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Analysis of Factors Influencing Community Behavior towards Community-Based Total Sanitation

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Abstract

The aim of the study was to analyze factors related to community behavior towards community-based total sanitation (STBM). The research method uses an analytical survey with a cross-sectional approach design. The study population was 38,759 people with a sampling technique using accidental sampling of 100 people. Data analysis used univariate, bivariate with chi-square test and multivariate with binary multiple linear regression. The results of the bivariate study showed that the p-value of knowledge was 0.000, attitude was 0.004, income was 0.000, health worker support was 0.000 and support from community leaders was 0.000, while multivariately the knowledge sig value was 0.006, attitude was 0.007, income was 0.001, support health workers is 0.047 and the support of community leaders is 0.003. There is an influence of knowledge, attitude, income, support from health workers, support from community leaders and income are the dominant factors for the STBM Program in the Blue City Health Center working area in 2021. For this reason, it is recommended that the puskesmas increase outreach activities on STBM and involve all elements in the community. such as involving community leaders to change community behavior related to the use of community-based total sanitation (STBM).

Keywords: Behavior, STBM, Healthy Latrine

Introduction

There are two types of public behavior in Indonesia regarding sanitation activities, especially defecation activities, namely open defecation and free/stop open defecation. Open defecation (BABs)/ Open Defecation (OD) is a condition where people still practice open defecation, namely in rivers, gardens, the sea or in other open places. Meanwhile, Stop Open Defecation Free (ODF) is a condition where people no longer practice open defecation, namely in rivers, gardens, the sea, or in other open places. Regarding behavior, one of the theories that becomes the reference is Lawreence Green which states that health behavior is influenced by individual and environmental factors. Individual factors in his theory describe 3 main things, namely predisposing factors that are manifested in knowledge, attitudes, beliefs, beliefs, values, social norms, culture and socio-demographic factors. Based on research conducted by Haikal et al. (2021) it was found that the inhibiting factor for family latrine ownership was due to motivation, socio-economics. Low motivation in the community to have healthy latrines will encourage other people not to have healthy latrines. The lack of knowledge also contributes to efforts to improve family latrine management, because with good knowledge, people increasingly understand the importance of healthy latrines in the family. Meanwhile, low socioeconomic status can hinder the ownership of qualified latrines.

In line with research conducted by Habibah & Rangkuti (2020) explaining that the factors that influence ownership of defecation facilities are economic status, knowledge, attitudes, availability of clean water facilities and the role of health workers (Habibah & Rangkuti, 2020). The availability of clean water facilities and infrastructure is part of the supporting factors that facilitate a behavior. To increase people's having healthy latrines, the availability of clean water facilities will make it easier for family members to maintain personal hygiene after defecating and use latrines (Musriyati, 2019).

Supporting factors are related to the reinforcement for the occurrence of a certain behavior. This includes the attitudes and behavior of health workers or other officers who are a reference group for community behavior as well as social support from family or community leaders. In line with research conducted by Wulandari & Soesetyo (2018), it was explained that there was an influence of the role of health workers and the sanitation policy system on latrine use behavior. The role of officers can be in the form of motivation, technical guidance, mobilization, empowerment and counseling from these health workers who are also assisted by cadres, with the hope that health workers can change the bad habits of the community by growing and increasing their knowledge and awareness in clean and healthy living behavior (Wulandari & Soesetyo, 2019).

Apart from the support of health workers, another important role in supporting the ownership of healthy latrines is influenced by community leaders. One strategy to reinforce behavior change is to include important figures in the community. This important figure will be a role model so that people will be interested in seeing his behavior and can directly become a form of application to change people's behavior. In line with Yulda's research, Fajar and Utama (2017) explain that an individual's actions can occur because of a strong influence from his environment, namely the community around the individual, be it neighbors, community leaders, religious leaders, village officials, and so on. All communities who are members of an area should have a shared responsibility to behave in a healthy manner, remind each other, provide motivation, solve common problems, and work together to make their area clean, healthy, and do not rule out the possibility of total sanitation which is expected to be true.

