

## The Factors Influencing Defecation Behavior in Toilet Pasca Community Led Total Sanitation at Wamesa Sub District Manokwari Selatan District

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### ABSTRACT

**Background:** Community-based total sanitation is a new approach and paradigm of sanitation development, among others, changing defecation behavior in latrines, but found various factors of defecation behavior in latrines including education, knowledge, attitudes, officer roles, government roles, cadre roles and community participation.

**Objective:** To find out the factors that influence defecation behavior in community led total sanitation of Wamesa Village, South Manokwari District after Community Led Total Sanitation

**Research Method:** Analytical with cross sectional study design. The population is the entire community in Wamesa Village, South Manokwari District, Manokwari Regency in September - October of 2018 and population is chief of family as much 73 family and samples is 73 people (total population). Data approach using a questionnaire and analyzed using chi square test and logistic binary regression.

**Results:** Factors that influence the defecation behavior in after community led total sanitation in Wamesa District, South Manokwari District are knowledge (p-value 0.014; RP = 2.496; CI95% (1,280-4,867), attitudes (p-value 0.010; RP = 2.605; CI95% (1,389 - 4,888), the role of health workers (p-value 0,000; RP = 3,445; CI95% (1,809 - 6,561), the role of government (p-value 0,000; RP = 4,421; CI95% (2,298 - 8,504 ), the role of cadres (p-value 0,000; RP = 4,643; CI95% (2,323 - 9,279) and community participation (p-value 0,000; RP = 7,350; CI95% (3,104-17,406), while factors that do not influence CHAPTER in the toilet for the community after the community led total sanitation in Wamesa Village, South Manokwari District was education (p-value 0.220; Rp.

1.666; CI95% (0.842 - 3.290). The dominant factors that affected BAB behavior in the community after community led total sanitation in Wamesa Village South Manokwari District is participation and knowledge.

**Keywords:** Behavior, Defecation, Toilet, After Community Led Total Sanitation

### 1. INTRODUCTION

Joint commitment from the National to the Regional or District / City level towards sanitation problems can be seen from the results of National sanitation access, for the achievement of National level Open Defecation Village (SBS) until the second quarter of 2018 is only 25.04%, while access to sanitation has reached 72.62% (stbm-indonesia.org). For West Papua Province the achievement of stopping open defecation (SBS) until the second quarter of 2018 has only reached 8.75% and 24 sanitation access, 89% (stbm-indonesia.org).

Achievement of sanitation access in Manokwari District until the second quarter of 2018 was highest in the Prafi District, which amounted to 99.69% and the lowest access to sanitation was in the Masni District, which amounted to 77.74% (stbm.indonesia.org). Masni District is one of the districts with the lowest access, and there are still some people who have been triggered by STBM but still defecate not in latrines but by places. In contrast to the people in the South Manokwari District, after the STBM triggering, there was a significant increase in access. Increased

access to sanitation after STBM triggering in the South Manokwari District is an increase of 73.46%, and if seen at the Kelurahan / Kampung level it turns out that the highest increase in access is in Wamesa village which is an increase of 91.78% (stbm.indonesia.org )

Based on the Manokwari District Health Office (Environmental Health Section), that in Wamesa Village before the STBM triggering was conducted, there were only 6 (six) families that had family latrines from 58 families (10.34%) (Health Office Health Report, 2008). Based on the information that we obtained from Maripi Health Center, that in Wamesa Village there are frequent cases of diarrhea every year, there are even 2 (two) people who died in 2007 due to diarrhea, one adult and one toddler. (Maripi Health Center Annual Report, 2007). The triggering of STBM in Wamesa Village was conducted in 2009, with a source of funds from Unicef through the Water Environment and Sanitation (WES) program.

The reason Kampung Wamesa was chosen as the location of the study was because in Wamesa village only a behavior change triggering was carried out, not accompanied by the construction of supporting facilities in this case the construction of drinking water and toilet facilities, but behavior changes occurred more specifically defecation behavior, which usually defecated carelessly become a bowel movement in the toilet. This is evidenced by statements from the entire community, they made a declaration of stopping open defecation in 2011.

