Determinants Related To The Behavior Of Stop Incidental Defecation In Cusrug District, Serang City

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Abstract

Stop Open Defecation in the working area of Curug Health Center, Serang City in 2021 is still low, while the target from the Serang City government where the requirements for an area to Stop Open Defecation must be in accordance with the Regulation of the Minister of Health (Permenkes) Number 3 of 2014 concerning Sanitation Total Community Based (STBM) with the achievement of access to sanitation / access to Stop open defecation in villages / wards is 100%. The purpose of the study was to determine the determinants related to the behavior of stopping open defecation in Cusrug District, Serang City in 2021. This research method is a quantitative research with a cross-sectional study approach which will be conducted in July - August 2021. The sampling technique used is proportional random sampling. The minimum sample size required to determine the proportion of household heads with Stop Open Defecation is 88 households. Data analysis was carried out using univariate analysis, namely describing the frequency distribution, bivariate analysis using Pearson correlation to determine the relationship between variables and multivariate analysis using linear regression analysis. The results of this study found that there was a relationship between knowledge, education, availability of defecation facilities, availability of clean water facilities, the role of health workers with stop defecation behavior and there was no relationship between income and stop defecation behavior. The most dominant variable is the availability of defecation facilities. It is hoped that health institutions will be able to increase public knowledge and awareness by providing frequent counseling about clean and healthy lifestyles.

Keywords: Stop defecation behavior, knowledge, education, availability of defecation facilities, clean water facilities and the role of health workers.

INTRODUCTION

Careless disposal of feces will greatly influence the spread of environmental-based diseases, therefore it is necessary to break the chain of transmission of environmental-based diseases. In order for all of this to be achieved, awareness of people’s clean living behavior is needed by not defecating in the open.

Stop Open Defecation (Stop Open Defecation) is a condition when every individual in a community has behaved and has access to healthy defecation facilities and no longer practices open defecation (Ministry of Health of the Republic of Indonesia, 2015).

Defecation (Open Defecation) behavior is the daily cultural habit/practice of people who throw their feces/feces in the open and without any management of their feces. Open defecation (BABS) is an example of unhealthy behavior. (Indonesian Ministry of Health, 2018).

Defecation is an important part of behavioral science and public health. Disposal of feces that meets the requirements is a public health need,
which has always been problematic (at least until now), due to unhealthy defecation behavior. This behavior of open defecation in unhealthy places, for example defecating in rivers which is a means of transmitting disease, defecating in yards or open ground, defecating in ditches or ditches, defecating in rice field irrigation canals, and defecation great on the beach or sea. These places are inappropriate and unhealthy places to defecate because they can cause new problems that can endanger human health (Kusnoputrantno, 2001).

The behavior of defecating in open areas such as rivers or gardens has become a habit that is often carried out by the community. The habit of open defecation (BABS), which results in contamination of drinking water sources as well as recontamination of water sources and food eaten at home directly or indirectly (Sholikhah, 2014). This shows that each community considers clean and healthy living behavior to be a personal matter that is not very important. There are still people who do not have defecation facilities at home or defecate in the open. The community does not yet know that bad behavior related to sanitation by one member of the community will also affect the quality of health of other communities (Aina, et al. 2013). Widowati’s (2015) research results show that there is a significant relationship between education, employment, income, knowledge and attitudes and open defecation (BABS) behavior.

Based on WHO data in 2010, it is estimated that 1.1 billion people or 17% of the world's population still defecate in open areas. From the data above, 81% of the population defecates in the open (Open Defecation) in 10 countries and Indonesia is the country The second highest number of people found defecating in open areas, namely India (58%), Indonesia (12.9%), China (4.5%), Ethiopia (4.4%), Pakistan (4.3%), Nigeria (3%), Sudan (1.5%), Nepal (1.3%), Brazil (1.2%) and Niger (1.1%) (WHO, 2010). According to WHO, in 2015, there were around 32 million Indonesians who still defecated in the open.

