, it shows that the number of villages/kelurahans that have implemented STBM has reached 61,000 out of a total of 83,441 villages/kelurahans in Indonesia. Nationally, the percentage of villages/kelurahan implementing STBM in 2020 is 73.1%. Based on the national percentage per region, the percentage of STBM implementation in the West Java region in 2020 is 71.3%. Nationally, the percentage of successful villages/wards in Stop Open Defecation (SBS) in 2020 is 36.2%. Meanwhile, for success per region, the percentage of SBS villages/kelurahan in the West Java region was 32.2%. 3

Geographically, the Pancasan Health Center serves 2 Sub-Districts, namely Pasir Jaya Sub-District and Pasir Kuda Sub-District. Based on the data obtained, the number of heads of families in the Pasir Jaya Village is 1189 residents, consisting of 15 RWs and 7 RTs. Based on the data obtained, the highest level of open defecation (BABS) is found in RW 12. 4

Triggering (creating a state or condition) is a stimulus activity and the initiation of a reaction. In the STBM approach, triggering is linked to different community activities, carried out by skilled facilitators by evoking community emotions towards open defecation habits. The impact of the reaction to open defecation is the growing need to solve sanitation problems and mobilize community movements. 5

Open defecation behavior is an example of unhealthy behavior. Open defecation is an act of defecating in fields, forests, bushes, rivers, beaches or other open areas and allowing it to spread contaminating the environment, soil, air and water. Poor sanitation, personal hygiene and the environment are associated with the transmission of several infectious diseases, namely diarrhea, cholera, typhoid fever and paratyphoid fever, dysentery, hookworm disease, ascariasis, hepatitis A and E, skin diseases, trachoma, schistosomiasis, cryptosporidiosis, malnutrition and diseases related to malnutrition. 6 7

Factors related to open defecation include 5 (five) factors that are interconnected with one another, namely: knowledge, income, distance from river to house, family support, role of health workers. 8

As a result of not having a septic tank, the dirt they spit goes straight into the river, even though open defecation is bad for health. And the dirt that is thrown away or flowed into the river can cause digestive tract infections. Contamination can be through flies that previously landed on dirt and then stick to food. The impact of the reaction to open defecation is the growing need to solve sanitation problems and mobilize community movements. 9

The government's efforts based on the Decree of the Minister of Health of the Republic of Indonesia Number 852/Menkes/SK/IX/2008 called Community-Based Total Sanitation (STBM) include 5 pillars namely: Stop Open Defecation (Stop Open Defecation), Washing Hands with Soap (CTPS), Household Food and Beverage Security (PAM-RT), Household Waste Management (PSRT), Household Wastewater Management (PSRT) (Ditjen PP and PL 2008). 10

Regulation of the Minister of Health Number 3 of 2014 concerning Community-Based Total Sanitation (STBM) states that STBM is an approach to changing hygienic and sanitary behavior through community empowerment by means of triggering. STBM implementation aims to realize hygienic and sanitary community behavior independently in order to improve the highest degree

of public health. The strategy for implementing STBM includes 3 (three) components that mutually support each other, which are called the 3 (three) components of Total Sanitation, as follows: creating a conducive environment (enabling environment), increasing sanitation needs (demand creation), increasing provision access to sanitation (supply improvement). 3

Based on the results of Ratna Dian Kurniawati's research concerning the Analysis of Knowledge, Attitudes and Roles of Health Workers with Participation in Triggering Stop Open defecation in Ciaro Village, Working Area of the Nagreg Health Center in 2020, there is a relationship between knowledge ($p=0.001$), attitude ($p=0.000$), and the role of officers ($p=0.000$) with community participation. 11

Meanwhile, based on the results of Hayana's research on Factors Associated with Open Defecation (BABS) in the Community-Based Total Sanitation Program (STBM) in Taluk Kanidai Village, Tambang District in 2021, there is a relationship between the distance between the house and the river and open defecation ($p=0.001$) and availability of open defecation ($p=0.000$). 12

