

Determinan Diare Berdasarkan Pilar Sanitasi Total Berbasis Masyarakat

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Utilisation of the Family Latrine Post Declaration ODF

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Diarrheal diseases dominate the prevalence of diseases due to poor sanitation in Indonesia. Case Fatality Rate (CFR) in 2010-2017 tends to fluctuate. In 2017, diarrhea in Lampung Province was ranked 7th among the top 10 diseases. South Lampung Regency has the highest case. The declaration of Open Defecation Free (ODF) village has been carried out, but the number of diarrhea cases in the Pemanggilan Village during January-March 2019 was 32 cases, with 10 out of 20 people in Marga Kaca, and Sri Mulyo III hamlets not using the available healthy latrines. This study uses a qualitative design with a phenomenological approach. The research subjects were 15 community informants, one triangulation informant, and one key informant. The sampling technique used is purposive, sample selected by a snowball. The results of the study stated that the informant's knowledge can be said to be good, the whole community uses well water for their needs, community leaders and health workers provide support in the form of advice and assistance for the construction of latrines, but community awareness is still not good in the use of family latrines.

Keyword: *Diarrhea, ODF, Desa Pemanggilan*

Introduction

Diarrheal disease is a significant contributor to morbidity and mortality of children in various countries, including Indonesia. Data from the World Health Organization (WHO) estimates that each year approximately 31,200 children under five die from infectious diarrhea in Indonesia. More than 1.3 billion of events and 3.2 million deaths per year in children under five are caused by diarrhea (Astuti, 2019). Case Fatality Rate (CFR) diarrhea in Indonesia in 2010-2017 tended to fluctuate (Kemenkes, 2018), diarrhea in Lampung is ranked seventh among the 10 major diseases. Districts with the highest cases are located in the South Lampung regency with a recorded 28,867 cases (Central Bureau of Statistics, 2018).



Poor sanitation remains a significant public health problem associated with several important health outcomes. Open defecation results in a higher risk of spreading diarrhea (Lewis, 2018; Spears, Ghosh, & Cumming, 2013).

Natar District South Lampung has 22 villages. One such village is Pemanggilan, which has been declared a ODF village as 100% of the population has access to BAB/Open defecation in qualified toilet health. But the results pre-survey finds the incidence of diarrhea in the Pemanggilan village during the period from January to March 2019 to be a total of 32 cases (Puskesmas Hajimena, 2019). From the beginning, the field study found 10 out of 20 people in Marga Kaca and Sri Mulyo III hamlets did not use the available healthy latrines.

The study aims to find a picture of the utilisation of healthy latrines Post Declaration ODF at the Pemanggilan village in Puskesmas Hajimena Natar District South Lampung regency.

Methods

Research using qualitative design with a phenomenology approach, subjects were individuals who had plenty of in-depth information about the behaviour and the use of family latrines after ODF. The sample unit in this study were people who lived in the Pemanggilan Village in Natar District South Lampung regency called the informant. This study consisted of community informants selected from 7 Villages in Pemanggilan and included health workers and community leaders. The sample selection technique used is purposive, which is selected based on specific objectives.

Subjects were 15 individuals selected from 7 hamlets in the village of Pemanggilan, one informant triangulation, and one key informant. Technics election with a purposive sample, samples selected by a snowball, namely in sequence. The first sample was chosen based on information from the head of RT. The next informants were selected based on the information and designated and proposed from the previous informant. In-depth interviews were conducted to obtain information related to the latrine ownership and use of post-ODF. Interviews were conducted with informants to get the answers that are considered representative of the prevailing conditions. Informant interviews halted until the 15th; this is caused by receiving the same answers to questions. Furthermore, a Focus Group Discussion (FGD) was held with participants from the Head of RT, the Village Head, the Head of the Puskesmas, Sanitarian and health promotion of health centre personnel Hajimena.

The author uses the unit of assessment of the statements conveyed by the informant as follows:

- a. If the 15 informants say the same thing, then the ratings will be said to be wholly or everything.
- b. If 9-14 informants say the same thing, then it will be assumed the majority of votes.



- c. If 7-8 informants say the same thing, then it would say half of the votes.
- d. If less than 7 informants said this, the vote would be said fraction.

Results and Discussion

The search results in Pemanggilan Village, Natar District, South Lampung, were then interpreted and triangulated.

Community informants (In.1 - In.15) The oldest is an 89 years old, and the youngest a 21 years old; the highest educated informants have a high school education; respondents who work are peasants, and workers in the private sector. The average monthly income ranges from Rp. 1.000.000 – to Rp. 2.000.000 and the number of members in a family ranges from 4 to 10 people per family.