Methods

This research is a quantitative study with an analytical survey design with a cross-sectional approach. The existence of research using analytical surveys. The research population is 38,759 people in the Blue Health Center working area and the sample is 100 respondents.

Results and Discussion

Univariate Analysis

Table 1. Distribution of Frequency characteristics of respondents in the Working Area of Blue Health Center in 2021

Gender	Frequency	Percentage (%)
Man	48	48
Woman	52	52
Age		
19-24 years	1	1
25-30 years	22	22
31-36 years	33	33
37-42 years	6	6
43-48 years old	17	17

49-54 years	14	14
55-60 years	3	3
61-66 years old	4	4
Education		
JUNIOR	6	6
SMA	84	84
PT	10	10
Work		
Not Working	35	35
Work	65	65

Based on the table above, it shows that based on the characteristics of the respondents, there are 48 men (48%) and 52 women (52%). For ages 19-24 years as many as 1 person (1%), 25-30 years as many as 22 people (22%), 31-36 years as many as 33 people (33%), 37-42 years as many as 6 people (6%), 43-48 years as many as 17 people (17%), 49-54 years as many as 14 people (14%), 55-60 years as many as 3 people (3%) and 61-66 years as many as 4 people (4%). For junior high school education as many as 6 people (6%), high school as many as 84 people (84%) and PT as many as 10 people (10%). For work not working as many as 35 people (35%) and working as many as 65 people (65%).

Table 2. Distribution of Knowledge Frequency of Respondents in the Blue Health Center Work Area in 2021

No.	Knowledge	Frequency	Percentage (%)
1	Less	48	48
2	Good	52	52
	Total	100	100

Based on table 2 above, it can be seen that from 100 respondents there are 48 people (48%) who have less knowledge, and 52 people (52%) who have good knowledge.

Table 3. Distribution of Frequency of Respondent Attitudes in the Blue Health Center Work Area in 2021

No.	Attitude	Frequency	Percentage (%)
1	Less	58	58
2	Good	42	42
	Total	100	100

Based on the table 3.above it can be seen that out of 100 respondents there are 58 people (58%) who have a less attitude, and 42 people (42%) who have a good attitude.

Table 4. Distribution of Respondent Income Frequency in Blue Health Center Work Area in 2021

No.	Income	Frequency	Percentage (%)
1	Low	46	46
2	Tall	54	54
	Total	100	100

Based on the table above it can be seen that out of 100 respondents there are 46 people (46%) who have low incomes and 54 people (54%) who have high incomes.

Table 5. Distribution of Health Officer Support Frequency in Blue Health Center Work Area in 2021

No.	Health Care Support	Frequency	Percentage (%)
1	Less	53	53
2	Good	47	47
	Total	100	100

Based on table. The above can be seen that out of 100 respondents there are 53 people (53%) who have less health care support and 47 people (47%) who have the support of good health workers.

Table 6. Distribution of Frequency of Support of Community Leaders in The Blue Health Center Work Area in 2021

No.	Community Support	Frequency	Percentage (%)
1	Less	49	49
2	Good	51	51
	Total	100	100

Based on the table above it can be seen that out of 100 respondents there are 49 people (49%) who have less community support and 51 people (51%) who have the support of good community leaders.

Table 7. Distribution of Frequency of support of community leaders in the Blue Health Center Work Area in 2021

No.	Community Support	Frequency	Percentage (%)
1	Not	55	55
2	Yes	45	45
	Total	100	100

Based on the table above it can be seen that out of 100 respondents there are 55 people (55%) who do not use healthy latrines and 45 people (45%) who use healthy latrines.