Based on data from the WHO/UNICEF Joint Monitoring Program (JMP 2014), as many as 55 million Indonesians still practice open defecation, which makes Indonesia the second highest in the world after India. The behavior of defecating carelessly in places such as open land, beaches, riverbanks and other areas, exposes feces and can pollute water, flies and even harm humans directly.

Research conducted by the World Health Organization (WHO) in 2010 stated that the disease that most often occurs due to open defecation is the emergence of E. Cholera. It is a disease that can make people susceptible to diarrhea. Apart from diarrhea, defecating in open places can also cause pneumonia due to contamination of feces from the air. Therefore, all parties must be made aware and immediately create sanitation, including healthy toilets/defecation facilities.

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Based on the results of Riskesdas 2013, the type of defecation used by most households in Indonesia is the goose neck type of toilet, 84.4%. Plengsengan amounted to 4.8%, cemplung/cubluk/pit without floor amounted to 7.2% and cemplung/cubluk/pit with floor amounted to 3.7%, while based on final waste disposal sites, 66% of households in Indonesia had septic tanks as waste disposal site. And open places for defecating are usually 7.5% in rice fields, 7.6% in rivers, 5.4% in gardens, 3% SPAL, 1.6% in holes in the ground.

The 2018 Riskesdas results regarding the proportion of households based on the use of defecation facilities where the national average for defecation behavior in defecation facilities is (88.2%). The five provinces with the highest percentage of households who behave correctly in defecating include DKI Jakarta (97.6%), Yogyakarta (96.7%), Riau Islands (96.1%), North Sulawesi (95.1%) and Bali (94.1%). Meanwhile, the five lowest provinces include Papua (55.8%), Central Kalimantan (75.8%), West Sumatra (76.5%), Central Sulawesi (80.3%) and South Kalimantan (82.1%).

Based on Anna Dwiana & Lucky Herawaty's research journal on Determinants of defecation behavior in coastal communities in South Buton district in 2017 using an explanatory sequential mixed method design, a significant relationship was obtained between knowledge about defecation facilities and defecation behavior. With defecation behavior, the availability of facilities has a significant effect on defecation behavior, the results of the logistic regression test obtained a Pseudo R2 value of 0.1160, which means the influence of factors related to defecation behavior is 11.60% and the remaining 88.40% is influenced by other factors, namely economic conditions, support from health workers and support from community leaders. According to research on the determinants of open defecation behavior in Jayakarsa Village, West Likupang District, North Minahasa Regency in 2016, using the chi square test, the results showed that there was a relationship between knowledge and open defecation behavior, there was a relationship between attitude and open defecation behavior, there was a relationship between actions and open defecation behavior. From Alviana Nurfita Sari regarding the relationship between levels of knowledge, attitudes and income levels with family defecation behavior in Kerjokidul Village, Ngadirojo District, Wonogiri Regency in 2016 using the descriptive correlation method, it is stated that there is a relationship between the level of knowledge and family defecation behavior, there is no relationship. Attitudes and family defecation behavior, there is a relationship between income level and family defecation behavior. Research on Boyolali Regency Government Policy using a combined descriptive qualitative and quantitative research method with a qualitative approach remaining as the main approach.

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states that Boyolali Regent Regulation (Perbup) No. 52 of 2015 concerning the Acceleration of Implementation of Community-Based Total Sanitation (STBM) has succeeded in increasing public awareness to stop open defecation (BABS).

Based on data from the National STBM secretariat, access to sanitation in Indonesia reached 81.04% and Stop BABS Villages 37.84% or 30,623 Villages/Kelurahan, while access to sanitation in Banten Province was 72.44% and Stop BABS Villages 13.50% or 44 villages/Kelurahan. This is said to have not achieved the RPJMN target of 90% in 2018. Meanwhile the target in 2021 is 100% access to sanitation, where data from the STBM website as of April 2021 shows access to sanitation is 75.22% or 24.78%, namely 12,225. 479 Indonesian families still practice open defecation. Sanitation access in Banten Province is 72.44% or 27.56%, namely 554,207 families still defecate in the open. The distribution of defecation stop villages in Banten Province according to Regency/City is Tangerang City 104 villages, South Tangerang City 8, Cilegon City 29 villages, Tangerang Regency 21 villages, Serang City 7 villages, Lebak Regency 77 villages, Serang Regency 44 villages, Pandeglang Regency 26 Village.