One informants triangulation is 53 years old (In.T), high school educated, working as private employee, with a total income of Rp. 1,000,000 per month and has been known as a public figure for 19 years. Key informants (In.K) were aged between 46 years old to 21 years old and worked as civil servants at a local clinic, are educated in S1 Public Health and reside up to 3 km from their place of work.

Most informants had a good knowledge of defecation. According to one informant, defecating is a bowel habit that can be carried out anywhere, not only in the water closet (WC) but in any place, in the fields, orchards, or arbitrarily. This is evidenced by several statements from the informants, namely:

"We defecate anywhere. Open defecation is not in the toilet but in an open area that leaves the impression of being open and very smelly "..... (In.4)

"We defecate anywhere, in the paddy fields, in the garden "..... (in.5)

" We defecate carelessly, arbitrarily, wherever we like "..... (in.10)

The informant said that the usefulness of the toilet is that it is a place to ‘dump the dirt’ so that the smell is not intrusive and does not cause disease. Footage from the interview are:

"The toilet is for pooping in, so as not to get sick "..... (In.1)

"The toilet is the place to defecate, because if you defecate carelessly, the smell can disturb other people "..... (In.4)

Informants in the second group said they did not know the use of latrines, as it conveys:

"I don't know the purpose of latrines; I only know that it's only for urinating and defecating " (in.3)



Observations were made on a latrine belonging In.3. The latrine is visibly dirty, and its water seal has been broken, as well as being full of soiled Pampers nappies, the area has not been cleaned yet so there is visible dirt.

Most informants already know the impact of open defecation, but there are still those who say they don't understand. This is contrary to the statement of triangulation sources said that the community had been counselled about latrine:

"Already Mrs, but it was long ago "(in.T)

The same information conveyed by key informants.

"Already, and there was extensive time given to describe it" (in.K)

Informants who answer the questions correctly have completed the education about family latrines and informants who answered questions in a vague or round-about-way are the informants who have not attended counselling. This is consistent with what was presented during the FGD that:

"Yes, because of limited human resources and work concurrently-bottomed out, so that the special schedule for counselling has not been implemented in the village of Pemanggilan" (in.F)

"In the future a special schedule will be created which is planned for education about family latrine" (in.F)

About the Healthy Latrine Infrastructure and Facilities, most informants said that they made their latrines and some informants said that the latrines they have are the distribution or administration of the villages and health centres. The first group of informants declare:

"if what I use is made by me, but I sometimes use and sometimes not" (in.11)

The second group said that they use latrines obtained from villages and health centres. Most of the informants use water from their wells and still have sufficient water for daily household needs.

A small portion of informants in the second group said they were using water that flowed from the mosque to his house by using a pipe.

Statement about latrine ownership is seen in triangular informant's answer:



"As for latrines, I think they had it because at that time they had to have all of the latrines, but some were still in use or not used anymore, those that were used were not taken care of anymore. (hee.hee.)". (in.T)

The key informant justifies it. Here is an answer from key informants:

"Everything has been fulfilled . . . if the toilet, . . . if the question is of whether it is unused or not officers do not monitor all" (in.K)

Support Community Leaders in the utilisation of Healthy Latrines were the first group that were told that they were advised by officers from the village hall to defecate in the toilet, as expressed by the informant 6 below:

"Yes, at that time Mrs. Titik who was from the village hall said that if you wanted to defecate in the toilet, yeah but he ... he ... I sometimes ..he..he .. "..... (in.6)

The second group said that no one advised.

Half of the informants said they got help and the other half worked it out for themselves. As revealed by the informant triangulation:

"For help, there is Ma'am. like latrines during the assessment, they were all given latrines" (In.T)

As stated by the following key informants:

"In the case of latrines, there are those from the village, others from the Public health centre and there are also children who practice using them and only those who accept them use the latrines." (In.K)

The role of the officer in this case is to support in the form of latrines and to provide assistance in counselling, which is imparting information regarding latrine use, always instructing the people on how to use healthy latrines. According to the triangulation informants, the counselling of large collective groups of the community is never done, counselling is only offered to those people who come to the health centre . Here is a statement from the informant triangulation:

"If there is crowd gathered for counselling about the latrine, it never happens. Only if you go in person to the Public health centre is it explained"..... (In.T)



This is consistent with that expressed by key informants:

"If you ask for counselling while at the Integrated Healthcare Centre counselling about latrine use is certainly given, but counselling for the community as a collective, has not yet happened" (In.K)

When FGD with health officials saying that:

"To a large gathering of people there has not been any latrine counselling given as yet but as a patient going for treatment to the Public health centre you are always counselled" (in.F)

Community informants said that health officials recommend that to defecate in latrines was a good fit with the health requirements, as follows:

"When they came to the Public health centre they were told how to make a toilet because there would be an assessment for the village" (In.15)

