

Combination of Extension and Triggering methods of changes in family head attitudes about stop

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Combination Of Extension And Triggering Methods Of Changes In Family Head Attitudes About Stop Open Defecation Free (ODF)

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Abstract

Open defecation free health behavior problems in Indonesia are still prevalent, one of which is in Bumiharjo Village in 2016 ODF behavior is still carried out by 561 families. In 2018 the village of Bumiharjo will start carrying out Community Led Total Sanitation (CLTS) counseling and triggering activities. The combination of counseling and triggering methods for changing attitudes related to ODF has not yet been the basis of this research. This type of quantitative research with a quasi-experimental design. Has been carried out in March - November 2019, research subject of the head of the family who is still doing open defecation. A sample of 60 respondents divided into two groups, the sample taken by purposive sampling. Retrieval of data using a questionnaire with the results found the value of $p = 0.001$ so that it can conclude there is a change in attitude about stopping Open Defecation Free before and after triggering and counseling to the Head of the Family in Purwosari Village, Natar District, South Lampung Regency. It recommended that counseling and triggering activities carried out on an ongoing basis and the availability of facilities for open defecation free, funds, and collaboration across programs and sectors.

Keywords: Counseling and Triggering; Open Defecation Free

INTRODUCTION

Problems that impact on poor public health can cause by the fulfillment of access to basic sanitation that is still lacking, according to the WHO & UNICEF report "Progress Drinking Water & Sanitation 2015 Update", placing Indonesia as the 2nd worst country with sanitation in the world after India (2015 Update and MDG Assessment, 2015). Defecation is associated with illness, malnutrition, and poverty (Osumanu, Kosoe, & Ategeeng, 2019). The prevalence of diseases due to poor sanitation in Indonesia is diarrhea by 72%, scabies 23%, and malnutrition 2.5%.

Disease-related causes of poor sanitation are bacteria, viruses, parasites and fungi. Diarrheal disease

is an indication of poor sanitation system. The disease has dominated the number of under-five deaths in Indonesia. Based on WHO data (2012), around 31,200 children under five in Indonesia die every year due to diarrhea. Diarrhea morbidity survey results in 2012 by the Directorate General of Disease Control and Environmental Health Ministry of Health obtained the incidence of diarrhea at all ages by 214 per 1000 people, while in infants (0 - 1 year) amounted to 831 per 1000 babies.

People in Lampung Province still have defecation behavior in rivers, rice fields, ponds, gardens, and other open spaces. The results of Riskesdas Lampung Province in 2013 showed that households with access to improved sanitation were the lowest at 30.5%. The results of the 2013 Basic

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Health Research show that the incidence of diarrhea in Lampung Province was 4.3%, and the period of prevalence was 10.9% (Dinkes Lampung Province, 2016).

According to the 2016 National STBM Secretariat web data, the Lampung Province Access Progress Report still contains 19.24% of HHs that are still ODF, with the highest ODF achievement in 5 Regencies / Cities (West Tulang Bawang Regency (68.8%), Purwosari Village Natar District, South Lampung (40.9%), Tanggamus Regency (31.5%), East Lampung Regency (25.8%) and Mesuji Regency (21.9%). Purwosari Village, Natar Subdistrict, South Lampung is included in five regencies/cities that contributed the highest number of ODF, namely 40.9% of households (5682 households) who were still ODF (Directorate of Environmental Health, Ministry of Health of Republic of Indonesia & Millenium Challenge Account, 2016). Behavior at home ladders without latrines are mostly carried out in rivers, in bushes behind houses, and even in plastic bags (Talinusa et al., n.d.)

Based on preliminary survey results, from the district that contributed the highest OD number in Purwosari Village, out of 15 households interviewed briefly, it found that as many as ten households did not have their latrines. Of the 15 families as a whole with lower economic status with income below the regional minimum wage Purwosari Village, Natar District, South Lampung, most of them do not know if ODF can cause diseases such as diarrhea. From the interviews, it revealed that the officers had tried to change their behavior by holding direct counseling, but this did not yet show success in the stop ODF program. O'Connell's research (2014) identifies several factors that resonate with sanitation behavior, determinants of motives in which there are psychological processes (knowledge, attitudes) resonating with sanitation behavior. Behavior is

everything that an organism does involving actions and responses to stimulation; individual, group, or species responses to their environment (Beaudry-Bellefeuille, Booth, & Lane, 2017) Based on the data above, the researcher wants to see more about how attitudes that formed from the influence of ODF stop counseling interventions on changes in attitudes of Head of Family in Purwosari Village Natar South Lampung.