Bivariate Analysis

Table 8. Results of Cross Tabulation of Knowledge Relationships with the implementation of STBM in the Blue Health Center Working Area in 2021

Knowledge	Implementation of STBM				Total		*P value*
	Not		Yes				
	f	%	f	%	f	%	
Less	44	44	4	4	48	48	0,000
Good	11	11	41	41	52	52	
Total	**55**	**55**	**45**	**45**	**100**	**100**	

Based on the table above, it can be seen that from 48 people (48%) who have less knowledge about the implementation of STBM as many as 44 people (44%) and use healthy latrines as many as 4 people (4%), while out of 52 people (52%) who have knowledge of good by not supporting the STBM program as many as 11 people (11%) and implementing as many as 41 people (41%)

From the results of the chi-square test analysis, the Relationship between Knowledge and Implementation in 2021, it is known that the probability value (0.000) <sig =0.05. The results

of this analysis meet the criteria for the relationship hypothesis requirements, so it can be seen that knowledge has a significant relationship with the implementation of STBM.

Table 9.Results of Cross Tabulation of Attitude Relationships with STBM Implementation in Blue Health Center Work Area in 2021

Attitude	Implementation of STBM				Total		*P value*
	Not		Yes				
	f	%	f	%	f	%	
Less	38	38	20	20	58	58	0,013
Good	17	17	25	25	42	42	
Total	**55**	**55**	**45**	**45**	**100**	**100**	

Based on table 9 above, it can be seen that from 58 people (58%) who have a poor attitude by not implementing as many as 38 people (38%) and implementing STBM as many as 20 people (20%), while from 42 people (42%) who have good attitude by not implementing as many as 17 people (17%) and implementing STBM as many as 25 people (25%).

From the results of the chi-square analysis in the attachment of the chi-square test table, the relationship between attitudes and STBM implementation in the Blue Health Center work area in 2021 is known that the probability value is (0.013) <sig =0.05. The results of this analysis meet the criteria for the relationship hypothesis, so it can be seen that attitudes have a significant relationship with the implementation of STBM.

Table 10. Results of Cross Tabulation of Revenue Relationships with the implementation of STBM in the Blue Health Center Working Area in 2021

Income	Implementation of STBM				Total		*P value*
	Not		Yes				
	f	%	f	%	f	%	
Low	42	42	4	4	46	46	0,000
Tall	13	13	41	41	54	54	
Total	**55**	**55**	**45**	**45**	**100**	**100**	

Based on the table above, it can be seen that from 42 people (42%) who have low income by not implementing the STBM Program as many as 42 people (42%) and implementing the STBM Program as many as 4 people (4%), while out of 54 people (54%) who have high income by not implementing STBM as many as 13 people (13%) and not implementing STBM as many as 41 people (41%). From the results of the chi-square test analysis, it was found that the relationship between income and STBM implementation in the Blue Health Center Work Area in 2021 was known that the probability value was (0.000) <sig =0.05. The results of this analysis meet the criteria for the relationship hypothesis requirements, so it can be seen that income has a significant relationship with the implementation of STBM

Table 11. Results of Cross Tabulation of Health Officer Support Relationship with STBM Implementation in Blue Health Center Work Area in 2021

Health Care Support	Implementation of STBM				Total		*P value*
	Not		Yes				
	f	%	f	%	f	%	
Less	43	43	10	10	53	53	0,000
Good	12	12	35	35	47	47	
Total	**55**	**55**	**45**	**45**	**100**	**100**	

Based on the table above, it can be seen that from 53 people (53%) who have less support from health workers by not implementing the STBM Program as many as 43 people (43%) and implementing STBM as many as 10 people (10%), while from 47 people (47%) 12 people (12%) had the support of health workers by not participating in the STBM program and 35 people (35%).