Half of the informants said that healthcare workers were advised to use latrines properly by health standards. As well as, informant triangulation source said:

"Yes, it is Mr.s ... he..he .. there is no special officer who suggested, but I just listened" (In.T)

Key informants confirm this:

"For now not yet, maybe in the future when there is monitoring (he he ..)" (In.K)

This study used a qualitative approach, so it cannot be generalised. Factors, situations and environmental conditions were in place when the interview took effect on the information obtained, due to disruption of the concentration of informants and researchers. If circumstances do not allow the investigator re-entered into agreements about finding the right time for the next interview, as well as organising interviews with the head of the family because most informants are farmers. This meant that researchers had to wait for the most suitable time to interview investigators by making appointments in advance.

The results of the study were mostly informants of equal elementary education, meaning that elementary education levels were assumed to have little knowledge of the education influences of health behaviour (Purnaweni, 2018).



Knowledge is something that is needed to change the behaviour of a group within society, and knowledge is linked to the environment in which they are located. The surrounding environment will more or less affect the knowledge, in this case, the public knowledge about defecation.

Knowledge gained from informants in the case of defecation is on the definition of indiscriminate defecation (BAB) as being openly defecating in the garden, or multiple other open places. Behaviour defecation (BABS/Open defecation) is one example of unhealthy behaviour. Such actions can lead to contamination of the environment, whether land, air, and water. In human faeces, there are various kinds of germs, for example, typhoid, cholera, as well as deworming dysentery.

The results showed that the variables of knowledge have a significant relationship with defecation behaviours (Hayana, Marlina, and Kurnia, 2018; Apriyanti, et al., 2018; Abaca-Yankson & Shaw, 2017).

The knowledge of Pemanggilan Village, Natar District, of the use of latrines fits into a good enough category. But some do not take advantage of its toilet facilities. They understand the importance of using a toilet but still defecate in any place such as: in the garden and on the river. That is, people need action to create awareness that BABS/Open defecation behaviour can interfere with other people and cause disease (Alhassan & Anyarayor, 2018; Abba, 2018; Abubakar, 2018; Muhid, Sumarkan, Rakhmawati, and Fahmi, 2018; Ainurrohman et al., 2019; Winarningsih, 2019),

The unnecessary spread of disease caused by open defecation has to be brought to the peoples' attention. Through education about safe excreta disposal and clean and healthy living standards in organised community gatherings in the village hall or the local community health centre, for example, can go a long way in changing the mindset of society by stressing the importance of the fact that healthy living starts with oneself.

Defecation in a latrine is seen as a voluntary choice or a coercion. It needs to be seen in relation to the interests of personal, cultural, and traditional norms with special attention to the security and protection of women and girls in various communities. There needs to be the necessary prudence in delivering this health promotion to the general public to reduce the practice of open defecation and increase the use of sanitary latrines (Bhatt et al., 2019).

These findings are the result of qualitative analysis. From these findings, it can be stated that the STBM program included triggering an attempt to reduce perceived barriers through community support. The constant encouragement of officers to use latrines as a follow-up post-ODF, can stabilise the social norms and help people in the long-term use of latrine (Chakma et



al., 2008; Odagiri et al., 2017; Ajayi & Philip, 2018; Giribabu et al., 2019; Busienei, Ogendi, and Mokuu, 2019).

Availability of infrastructure and facilities are very influential in the use of latrines (Ni'mah, 2018). The infrastructures that are referred to here are the ownership researchers' latrine and water sources used by informants in the use of a toilet. Some of the activities recommended in the maintenance of facilities excreta disposal is the floor toilets should be kept clean and dry, around the toilet so there is no stagnant air and no trash bins with strewn rubbish. And as the toilet is in the house either on the floor or in a place where there is a refrigerator or in a place where people sleep when something is broken it needs to be immediately repaired.

Behaviourally society is still lacking in the importance of the maintenance of family latrines to meet health requirements, therefore latrines are not properly managed, due to this lack of public awareness.(Zulfitri, 2013).

The results of research in the village of Pemanggilan found that the availability of infrastructure and facilities for defecation in the community does not guarantee public use. These results are consistent with findings in India as cultural behaviour is an obstacle to the general public's use of latrines (Routray, Schmidt, Boisson, Clasen, & Jenkins, 2015).

The results of observations conducted by researchers found most of the informants have latrines and use well water for daily use only because it was required that each house have a latrine although, according to the observations, many latrines were not well maintained by the health requirements as stated in the FGD (Focus Group Discussion) . Health officials confirmed that the whole community had a toilet at home but there has be no monitoring of the use of latrines.

Periodic monitoring post-ODF declaration is necessary to ensure sustainable ODF (Shrivastava, 2018; Soedjono et al., 2019).