Referring to the background above, the authors are interested in seeing "Factors Affecting Defecation Behavior in Latrines After the triggering of Community Based Total Sanitation (STBM) in Wamesa Village, South Manokwari District".

## 2. MATERIALS AND METHODS

### 2.1. Research Design

This type of research is descriptive analytic which is also interpreted as research that

draws conclusions through testing hypotheses to generalize the results (Notoatmodjo, 2012; Sulistyaningsih, 2011). The research approach used in this study is cross sectional, namely research that aims to measure the dependent variable and independent variables simultaneously, so that the relationship between the two variables is obtained (Chandra, 2005). In this study, measurements were taken on the dependent variable, defecation behavior in the post-triggering toilet and independent variables, namely education, knowledge, attitudes, the role of health workers, the role of government, the role of cadres and community participation.

### 2.2. Location and Time of Research

#### a. Research Location

This research was conducted in Wamesa Village, South Manokwari District, Manokwari Regency, West Papua Province.

#### b. Research Time

The study was conducted in September - October in 2018

#### c. Population

Population is the whole object or object under study, Sugiyono (2013). The population in this study were all family heads in Wamesa village as many as 73 families.

#### d. Samples

The sample is a portion of the population that is considered representative of the population, but if the population is less than 100, the sample in this study is the total population (Arikunto, 2008) with the following sample criteria:

#### Inclusion Criteria

- 1) Father, if the family consists of father, mother and child.
- 2) Mother, if in the family the status of a widow or father is difficult to find because of working outside the village.
- 3) Family members who are willing to become respondents (age  $\leq 20$  years)

#### Exclusion Criteria

Having obstacles in verbal communication.

### 3. RESULTS

#### Analisa Bivariat

##### a. The effect of education on defecation behavior in latrines in post-society STBM triggering

Table 1. Effect of defecation education on latrines in the community after STBM triggering in Wamesa Village, South Manokwari District in 2018

No	Education	Defecation behavior on latrines				n	%
		Not		Yes			
		n	%	N	%		
1	Low	13	40,6	19	59,4	32	100
2	High	10	24,4	31	75,6	41	100
Total		23	31,5	50	68,5	73	100
<i>p-value</i> = 0,220; RP = 1,666; CI95% (0,842 – 3,290)							

Table 1 shows that out of 32 people with low education there were 13 people (40.6%) not defecating in the toilet and as many as 19 people (59.4%) defecating in the toilet. Of the 41 highly educated people there were 10 people (24.4%) not defecating in the toilet and as many as 31 people (75.6%) defecating in the toilet. The results of the chi square statistical test on the significance value of 95% ( $\alpha = 0.05$ ) obtained *p*-value 0.220 or  $p > \alpha$  (0.05). This means that there is no effect of education on defecation behavior in latrines in the community after STBM triggering in Wamesa Village, South Manokwari District. The results of the value of RP = 1.666; CI95% (0.842 - 3.290) with a lower value of less than 1, so that age is not significant or is a protective factor with defecation behavior in the latrine.

##### b. The influence of defecation knowledge on latrines in the community after STBM triggering

Table 2. The effect of defecation knowledge on latrines in the community after STBM triggering in Wamesa Village, Manokwari District, South in 2018

No	Knowledge	Defecation behavior on latrines				n	%
		Not		Yes			
		n	%	n	%		
1	Less	13	52	12	48	25	100
2	Good	10	20,8	38	79,2	48	100
Total		23	31,5	50	68,5	73	100
<i>p-value</i> = 0,014; RP = 2,496; CI95% (1,280 – 4,867)							

Table 2 shows that out of the 25 people there were 13 people (52%) not defecating in the toilet and as many as 12 people (48%) defecating in the toilet. Of the 48 people

good knowledge there were 10 people (20.8%) not defecating in latrines and as many as 38 people (79.2%) defecating in latrines. The chi square test results on the significance of 95% ( $\alpha = 0.05$ ) obtained *p*-value 0.014 or  $p < \alpha$  (0.05). This means that there is an influence of defecation knowledge in latrines in the community after STBM triggering in Wamesa Village, South Manokwari District. The results of the value of RP = 2.496; CI95% (1,280-4,867) interpreted that respondents who were knowledgeable were less likely to not defecate in latrines by 2,496 times than respondents who were well-informed.