METHOD

This research is a research focused on aspects of health promotion and environmental health, which implemented in the counseling intervention and CLTS triggering. Type of quantitative research with quasi-experimental design; The subjects of this study were counseling and triggering interventions as well as changes in stopping ODF. The target of this research is the Head of the Household. The Ariawan formula calculates the number of samples. There were 60 respondents, 30 people as the control group, and 30 experimental groups (which conducted triggering and counseling). Sampling with a purposive sampling technique, with age criteria 20-55 years, is willing to be a respondent for the experimental group determined from respondents who came from Kec. Katibung, Jati Agung, Palas, Merbau Mataram, and Ketapang, while the control group took from respondents from Penengah, Sragi, Sidomulyo, Natar. Collecting data using a questionnaire, researchers assisted by five enumerators who had previously conducted research meetings related to the course of the study. The study lasted for three days in a row, in the experimental group on the first day distributing pre-test questionnaires, the second day conducted counseling and triggering activities and on the third-day post-test. While the control group on the second day, the researchers gave unstructured information in the form of leaflets about ODF. Data obtained from filling out

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the questionnaire is still in the form of ratios. The research held in March - November 2019. The research location carried out in Purwosari Village, Natar District, South Lampung. Research this obtained ethical merit from the ethics commission of the

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RESULT AND DISCUSSION

Table 1. Average ODF Attitudes (Indecision) in the experimental group

Counseling	Mean	SD	Min	Max	N
Cognitive					
Pretest	25,63	7,304	12	39	30
Posttest	32,53	5,387	22	40	30
Affective					
Pretest	26,50	6,090	15	39	30
Posttest	33,17	4,864	22	40	30
Conative					
Pretest	24,83	4,624	16	35	30
Posttest	31,90	4,205	24	40	30
Total attitude					
Pretest	76,97	16,359	50	110	30
Posttest	97,60	13,607	73	120	30

Table 2 Average ODF Attitude (Indiscriminate Chapter) measurements in the control group

Counseling	Mean	SD	Min	Max	N
Cognitive					
Pretest	29,90	5,294	21	37	30
Posttest	32,60	5,177	20	40	30
Affective					
Pretest	30,97	4,327	23	40	30
Posttest	32,80	2,987	29	40	30
Conative					
Pretest	28,00	5,724	16	37	30
Posttest	31,80	4,429	23	39	30
Total attitude					
Pretest	88,87	9,497	67	108	30
Posttest	97,20	7,622	85	113	30

Based on table 2 the mean attitude in the control group was 88.87 with a standard deviation of 9.497 and in the second measurement was 97.20

With a standard deviation of 7.622, the results concluded that there was an increase in attitude in the control group, with an increase of 8.33 points.

Table 3 The effect of triggering and counseling on ODF

Results	Difference Mean	t-test	p-value
Differences in attitudes of the triggering and counseling groups	20,6	26,462	< 0,01
Differences in the attitudes of the control group	8,33	4.792	< 0,01

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Based on the test results obtained $p\text{-value} = 0,000$ ($p\text{-value} < \alpha = 0.05$) with a mean difference of 20.6 and a $t\text{-test}$ value of 26.462 so that it can be concluded that there is a change in the attitude of the ODF (Randomized Chapter) groups with triggering and counseling. Based on the results of the bivariate test analysis in the control group, $p\text{-value} = 0,000$ ($p\text{-value} < \alpha = 0.05$) with a mean difference of 8.333 and $t\text{-test}$ value of 4.792 so that it can be concluded that there is a change in the attitude of the ODF (Chapters) on the control group.

Based on the test results obtained $p\text{-value} = 0,001$ ($p\text{-value} < \alpha = 0.05$) with a mean different value of 28.60 and $t\text{-test}$ value of 13,405 which means there is a difference in the attitude of ODF (Random Chapter) between groups with triggering and counseling with control group.