From interviews regarding the support of community leaders, public figures are mainly supportive. This is evident from the statements of respondents who said that no officer from the village hall had come to suggest to defecate in the toilet, even if only occasionally. The clerk and village officials were to assist with the public latrines.

These are factors that should be changed to ensure the survival and environmental behaviour changes that support health workers and other officials need to reinforce together with the availability or unavailability of the physical environment of facilities or other health facilities (Green in Priyoto, 2015).



Support community leaders and officials in this village are helping with the availability of facilities or other health facilities. However, it must be realized that the main benchmark in achieving CLTS is a village free from defecation (ODF) and not the number of toilets (Legal & Negussie, 2008). Of course, the village cannot work alone, because health is a shared responsibility. The village can cooperate with health officers, in this case health centres, to empower communities to build and maintain and improve the health infrastructure and facilities needed by the community.

The government should seriously accelerate development, especially in the field of health, as health issues at the village level must be addressed together to achieve the required development success and optimise the cooperation of all sectors of society participation (Kasanah, 2018). To move the willingness of people to profess to participate in any development program, there should be an effort by the government to inform the public that the development will be implemented as an essential need of the community itself. The successful implementation of community development relies heavily on both the role of government and society. Both should be able to cooperate with each other. Without involving the community, the government will never achieve optimal development. The development will only at best give birth to new products that are less meaningful for the community because they are not seen to fit the needs of their communities. Also without the role of government, the development will not be directed to run regularly (Sihite, 2017).

Other public figures, such as the chairman of the environment and the RT (Neighbourhood Unit) is the person who most often interacts with the community so is therefore the closest to the people. Through neighbourhood leaders and heads of RT, the attitudes needed for healthy behaviour can be embedded. The public will be more trusting and more easily convinced by local public figures who they often interact with. Therefore, they are more likely to be able to instill the values of healthy living upon the community.

From interviews about the role of community health workers the informer stated that the health officials are very supportive. This support is evident from the health officials who have come to inquire about the use of latrines. The only factor is that the health workers and village authorities have not routinely conducted an outreach to the community about the purpose and benefits of healthy latrines and have not monitored the implementation of the use of latrines after the declaration of ODF; in fact, today many latrines remain unused and not maintained according to health requirements.

Peoples have toilets but do not use and care for them properly. In view of this, it can be said that the current government program, especially in the Pemanggilan Village Natar District South Lampung regency, had stalled until triggered by the increasing number of events reported in the area. The efforts made by the Government through the Health Centre Hajimena to reduce the behaviour of people in indiscriminate defecation by assisting in the form of latrine



construction has not managed to overcome the problem of diarrheal diseases. A similar study was conducted in India and the results of the study made it clear that changes in behaviour should be a priority so that people stop open defecation (Abubakar, 2018; Hathi, Spears, & Coffey, 2016)

The role of health workers is indispensable here to provide additional knowledge to the community. This is in line with research conducted by Meiridhawati (2012) and Sayati (2018). The study found that there was a significant consensus between support for health workers in the use of latrines. Health workers can give support with the provision of health information, especially about the safe disposal of faeces. Counselling done routinely will add to the knowledge of the community and thus of society so that people have the same perception of health care. Perception as experienced through the senses to hear, see, feel. Every person has a different perception despite observing the same object. Counselling can equate public perception, and introduce positive thought patterns to the community. The change of mindset will result in an action. Expectations of scheduled extensions carried out routinely motivate people to change behaviour. Motivation is defined as an incentive to act to achieve a goal, it can also be realised in the form of behaviour. Monitoring can also be done regularly, with the help of community leaders.

Conclusion

Informants own knowledge about the benefits of the correct use of toilets and the impact on this can have on health. The entire community use well water for daily use and already have their latrines; but latrine usage monitoring is not carried out by the polyclinic. Support public figures are seen as the presence of leaders and village officials in public and can advise and assist development latrine. Health care workers providing support in the form of advice to people to defecate in latrines, latrines also assist the community, but have not yet carried out the monitoring on the implementation of latrine use after the declaration of ODF so many latrines are unused or not maintained by health requirements.

South Lampung District Health Office (Division of Health Promotion and Health Environmental) as well as to establish cooperation between programs, especially the environmental health program to conduct training in the clinic and the additional personnel health promotion to ensure there are informed environmental officers at the centre. Procurement STBM Program should be intensified, and implementation STBM monitored directly by the health department. Improve and optimise cooperation between programs in health promotion activities and health of the environment, coaching public health centre workers, village health post and guidance to citizens, and involve cross-sectoral in the sub-district, for example, the sub-district PKK and the study group in the sub-district. Communities should use and maintain latrines to avoid disease.



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