##### C. Influence of attitude and defecation behavior in latrines in the community after STBM triggering

Table 3. The effect of defecation attitude on latrines on the community after STBM triggering in Wamesa Village, South Manokwari District in 2018

No	Attitude	Defecation behavior on latrines				N	%
		No		Yes			
		n	%	n	%		
1	Not support	11	57,9	8	42,1	19	100
2	Support	12	22,2	42	77,8	54	100
Total		23	31,5	50	68,5	73	100
<i>p-value</i> = 0,010; RP = 2,605; CI95% (1,389 – 4,888)							

Table 3 shows that of the 19 people whose attitude did not support there were 11 people (57.9%) not defecating in the toilet and as many as 8 people (42.1%) defecating in the toilet. Of the 54 people, his attitude supports 12 people (22.2%) not defecating in the toilet and as many as 42 people (77.8%) defecating in the toilet. The results of the chi square statistical test on the significance value of 95% ( $\alpha = 0.05$ ) obtained *p*-value 0.010 or  $p < \alpha$  (0.05). This means that there is an influence of attitude with defecation behavior in latrines in the community after STBM triggering in Wamesa Village, South Manokwari District. The result of the value of RP = 2,605; CI95% (1,389 - 4,888) interpreted that the attitude of respondents who did not support tended not to defecate in the toilet by 2,605 times higher than respondents who were in a good attitude.

**d. The influence of the role of health workers in defecating behavior in latrines in the community after STBM triggering**

**Table 4. The influence of the role of health workers in defecation on latrines in the community after STBM triggering in Wamesa Village, South Manokwari District in 2018**

No	Health staff role	Defecation behavior on latrines				n	%
		Not		Yes			
		n	%	N	%		
1	Not support	13	65	7	35	20	100
2	Support	10	18,9	43	81,1	53	100
Total		23	31,5	50	68,5	73	100
<i>p-value = 0,000; RP = 3,445; CI95% (1,809 – 6,561)</i>							

Table 4 shows that of the 20 people who stated that health workers did not support there were 13 people (65%) not defecating in the toilet and as many as 7 people (35%) defecating in the toilet. Of 53 people who stated that health workers supported there were 10 people (18.9%) not defecating in the toilet and as many as 43 people (81.1%) defecating in the toilet. The results of the chi square statistical test on the significance value of 95% ( $\alpha = 0.05$ ) obtained p-value 0,000 or  $p < \alpha$  (0.05). This means that there is an influence on the role of health workers with defecating behavior in latrines in the community after STBM triggering in Wamesa Village, South Manokwari District. The results of the value of  $RP = 3,445$ ;  $CI95\%$  (1,809 - 6,561) interpreted that the role of health workers who did not support respondents tended to not defecate in latrines was 3,445 times higher than respondents supported by health workers.

**e. The influence of the government's role in defecating in latrines in the community after STBM triggering**

**Table 5. The influence of the government's role in defecating in latrines in the community after STBM triggering in Wamesa Village, Manokwari District, South in 2018**

No	Government Role	Defecation behavior on latrines				n	%
		Not		Yes			
		n	%	n	%		
1	Not support	14	73,7	5	26,3	19	100
2	Support	9	16,7	45	83,3	54	100
Total		23	31,5	50	68,5	73	100
<i>p-value = 0,000; RP = 4,421; CI95% (2,298 – 8,504)</i>							