Based on the data above, it can be seen that the number of villages that stop defecating in the city of Serang is still low, namely 7 villages have the behavior of defecating in defecation facilities, out of 66 villages or 9.09% of villages that have the behavior of stopping open defecation. This shows that Serang City is at the lowest distribution of defecation stop villages according to Regency/City in Banten Province.

The Serang City government’s efforts to increase sanitation access began in 2012 through the STBM (Community Based Total Sanitation) Program with triggering, sanitation entrepreneurship carried out by sanitarins and the existence of CSR which has helped 6 sub-districts become Open Defecation Stop sub-districts (9% of 66 sub-districts) even though the STBM program was running from 2012 to 2018, it was not supported by the Serang Mayor’s policy to implement STBM implementation in order to accelerate increasing sanitation access in accordance with Banten Governor Circular Letter Number 440/4003-Dinkes/2016.

The Curug District area is one part of the Serang City area which is the center of the Banten Provincial Government, which is known as one of the most ideal areas in Banten Province as a residential location (a comfortable place) that is not very densely populated, but it turns out that in this area there are still In some places that are still slums where there are still people who do not have access to defecation, if conditions like this persist, they will become a source of environmental-based diseases.

To overcome this problem, the regional government synergized with
environmental health activities in 2017, namely STBM (Community Based Total Sanitation) with the hope that the Curug District Health Center can trigger this STBM activity so that the community understands, understands the risks that occur if they continue to defecate in the open and the community does so. Physical interventions such as creating communal IPALs in their respective areas for people who defecate in the open. Apart from that, the Curug District Health Center has provided counseling and STBM triggering to the community and related sectors, but there has been no change, namely physical intervention in the community, where the government, in this case the Curug District Health Center, is still constrained by land which is a government asset.

The Curug District area is bordered to the north by Baros District (Serang Regency), to the east by Padarincang District (Serang City), to the south by Ciracas District (Serang City), and to the west by Padarincang District (Serang Regency). Curug District has an area of 49.60 KM. Curug District is divided into 10 (ten) sub-districts, 38 Rukun Warga (RW), 161 Rukun Tetangga (RT), with a population of 49,665 people.

Based on the results of the initial review carried out by researchers in the field, especially in the Curug Village area in 4 RWs, especially 1105 families, there are still problems with some residents still defecating in the open, because the 4 RW areas are settlements that are not densely populated, so it is possible making the disposal of feces into reservoirs that meet health requirements in the area, based on the above, the researchers want to conduct research on the determinants related to the behavior of stopping open defecation in Curug District, Serang City in 2021.

RESEARCH METHODS

The research design in this study was analytical observational. This research includes quantitative research with a cross-sectional case study approach research design. The population of this study were 4 hamlets where there were still many residents defecating who did not meet the health requirements from 4 hamlets in Curug Village, Curug District, with a total of 1105 families. Meanwhile, the minimum sample required to determine the proportion of heads of families with Stop Open Defecation is 88 families with representatives of family heads in each family. Primary data collection was carried out by filling out questionnaires carried out by the respondents themselves, distribution of these questionnaires was carried out directly by the researchers themselves and assisted by cadres in each RW. In RW 01, questionnaires were distributed to 26 families, RW 02 to 20 families, RW 03 to 17 families, and RW 04 to 25 families. As well as by collecting data that already exists at the Serang City Health Service, Curug Health Center.
RESULTS AND DISCUSSION