Based on data and information from the Bogor City Health Office, as of May 2021 the level of cases of open defecation in Bogor City was 35,286 cases. West Bogor is one of the most sub-districts, namely 7,930 cases. Based on the Kelurahan level in the West Bogor District area, the case rate in Balumbang Jaya Sub-district was 483 cases, Bubulak Sub-District had 458 shirts, West Cilendek Sub-District had 689 cases, Cilendek Timur Sub-District had 636 cases, Curug Sub-District had 294 cases, Curug Mekar Sub-District had 176 cases. cases, Gunung Batu Village with 458 cases, Loji Village with 254 cases, Marga Jaya Village with 410 cases, Menteng Village with 376 cases, Pasir Jaya Village with 1252 cases, Pasir Kuda Village with 679 cases, Pasir Mulya Village with 266 cases, Semplak Village with 480 cases, Sindang Barang Village with 416 cases, Situ Gede Village with 603 cases. Based on these data, Pasir Jaya Village is the Village with the highest rate of Open Defecation, namely 1252 cases.

Based on the results of a preliminary study conducted in Pasir Jaya Village RW 12 RT 04 on August 26 2021, through the results of interviews it was shown that out of 20 respondents, it was known that 12 respondents had good behavior and 8 respondents had bad behavior. Respondents who have bad behavior are influenced by inadequate environmental conditions, where the location where residents live is a densely populated location which makes it difficult for residents to build septic tanks or feces storage and lack of public knowledge about open defecation behavior.

Based on the background above, the researcher is interested in conducting research with the title "The Influence of Using Community-Based Total Sanitation Triggers on Open Defecation Behavior in Society."

RESEARCH METHODS

This study used the Pre-Experiment method with the One Group PreTest-PostTest design. In this study, a measurement (Pre Test) was carried out before providing education or health promotion with media in the form of brochures or leaflets, then carried out (Post Test) after giving media in the form of brochures or leaflets to the public. The population of this study were residents in RW 12 RT02, Pasir Jaya Village with 126 respondents. The sampling technique uses Probability Sampling using Simple Random Sampling or simple random sampling. By using

Federer's formula. To meet the sample requirements, the sample used was 56 respondents. This study uses a questionnaire instrument. Data analysis in this study used univariate analysis,

RESEARCH RESULT

Table 1

Distribution of Frequency Values of Open Defecation Behavior Before Being Given the Use of the STBM Trigger

Behavior	Frequency	Percentage (%)
Not good	25	44,6
Good	31	55,4
Total	56	100

Table 1 shows that the level of use of community-based total sanitation triggers for open defecation behavior before being given triggers that have bad behavior is 25 respondents (44.6%).

Table 2

Distribution of Frequency Values of Open Defecation Behavior After Being Given the Use of the STBM Trigger

Behavior	Frequency	Percentage (%)
Not good	18	32,1
Good	38	67,9
Total	56	100%

Table 2 shows that the level of use of community-based total sanitation triggers for open defecation behavior after being given good behavior triggers was 38 respondents (67.9%).

Table 3. Kolmogorov-Smirnov Normality Test Results

STBM Triggers Against Open Defecation Behavior	Statistics	df	Sig.
Pre-Test	0.123	56	0.034
Post-Test	0.197	56	0.000

Table 3 shows that based on the results of the Kolmogorov-Smirnov Normality Test at RT 02, Pasir Jaya Village, Bogor City in 2021, it was known from 56 respondents that the significant value was 0.034 during the Pre-Test and 0.000 during the Post-Test. If the significant value <0.05 then the data is not normally distributed.

Table 4. Hypothesis Results of NonParametric Wilcoxon Signed Rank Test

Defecation Behavior	N	Mean Ranking	Sum of Ranks	P Value
POST TEST - PRE TEST	Negative Ranks	8	100	0.000
	Positive Ranks	47	1440	
	ties	1		
Total	56			

Table 4 Hypothesis Results of the Nonparametric Wilcoxon Signed Rank Test It is known that the significant value is 0.000 if the significant value is <0.05 Hypothesis (H_a is accepted, H_0 is rejected). Then there is a difference between the results of the Pre-Test and Post-Test, so it can be concluded that there is an Effect of Triggering Community-Based Total Sanitation on Open Defecation Behavior in the Community.