Table 5 shows that of the 19 people who stated that the role of the government did

not support there were 14 people (73.7%) not defecating in latrines and as many as 5 people (26.3%) defecating in latrines. While from 54 people who stated the government's role in supporting there were 9 people (16.7%) not defecating in latrines and as many as 45 people (83.3%) defecating in latrines. The results of the chi square statistical test on the significance value of 95% ( $\alpha = 0.05$ ) obtained p-value 0,000 or  $p < \alpha$  (0.05). This means that there is an influence of the government's role in defecating in latrines in the community after the STBM triggering in Wamesa Village, South Manokwari District. The result of the value of  $RP = 4,421$ ;  $CI95\%$  (2,298 - 8,504) interpreted that the government's non-supportive role tends to be for respondents not to defecate in latrines by 4,421 times higher than the support from the government's role.

**f. Effect of the role of cadres on defecation behavior in latrines in the community after STBM triggering**

**Table 6. Effect of the role of cadres with defecating behavior on latrines in the community after STBM triggering in Wamesa Village, South Manokwari District in 2018**

No	Cadre role	Defecation behavior on latrines				n	%
		Not		Yes			
		n	%	N	%		
1	Not support	15	71,4	6	28,6	21	100
2	Support	8	15,4	44	84,6	52	100
Total		23	31,5	50	68,5	73	100
<i>p-value = 0,000; RP = 4,643; CI95% (2,323 – 9,279)</i>							

Table 6 shows that from 21 people who did not support the role of cadres, there were 15 people (71.4%) who did not defecate in the toilet and as many as 6 people (28.6%) defecated in the toilet. Whereas from the 52 people who supported the cadre role there were 8 people (15.4%) not defecating in the toilet and as many as 44 people (84.6%) defecating in the toilet. The results of the chi square statistical test on the significance value of 95% ( $\alpha = 0.05$ ) obtained p-value 0,000 or  $p < \alpha$  (0.05). This means that there is an influence of the role of cadres with defecating behavior in latrines in the community after STBM triggering in

Wamesa Village, South Manokwari District. The results of the RP value are 4,643; CI95% (2,323 - 9,279) which interpreted the role of cadres who did not support tended to be respondents for not defecating latrines by 4,643 times higher than the support of cadre roles.

**g. The effect of participation in defecation behavior on latrines in the community after STBM triggering**

**Table 7. The influence of defecation participation on latrines in the community after STBM triggering in Wamesa Village, Manokwari District, South in 2018**

No	Partisipasi	Defecation behavior on latrines				n	%
		Tidak		Ya			
		n	%	N	%		
1	Tidak Mendukung	18	75	6	25	24	100
2	Mendukung	5	10,2	44	89,8	49	100
Total		23	31,5	50	68,5	73	100
<i>p-value = 0,000; RP = 7,350; CI95% (3,104 - 17,406)</i>							

Table 7 shows that out of 24 people who stated that community participation did not support there were 18 people (75%) not defecating in latrines and as many as 6 people (25%) defecating in latrines. While from 5 people who stated that community participation supported there were 5 people (10.2%) not defecating in the toilet and as many as 44 people (89.8%) defecating in the toilet. The results of the chi square statistical test on the significance value of 95% ( $\alpha = 0.05$ ) obtained p-value 0,000 or  $p < \alpha (0.05)$ . This means that there is an influence of community participation in defecation in latrines in the community after the STBM triggering in Wamesa Village, South Manokwari District. Results of the value of  $RP = 7,350$ ;  $CI95\% (3,104 - 17,406)$  interpreted that community participation that did not support respondents tended not to defecate in latrines was 7,350 times higher than the support of community participation.

**4. DISCUSSION**

The results showed that the community after the triggering of STBM in Wamesa District, South Manokwari District had defecation behavior of 50 people

(68.5%). This shows that the behavior of the community in using latrines for defecation is still not optimal for the community. Communities that do not have private latrines, they use public toilet facilities for defecation needs (BAB) or to stay with relatives and neighbors to defecate. The most common public latrine is the cemplung latrine located on the edge of the sea, where dirt is directly dumped into the sea without using saptictank, the cemplung toilet does not have a water reservoir. So that people who want to defecate inevitably have to bring water from the house to wash stool after bowel movements but cannot be used to clean the dirty toilet floor and there is no toilet cleaning tool. Because the latrine used is a public toilet, no community is responsible for maintaining the cleanliness of the toilet.