Table 1. Results of Descriptive Analysis of Variables

<table>
<thead>
<tr>
<th>Variable</th>
<th>Mean (Rata Rata)</th>
<th>Std. Deviation</th>
<th>Jumlah Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fecal consistency</td>
<td>11.44</td>
<td>4.495</td>
<td>88</td>
</tr>
<tr>
<td>Peegsetrun</td>
<td>5.90</td>
<td>2.254</td>
<td>88</td>
</tr>
<tr>
<td>Air breath</td>
<td>12.63</td>
<td>4.211</td>
<td>88</td>
</tr>
<tr>
<td>Pecan pekugis</td>
<td>12.61</td>
<td>4.416</td>
<td>88</td>
</tr>
<tr>
<td>Keonekintu BAI</td>
<td>11.92</td>
<td>3.982</td>
<td>88</td>
</tr>
<tr>
<td>Pendikitan</td>
<td>1.52</td>
<td>.502</td>
<td>88</td>
</tr>
<tr>
<td>Pendopatan</td>
<td>1.51</td>
<td>.503</td>
<td>88</td>
</tr>
</tbody>
</table>

Based on table 1 above, it shows that N or the amount of data on each valid variable is 88. Of the 88 samples, the defecation behavior variable has an average (mean) value of 11.44 and a standard deviation of 4.495, which means that the mean value is greater than the standard deviation, thus indicating that the results are quite good. This is because standard deviation reflects very high deviations, so the distribution of data shows normal results.

Knowledge has an average value (mean) of 5.90 and a standard deviation of 2.254, which means that the mean value is greater than the standard deviation, thus indicating that the results are quite good. This is because standard deviation reflects very high deviations, so the distribution of data shows normal results.

Clean water has an average value (mean) of 12.63 and a standard deviation of 4.211, which means that the mean value is greater than the standard deviation, thus indicating that the results are quite good. This is because standard deviation reflects very high deviations, so the distribution of data shows normal results.

The role of health workers has an average value (mean) of 12.61 and a standard deviation of 4.416, which means that the mean value is greater than the standard deviation, thus indicating that the results are quite good. This is because standard deviation reflects very high deviations, so the distribution of data shows normal results.

The availability of defecation facilities has an average (mean) value of 11.82 and a standard deviation of 3.822, which means that the mean value is greater than the standard deviation, thus indicating that the results are quite good. This is because standard deviation reflects very high deviations, so the distribution of data shows normal results.

Education has an average value (mean) of 1.52 and a standard deviation of 0.502, which means that the mean value is greater than the standard deviation, thus indicating that the results are quite good. This is because standard deviation reflects very high deviations, so the distribution of data shows normal results.

Income has an average value (mean) of 1.51 and a standard deviation of 0.503, which means that the mean value is greater than the standard deviation, thus indicating that the results are quite good. This is because standard deviation is a reflection of deviation.
Table 2. Results of Bivariate Analysis of Independent Variables with Stop Open Defecation Behavior

<table>
<thead>
<tr>
<th>Variable</th>
<th>Correlation Pearson</th>
<th>Signifikansi Pearson Correlation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pengertian</td>
<td>0.445</td>
<td>0.000</td>
</tr>
<tr>
<td>Ketereduaan Sarana Air Bersih</td>
<td>0.310</td>
<td>0.000</td>
</tr>
<tr>
<td>Peran Pemangsa</td>
<td>0.986</td>
<td>0.002</td>
</tr>
<tr>
<td>Ketereduaan sarana BAB</td>
<td>0.111</td>
<td>0.001</td>
</tr>
<tr>
<td>Penduduk</td>
<td>-0.339</td>
<td>0.006</td>
</tr>
<tr>
<td>Pendudut</td>
<td>-0.285</td>
<td>0.005</td>
</tr>
</tbody>
</table>

Based on table 2 above, it can be seen as follows:

1. The Relationship between Knowledge and the Behavior of Stopping Open Defecation in Curug District, Serang City in 2021

An overview of the results of the analysis from 88 respondents, the research results showed that knowledge had a positive and significant effect on the behavior of stopping open defecation with a Pearson correlation coefficient of 0.445 and also a significant Pearson correlation of 0.000.

This is in accordance with the theory put forward by Notoatmodjo (2007), which states that knowledge is a very important domain in shaping one's actions. Likewise, research conducted by Otayya (2012) states that knowledge is the result of knowing after someone makes an observation of an object. So it is said that knowledge is the most important aspect before taking action.