Average ODF Attitudes (Indecision) in the experimental group

Given the clear and significant impact of sanitation on health and nutrition outcomes, the Ministry of Health should immediately discuss how to increase community sanitation coverage by at least 60%. Continue to do ODF (Cronin, Gnilo, Odagiri, & Wijesekera, 2017). Factors related to bowel behavior are knowledge and availability of latrines (Dwiana, 2017). improved sanitation facilities safer and easier to use by small children (Hutton & Chase, 2016)

ODF attitude is what people feel when he is in a position as an ODF doer. There are several levels, such as receiving (receiving), responding (responding), respect, and the highest level is responsible (responsible). At this level, a person tries to realize his beliefs and dare to take risks from the decisions he will make (Pudjaningrum et

al., 2016). BAB practice is related to cultural and traditional beliefs (Bhatt et al., 2019). With increased focus and increased interest in open defecation by adults, the disposal of children's feces in the environment often receives less attention, most households, children's feces dumped into open spaces around the house or near water bodies (Okullo, Moturi, & Ogendi, 2017).

Attitudes affect the level of toilet use properly. That is because attitude formation influenced by knowledge accompanied by a willingness to do something according to that knowledge. Besides, the level of knowledge of respondents regarding the use of toilets is high, and this affects the attitude of respondents in utilizing latrines properly. This is support by a theory that explains that attitudes are the basis for making a response or behaving in a particular way chosen (Anggoro & Ningrum, 2015). The practice of open defecation has become one of the factors that drive citizens to be lazy to use public toilets (Chitra Dewi, 2019). ODF remains the leading cause of water pollution, the spread of infectious diseases that immediately have an impact on public health (Saleem, Burdett, & Heaslip, 2019).

According to the research of Talinusa et al. (2017), research revealed that there was a relationship of knowledge ($p = 0,000$), attitudes, and actions ($p = 0,000$, $p = 0,001$) with ODF behavior, as well as research by Aeni (2015) revealed. The relationship of knowledge, attitudes, and actions with ODF behavior (Qurrotul Aeni, Feira Beniarti, 2015). The results of the study note that triggering affects cognitive changes in discussion participants, the need for various factors for the realization of changes in attitude so that it can be a real act.

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In the opinion of researchers from the results obtained there are known to be some changes in attitudes towards ODF from triggering and counseling participants, the change in sikap obtained after triggering and counseling can be said to be good because it appears to have increased by 20.6 change points. Little change is caused by triggering and counseling while changing attitudes requires an iterative process. Changes that are seen clearly indicate changes in the attitudes of community groups. Changes in a person's attitude can not be done in a short time and without treatment. Attitude is an action based on someone's knowledge of ODF. ODF habit is the implementation of attitudes that repeated. Changing a person's attitude can be done slowly starting from providing knowledge that is easily understood by the community, and given adequate facilities and examples, repeated invitations can result in a maximum attitudinal change in ODF. Triggering and counseling treatment is one way to provide understanding to the community that is expected to provide insight and can change one's attitude towards a better. Health workers and community leaders can make this triggering and counseling one of the steps to change attitudes to be good and very good so that people do not do open defecation at all.

Average ODF Attitudes (Indecision) in the control group

ODF behavior is behavior is one of the unhealthy living behaviors because it discharges human excrement / feces in an open place such as in rice fields, fields, bushes, rivers, beaches, forests, and other open areas so that this action can contaminate the environment, soil, air, and water around the area where ODF is located (WHO, 2010). It still requires additional improvements in

sanitary-related behaviors to substantially reduce exposure to fecal contamination (WB, 2014).

The results are known to show that respondents in the experimental group had good knowledge of 72.5%, a right attitude of 61.3%, and right actions of 28.8%. In the control group, good knowledge by 18.8%, right attitude by 43.8% and right actions by 0%. (Saragih, 2017). All appropriate sanitation options must be considered with beneficiary communities, recognizing that available technical options may differ in urban and rural areas (Mara, 2017). There are still people who believe and behave that ODF provides the same comfort as open defecation, open defecation is normal and is a pleasant experience (Febriani & Sari, 2016)

In the opinion of researchers, the results obtained indicate that there are some changes in attitudes towards ODF from triggering and counseling participants, even though the results have not yet maximized, but with the changes that occur, indicating triggering can change a person's attitude. Little change is caused by triggering and counseling, which done once while changing attitudes requires an iterative process. Slight change of attitude is not in the control group is included in a good change, because the attitude is not easy to change soon. Changes in attitude without treatment directed and programmed, and not futures are not optimal efforts. Attitude is a decision to take someone's actions in doing so that attitudes are not easily changed without reasons that underlie the community, such as better knowledge, community understanding, examples seen, benefits that can obtaine, and many other things that can help change attitudes.