The ignorance of the community about the importance of having a toilet has not been realized by most of the Wamesa District of South Manokwari District. In fact, with the toilet, the cleanliness of the house will be maintained so as to improve the quality of health of its residents. In addition, with the toilet, it will add to the aesthetic value of the house itself.

**4.1 Effect of community education on defecation behavior in latrines after STBM triggering**

A person's level of education includes predisposing factors for health behavior, but the level of education makes it easier for behavior change to occur, the higher the level of education, the easier it is for someone to receive new information that is constructive (Prayoto, 2014). The results showed that there was no effect of education on defecation behavior in latrines in the community after STBM triggering in Wamesa Village, South Manokwari District. The education level of respondents was mostly in the high category of 56.2% and low as much as 43.8%. 40.6% of respondents with low education had defecation behavior in latrines, while 24.4% of respondents who were highly educated did not defecate in latrines. This proportion

is not much different between respondents who are highly educated.

The results of this study are in line with the research conducted by Pane (2009) that the level of education does not influence the behavior of using latrines. According to Mubarak (2011), the more people or someone exposed to information, the better their knowledge even if the community is low educated.

The prevalence ratio test results obtained that education is a protective factor that decreases defecation behavior in latrines. This is because there are variables that more strongly influence the education of respondents, namely knowledge and attitudes of the community. One of the factors that influence a person's health behavior according to Notoatmdjo (2011), namely predisposing factors which include knowledge, beliefs, values and one's perceptions of health behavior. Formal education is not always an influential factor in shaping one's knowledge, attitudes, perceptions, beliefs and judgments about health, but non-formal education through counseling and training.

#### **4.2 Influence of community knowledge, with defecation behavior in latrines after STBM triggering**

One of the basic things that is seen as giving the contribution to the habit of defecation in any place is the level of people's knowledge of the dangers that can be caused by the habit of defecating in any place in the form of a disease outbreak.

The results showed that there was an effect of defecation knowledge on latrines in the community after STBM triggering in Wamesa Village, South Manokwari District. Knowledgeable respondents have 52% less defecation in latrines whereas from good knowledge there are 20.8% not defecating in latrines. This shows that the better knowledge of the respondents the better they behave in using latrines to defecate. The results of this study support the research from Widowati (2015) that there is

a significant relationship of knowledge with open defecation behavior.

According to Notoatmojo (2011), cognitive knowledge is a domain that is very important for the formation of an action. Action based on knowledge will be more lasting than behavior that is not based on the knowledge of respondents about the importance of having a family toilet at home. The knowledge discussed in this study is about the use of family latrines at home. Knowledge is closely related to one's actions in this case knowledge about the use of family latrines at home will greatly affect one's behavior. Good knowledge that is known to the respondents knowing about the purpose of latrines, the distance of septic tank >10 m with the source of drinking water, the benefits of using latrines that can prevent transmission of disease. Whereas the lack of knowledge by the people who know about the defecation in any place such as on the beach, pond or garden cannot cause harm to the environment and insects or animals that can transmit germs from human feces which can be spread by hand, food and water and do not know how to break the chain of transmission of disease from human feces. The results of the above research can be explained by the low level of knowledge of the community which then influences their understanding of the benefits of latrines as places to defecate.

Antuli (2012) in the results of his research suggested that knowledge is one of the drivers for changing behavior, so it can be said that one's knowledge of latrines will determine their behavior in terms of defecation. When linked to this level of knowledge, it can be explained that the low level of knowledge of the community in the aspects of knowing and understanding can also be explained as the influence of the low level of education of the community so that this gives an impact on knowledge and understanding of the use of latrines.