This is in line with research conducted by Alviana Nurfita (2016) who found that there was a relationship between the level of knowledge and family defecation behavior. Likewise, research conducted by Widowati (2015) shows that knowledge has a significant relationship with open defecation behavior. This is reinforced by research conducted by Kamria, et al (2013) which states that the level of knowledge of respondents is related to the use of defecation facilities (p=0.000), as well as research conducted by Sari (2010), research by Jumawal (2011), and research by Misra (2011) that there is a significant relationship between the level of knowledge and the use of family defecation facilities.

By having high and good knowledge about clean and healthy living behavior related to open defecation, it is hoped that it will be able to change a person's mindset. This knowledge can be obtained through counseling from health workers, reading articles, magazines or newspapers so that information can be conveyed which will have great potential to influence people's behavior, because knowledge is closely related to a person's actions, in this case related to the behavior of stopping open defecation.

The Relationship between Education and the Behavior of Stopping Open Defecation in Curug District, Serang City in 2021

An overview of the research results from 88 respondents showed that education had a negative and significant effect on the behavior of stopping open defecation with a Pearson correlation coefficient...
value of -0.430 and also a Pearson correlation significance of 0.000.

The results of this research are in accordance with Murwati's theory (2002), education is a formation of character in the form of attitudes accompanied by abilities and skills, knowledge and intelligence. The higher the education of the head of the family, the easier it is to absorb the information obtained to respond to the problems faced.

The results of this research are in accordance with research conducted by Widowati (2015) which states that there is a significant relationship between education and open defecation behavior. In line with research conducted by Palneti (2001) which states that there is a significant relationship between the level of education and the ownership and condition of family defecation facilities. This is confirmed by research by Irna (2012), which states that there is a significant relationship between the level of education and the use of defecation facilities. Likewise, research conducted by Intan (2013) shows that there is a relationship between education and the use of good defecation facilities.

The head of a family who has higher education will automatically influence a person's way of thinking and behaving, because with higher education he will indirectly have higher knowledge and his knowledge will be broader, in terms of receiving information or in terms of seeking information so that he will provide The best thing for his family in this case is related to the behavior of stopping open defecation.

The Relationship between Income and Stop Open Defecation Behavior in Curug District, Serang City in 2021

An overview of the research results from 88 respondents showed that income had a negative and significant effect on the behavior of stopping open defecation with a Pearson correlation coefficient value of -0.295 and also a Pearson correlation significance of 0.003.

This is in accordance with the theory of Notoatmodjo (2007) which states that a high level of income allows a person to utilize good health services when compared to someone with a low income who tends to make less use of health services and health care.

This is in accordance with research conducted by Kamria (2013), which states that there is a relationship between income level and the use of family defecation facilities (p=0.013).

A good income can influence health status and the way one behaves, because a low income will affect the ownership and condition of toilets in a family. In general, people with low incomes find it difficult to build proper toilet facilities, because there is no money to save. However, if the income obtained is high, it is possible for a family to have and obtain better things, one of which is in terms of health. The
higher a community's economic capacity, the higher its health status.

The Relationship between the Availability of Defecation Facilities and the Behavior of Stopping Open Defecation in Curug District, Serang City in 2021

An overview of the research results from 88 respondents showed that the availability of defecation facilities had a positive and significant effect on the behavior of stopping open defecation with a Pearson correlation coefficient value of 0.321 and also a Pearson correlation significance of 0.001.

This is in accordance with research conducted by Anna & Lucky (2017) which found that the availability of facilities had a significant effect on defecation behavior. Likewise, research conducted by Sutedjo (2003) stated that there was a relationship between ownership of defecation facilities and family use of defecation facilities (p=0.000). This is in line with research conducted by Erlinawati (2008), that there is a significant relationship between clean water facilities and the behavior of the Numpang Sarana Defecation family.

Facilities or facilities are one of the supporting factors for changing a person's health behavior, in this case related to the behavior of stopping open defecation. Facilities are very important to support reducing open defecation behavior because having defecation facilities can help people to defecate where they should.