From the results of the chi-square analysis in the attachment of the chi-square test table, the Relationship between Health Officer Support and the Implementation of STBM in the Blue Health Center Work Area in 2021, it is known that the probability value (0.000) <sig =0.05. The results of this analysis meet the criteria for the relationship hypothesis requirements, so it can be seen that the support of health workers has a significant relationship with the implementation of STBM

Table 12. Result of Cross Tabulation of Community Leader Support Relationships with The Implementation of STBM in the Blue Health Center Work Area in 2021

Community Support	**Implementation of STBM**				**Total**		***P value***
	Not		**Yes**				
	f	**%**	**f**	**%**	**f**	**%**	
Less	42	42	7	7	49	49	0,000
Appropriate	13	13	38	38	51	51	
Total	**55**	**55**	**45**	**45**	**100**	**100**	

Based on the table above, it can be seen that from 49 people (49%) who have less support from community leaders by not implementing as many as 42 people (42%) and implementing as many as 7 people (7%), while out of 51 people (51%) who have support from leaders good community by not implementing as many as 13 people (13%) and implementing as many as 38 people (38%).

From the results of the chi-square test analysis that the Relationship between Community Leader Support and Implementation in the Blue Health Center Work Area in 2021 it is known that the probability value is (0.000) <sig =0.05. The results of this analysis meet the criteria for the relationship hypothesis requirements, so it can be seen that the support of community leaders has a significant relationship with the implementation of STBM.

Behavior is everything that a person can do either directly or indirectly. Behavior as an individual response to a stimulus or action that can be observed and has a specific frequency, duration and purpose, both consciously and unconsciously. Basically behavior can be observed with a person's attitudes and actions, this is in line with Robert Kwick's statement that behavior is an act or action that can be observed or learned.

Health behavior is an action taken by people to maintain or achieve health and/or prevent disease. Health behavior reflects his understanding of the meaning and occurrence of health problems. Definitions of health behavior are generally individual-based. At the individual level, it begins by changing daily behavior on matters related to eating, drinking, smoking, sleeping, physical activities and so on. Health behavior is a person's response to a stimulus or object related to illness or disease, the health service system, food and drink and the environment.

Based on experience and research that behavior based on knowledge will last longer than behavior that is not based on knowledge. Without knowledge, a person does not have a basis for making decisions and determining actions to deal with the problems at hand.

According to Ann. Mariner quoted from Nursalam (2003) the environment is a condition that exists around humans and their influences that can affect the development and behavior of people or groups.

The local government must carry out evaluations related to the implementation of STBM for each supporting element, especially the use of healthy latrines, STBM and carry out socialization and counseling to community leaders on a regular basis so that they can become extension workers to the community. The Langsa Kota Health Center must improve coordination and cooperation with related cross-sectors, namely community leaders, NGOs, mayors, housing services and cross programs such as health promotion, public health to support the STBM program.

Community Based Total Sanitation (STBM) is an approach to change hygiene and sanitation behavior through community empowerment with the triggering method. STBM program has outcome and output indicators. The STBM outcome indicator is a decrease in the incidence of diarrheal disease and other environmental-based diseases related to sanitation and behavior.

The health office needs to provide HRK for health workers at the puskesmas. The Village Government establishes a letter of appointment for cadres, especially environmental health cadres and makes village regulations regarding the treatment of customary sanctions for people who defecate openly

Conclusion

What is important in health behavior is a matter of individual formation and change. Because behavior change is the goal of health education and counseling to support other health programs. The community needs to gain knowledge and benefits from the implementation of STBM so that they have authority over resource control and decisions to improve their health status. At this stage, the community not only makes decisions, but has participated in program implementation control activities. The community in Community-Based Total Sanitation Management (STBM) at the Blue Health Center concluded that there is a relationship of involvement between the support of community leaders, health workers and the community, if they can carry out their duties well such as explaining the program well and not excessive intervention, then the community will be enthusiastic in participating. The government needs to show its commitment in implementing the community-based total sanitation provision program (STBM) in terms of providing opportunities for the community to fully participate in the stages of sanitation and environmental management.

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