The low knowledge of respondents has an impact on the behavior of people who are still defecating in any place, where the prevalence ratio test results that low

public knowledge tends to defecate in any sebsar place 2,496 times higher than people who have good knowledge. This is very risky for public health because it generates vector nests (mosquitoes, flies, mice, etc.), pollutes the environment against sources of drinking water, can provide a situation / environment that is not good and can cause bad smell (Notoatmodjo, 2011). This condition needs attention from health workers on an ongoing basis in providing counseling about the use of latrines through health education that can increase people's knowledge in changing clean and healthy lifestyle. The results of the Dunggio (2012) study that successfully revealed that knowledge is the element that plays the most important role that assesses a person's abilities in behave in daily life primarily in receiving various information both through the media and direct officers.

#### **4.3 Influence of community attitudes, defecation behavior in latrines after STBM triggering**

Attitude is a reaction or response of someone who is still closed to a stimulus or object. Manifestations of attitudes cannot be directly seen, but can only be interpreted in advance of closed behavior. Attitude is not yet an action or activity, but it is a "pre-disposition" of action or behavior. That attitude is still a closed reaction, not an open reaction to open behavior. (Notoatmodjo, 2011). The results showed that there was an effect of defecation behavior on latrines in the community after STBM triggering in Wamesa Village, South Manokwari District. Respondents who have an attitude that does not support there are 57.9% not defecating in the toilet while the respondents whose attitude supports there are 22.2% not defecating in the toilet. This shows that the lower the attitude that does not support the defecation perileku in any place is higher, where from the results of the test of the prevalence of attitudes that do not support tend to defecate the toilet by 2.605 times higher than respondents who have a good attitude about defecation in the toilet.

The attitude of the people in Wamesa District, South Manokwari District after the STBM triggering which had a good attitude about the use of latrines stated that defecation in the open did not provide the same comfort with defecation in the toilet and could cause disease and stated that it was not a reason to live on the beach and have a garden, so that the community defecates in any place. The attitude of the people who do not support most states that defecation in any place cannot cause environmental pollution and that drinking especially infants and toddlers can defecate in the yard.

According to Social Cognitive Theory (SCT), outcome expectations are very important to help someone in determining attitudes toward certain behaviors (Prayoto (2014), individuals who have a high outcome expectation will think preventive measures will be beneficial for them, so that it will make it easier for them to behave healthy, and vice versa individuals who have a low outcome expectation will try to cover up the reality by holding a reason as if there is no meaning at all (WHO, 2010). This study proves that there is a relationship between attitudes toward lack of defecation behavior in latrines after triggering. This means that perception is an internal factor that can affect a person's behavior (Edberg, 2007). Awareness is the key for someone to break away from unethical or wrong decisions. Someone who has released himself from morals will do bad actions against himself or others, but the process of action seems morally justified by him. The community that still applies open defecation after knowing that this is an improper act, then it has made its own justification of morality. They make a bad behavior seem to be a behavior that looks not too bad and even looks good (Darsanah, 2014).

The fact is that there are still people defecating on the edge of the monitor and gardens. This happens because the behavior has been carried out by the community for a long time, it has become a habit, so that the

community considers this to be normal and has no impact, coupled with seeing neighbors and friends still defecating in the river as if it were justification for action that is. The importance of the role of the government, health workers and cadres and local community leaders in changing the behavior of defecating communities in any place.

#### **4.4. Influence of the role of officers in defecation behavior in latrines in the community after STBM triggering**

Health workers are everyone who devotes themselves in the health sector and have knowledge and / or skills through education in the health sector which requires certain types of authority to carry out health efforts. One element that plays a role in accelerating health development is health workers who are in charge of health care facilities in the community (Notoatmodjo, 2011). The results showed that there was an influence on the role of health workers with defecating behavior in latrines in the community after STBM triggering in Wamesa Village, South Manokwari District. Respondents who stated that health workers did not support 65% did not defecate in the latrine while respondents who stated that health workers supported 18.9% of them did not defecate in the toilet and as many as 43 people (81.1%) defecated in the toilet. This shows that the better role of health workers can change people's behavior in using latrines as a means of healthy defecation. This is also reinforced from the results of the prevalence ratio test that the role of health workers who do not support the toilet does not tend to be 3.445 times higher than respondents who support health workers.