The Relationship between the Availability of Clean Water Facilities and the Behavior of Stopping Open Defecation in Curug District, Serang City in 2021

An overview of the research results from 88 respondents showed that the availability of clean water facilities had a positive and significant effect on the behavior of stopping open defecation because the Pearson correlation coefficient value was 0.350 and also the Pearson correlation significance was 0.000.

This is in accordance with research conducted by Erlinawati (2008), that there is a significant relationship between clean water facilities and the behavior of the Numpang Sarana Defecation family.

Clean water facilities are all types of equipment, supplies and other facilities that have a function as the main/auxiliary tool in carrying out a thing/work, in this case related to the behavior of stopping open defecation, one of which is the availability of clean water facilities, because that influence and support each other to maximize the behavior of stopping open defecation.

The Relationship between the Role of Health Workers and the Behavior of Stopping Open Defecation in Curug District, Serang City in 2021
An overview of the research results from 88 respondents obtained from the research shows that the role of officers has a positive and significant influence on the behavior of stopping open defecation because the Pearson correlation coefficient value is 0.306 and also the significance of the Pearson correlation is 0.002 with the behavior of stopping open defecation.

The results of this research are in accordance with the theory that public health and environmental health education is one of the main tasks of community health centers.

This is in accordance with research by Erlinawati (2009) which states that there is a significant relationship between guidance on the use of defecation facilities by community health center officers and family behavior towards the use of defecation facilities. This research is also strengthened by research by Irna (2012), which states that there is a significant relationship between the role of health workers and the use of defecation facilities.

Health workers are a place to provide health advice and other information needed by the community. So it will indirectly direct people to take what actions are needed to respond to a health problem which will later lead to changes in health behavior. Therefore, the role of health workers is very important to be able to provide awareness by participating in socializing about open defecation behavior by explaining the consequences that will arise if this behavior is not changed.

CONCLUSIONS AND RECOMMENDATIONS

Conclusion

Based on the research results, it can be concluded that:

1. There is a positive and significant influence between knowledge and the behavior of stopping open defecation in Curug District, Serang City in 2021. The higher the respondent's knowledge, the better their behavior will be.

2. There is a negative and significant influence between education and the behavior of stopping open defecation in Curug District, Serang City in 2021. The lower the respondent's education, the worse their behavior will be.

3. There is a negative and significant influence between income and the behavior of stopping open defecation in Curug District, Serang City in 2021. The lower the respondent's income, the worse their behavior will be.

4. There is a positive and significant influence between the availability of defecation facilities and the behavior of stopping open defecation in Curug District, Serang City in 2021. The more defecation facilities available, the better the respondents' behavior will be.

5. There is a positive and significant influence between the availability of clean water facilities and the behavior of stopping open defecation in Curug District, Serang City in 2021. The more
clean water facilities available, the better the respondents' behavior will be.

6. There is a positive and significant influence between the role of health workers and the behavior of stopping open defecation in Curug District, Serang City in 2021. The more active the role of health workers, the better the respondents’ behavior will be.

7. The income variable is the most dominant variable in the behavior of stopping open defecation in Curug District, Serang City in 2021 after being controlled by the variables education, availability of defecation facilities, knowledge and availability of clean water facilities.

Suggestion

1. For the Serang City Government
   a. So that agencies such as community health centers initiated by the Health Service can carry out intensive counseling and coaching so that they can stop open defecation.
   b. It would be better for the Serang City government to provide scholarships to residents who cannot attend school due to financial constraints.
   c. The government can open decent jobs for people who don’t have jobs.
   d. Carrying out data collection for monitoring and evaluation of residents who do not have toilets, so that they can help build proper toilets.
   e. It is hoped that the government can help the people in the Curug District, Serang City, to provide land and clean water.
   f. Health workers are able to involve organizations in the community such as the PKK, Posyandu, and

2. For Educational Institutions
   It is hoped that the results of this research can be used as a reference regarding research on behavior to stop open defecation and can develop this research with other methods.

3. For Future Researchers
   It is hoped that future researchers will be able to look for other variables that are not in this study and use different methods.

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