1 Differences in the attitude of the ODF experimental group (triggering and counseling) and the control group

Based on the results obtained, $p\text{-value} = 0.001$ with a mean difference of 28.60 and a $t\text{-test}$ value of 13.405, which means there is a difference in the attitude of ODF between the group with triggering and counseling with the control group. Attitude is a predisposition to do or not do a specific behavior, so attitude is an individualized process of awareness (Azwar, 2016). Good knowledge about healthy latrines can encourage a person not to behave in open defecation. This is following the statement from Newcomb that attitude is a reflection of the human mind, so it is clear that deep community knowledge contributes to the formation of one's attitude. This is consistent with the statement from Mubarak, W. I. (2012) the behavior of a person/community about health is determined by one's attitude.

A person's health behavior is influenced by various factors, one of which is predisposing factors or factors that exist in individuals such as attitudes that can change by the knowledge or experience that exists in a person. (Widowati, 2015). According to Notoatmodjo (2014) with the promotion of good health education by health workers to the community will change their behavior. Knowledge can affect a person's behavior because with increased knowledge, it will change attitudes in a more positive direction.

In the opinion of the researchers, the results of the study showed that some had a positive attitude toward the behavior of ODF. Some respondents with a positive attitude showed that the community understood the importance of maintaining health, one of them by defecating in the toilet, such as providing soap and cleaning tools in the bathroom/toilet. Respondents who defecated in the

rice field or the garden were not left with latrines because of a lack of attitude, so they did not think about the impact of the actions carried out. Already have their latrines, so it must use and because defecating also means maintaining hygiene and health. Changing people's behavior so that they do not defecate is not easy; it must do continuously based on the ODF (Open Defecation Free) program. Besides that, the level of education and the geographical condition of the village which is surrounded by a river also influences the implementation of the ODF program well.

Then the low level of education also makes people not aware of the function of latrines, and coupled with the limited costs to build latrines have an impact on the success of the ODF program. In addition to community knowledge in using latrines, then the availability of access to latrine sanitation at home also influences behavior, the community stops Open defecation. However, having a toilet is no guarantee that the community has not defecated carelessly, there are still people who have not accustomed to and have not felt comfortable when defecating in any place and consider defecation in the river more practical. This is in line with Yusran's research (2015) which revealed that follow-up after triggering activities is something that must continue to be done with the aim of ensuring the continuation of changes in behavior that is an increase in the quality of sanitation facilities in reducing the incidence of ODF (Yusran, 2015)

Sanitation is a problem that it is very important because it is a human right of the community and has a broad impact when sanitation development is not properly considered or ignored (Indriyani, Yuniarti, & Nur Latif, 2016). Knowledge enhancement is needed in order to change behavior for the better, increasing

¹ knowledge carried out by means of triggering and counseling is expected to change a person's attitude, delivering information both directly and indirectly through communication media can help make changes to existing behavior, in addition to using power, discussion and participation are also needed to provide information. The provision of information should come from the resource person/facilitator so that the community can find their problems as well as find solutions together. In the opinion of researchers, the attitude is one of which is the result of experience can have a strong influence on behavior, and attitude changes occur if someone has new knowledge, new experiences. According to researchers, when someone already has a strong opinion related to ODF so that they can influence someone without seeing whether the attitude is wrong or right, so that the right and correct information is needed to correct the attitude if it is wrong, but the thing to remember to change attitudes that are already strongly attached in a person is not something that is easy to do because changing attitudes requires a process that is repeated so that according to researchers triggering and counseling activities can be carried out sustainably from the authorities, in this case health workers and village officials / apparatus who have the aim of creating healthy villages specifically related to stop ODF.

CONCLUSION

The average attitude in the group before triggering and counseling is 76.9 with a standard deviation of 16.35. After triggering and counseling was 97.6 with a standard deviation of 13.6, the results concluded that there was an increase in attitude in the group before and after triggering and counseling, with an increase of 20.63 points. The average attitude in the control group is 88.87 with a

standard deviation of 9.497 and in the second measurement is 97.20 with a standard deviation of 7.622 from the results it can be concluded that there is an increase in attitude in the control group, with an increase of 8.33 points. Obtained p-value = 0.001 (p-value < α = 0.05) with a mean difference of 28.60 and t-test value of 13.405 which means there is a difference in the attitude of ODF between the group with triggering and counseling with the control group.

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