DISCUSSION

The results of this study are not in line with Alfian Aulia's research entitled Open Defecation Behavior in Kamal Village, Larangan District, Brebes Regency. Because this research used cross sectional and it was found that some people in Kamal Village still had open defecation behavior (47%), most of the people still had low knowledge about defecation (81.8%). 13

The level of behavior change among residents in RT 02, Pasir Jaya Sub-District, Bogor City experienced a change between the results of the Pre-Test and Post-Test. This was done by providing the STBM triggering method and family support. Even though health workers have given triggers to residents about the bad effects of defecation in rivers and family support, this has not been shown in real practice, they prefer to defecate in rivers rather than build septic tanks, due to the densely populated location conditions which make them prefer to BAB in the river.

According to the researchers' assumptions, to change a person's behavior or habits requires the influence of the head of the family. For this reason, health workers should involve family members in providing triggering, where health workers together with the head of the village seek solutions to overcome the problem of building a septic tank according to the ability of the head of the family. In addition, what needs to be considered is adjusting the time of counseling with the conditions of residents in the Pasir Jaya Village. Health workers must find the right method so that the message given can reach all residents. This method can be in the form of distributing leaflets which are distributed to residents' homes which contain the bad effects of throwing feces into the river for health.

This shows that triggering activities can affect behavior because, triggering is a way to encourage changes in people's behavior on their own awareness by touching people's mindsets and habits to live hygiene and sanitation. For the formation of people's behavior, behavior is divided into 3 domains, namely knowledge, attitudes and practices.

To change behavior through knowledge requires an effort to convey information either directly or indirectly through communication media. Efforts to provide information in the triggering process are sought to come from a team of facilitators who direct the community to find their own problems and find solutions together. This process is expected to become knowledge that is absorbed by the community so that it can be accepted, this is evidenced by the results of the post-test which showed a significant increase.

Attitude is a person's closed response to a certain stimulus or object that already involves the emotional factor of the person concerned, the attitude itself is not yet an action (open reaction) or activity, but a predisposition to behavior (action) or closed reaction. To change attitudes into open behavior, namely accepting, responding and appreciating. Attitude itself is a square off to act. Because in order to manifest an attitude into a real difference, supporting factors are needed, including the existence of facilities. In triggering activities, researchers have said that triggering activities are learning efforts so that people can become open-minded. However, from the

triggering activities carried out, it shows the form of community response to triggering activities, where the community accepts,

The descriptive analysis shows that the value of open defecation behavior before triggering is 44.6% and the value of open defecation behavior after triggering is 67.9%. This shows that there were significant differences in the attitude of the respondents before and after the triggering, meaning that this triggering succeeded in changing the respondent's practice of open defecation towards healthy defecation practices. Meanwhile, changing open defecation behavior to a healthier direction requires more effort and costs, so it takes even more time. The triggering method itself is a form of stimulus in health interventions so as to produce a positive response from the community requires many factors to support its success such as the support of community leaders.

CONCLUSION

1. It is known that the frequency distribution of open defecation behavior before being given the use of a trigger, there were 25 respondents (44.6%) who had bad behavior regarding environmental sanitation.
2. It is known that the frequency distribution of open defecation behavior after being given the use of STBM triggers is that there are 38 respondents (67.9%) who have good behavior regarding environmental sanitation.
3. The results of the Nonparametric Wilcoxon Signed Rank Test Hypothesis Test show that the Asymp. Sig, that is 0.000 smaller ≤ 0.05 . So it can be concluded that the hypothesis is accepted. This means that there is a difference between the results of the Pre-Test and the Post-Test, so it can be concluded that there is an "Effect

SUGGESTION

1. For Respondents
It is hoped that they will apply knowledge about environmental sanitation to open defecation (BABS) behavior and participate more in triggering Community-Based Total Sanitation (STBM) activities so that they can maintain environmental health.
2. For Further Researchers
It is hoped that this research can be used as a basis for further research and for future researchers it is hoped that they can modify this research by increasing the population, using more creative or different methods and adding research variables or using more complete instruments that are not yet available in this study.

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