This research is in line with the research conducted by Darsanah (2014) which revealed that there was an influence of the role of health workers in the use of latrines. The role of health workers in Wamesa Village, South Manokwari District who support the community response states that health workers once conveyed information about the importance of latrines

for families, clean and healthy behavior and encouraged people not to defecate anywhere and health workers often came to monitor in monitoring health issues and environmental cleanliness.

Respondents who responded that the role of non-supportive health workers was caused by health workers never conveying the impact caused by open defecation, healthy toilet conditions and encouraging all communities to defecate in latrines. It can be concluded that the role of health staff is not optimal in conveying information or providing support to the community in using latrines.

From the data above, the researchers assumed that the programs owned by health center health workers in the Wamesa Village area were good enough, but in its implementation it had not been carried out optimally by health workers, besides, from the community's perspective, the tendency to be clean and healthy (PHBS) still low, besides the people's mindset that expects the help of latrines from the government and the community felt that they benefited from defecating anywhere on the waterfront because they did not pollute and smell in their homes.

Therefore the role of officers is more intensified, for example through health education activities about healthy latrines, the benefits of healthy toilets, due to defecation in any place and how to build healthy latrines by promoting healthy latrines. The installation of posters about the dangers of open defecation, the benefits of the importance of having healthy latrines, and being able to form cadres in the village so that they can optimize efforts to improve the health status of the community in the village together with the community. In addition, the efforts that can be made are to increase public knowledge through health promotion, promotion and media campaigns for instilling knowledge in the community. This can also be done by health workers at the Puskesmas when handling a patient, or even every examination.



#### **4.5. The influence of the government's role in defecating in latrines in the community after STBM triggering**

The success of government programs in the field of health in the community will be successful if the members are each family managed to carry out their responsibilities. So that the role of the family is able to function as a means of solving existing health and social problems (Notoatmodjo, 2011). The results of the study showed that respondents' responses to the role of government mostly supported as many as 54 people (74%) in the use of latrines. The results of statistical tests have an influence on the role of the government with defecation in latrines in the community after the STBM triggering in Wamesa Village, South Manokwari District. Respondents who stated the government's role did not support there were 73.7% not defecating in latrines while respondents who stated the government's role supported 16.7% not defecating in latrines. This shows that supporting government efforts can increase the utilization of latrines by the community.

The type of support according to Erlinawati (2009) can be seen from two aspects, namely support in the form of providing information or information about healthy latrines, and then support in the form of toilet assistance in the respondent's neighborhood. During this time the support obtained by the people of Wamesa Village was one of the villages in Manokwari District which received the STBM program funded by the Unicef WES program, which the community obtained information about STBM through behavior change triggering activities and built public latrines through village funds.

#### **4.6 Effect of the role of cadres on defecation behavior in latrines in the community after STBM triggering**

Health cadres are the power of the local community in mobilizing public health efforts (Ministry of Health of Republic of Indonesia, 2012). The results showed that

there was an influence of the role of cadres with defecation behavior in the latrines of the community after STBM triggering in Wamesa District, South Manokwari District, where respondents who stated the role of cadres who did not support there were 71.4% not defecating in the latrine while respondents' responses stated the cadre role which supports 15.4% not defecating in the toilet. This research is in line with the research conducted by Kurniawati (2015) that there is an influence of the role of cadres in the behavior of using latrines. The role of cadres from supporting community responses is because there are cadres around the community's residence, actively motivating the community to live clean and healthy lives and often provide information about clean and healthy living behaviors, such as defecating in the toilet. Whereas the community response that stated cadres did not support because the cadres did not encourage the community to clean the Kampung environment, contacted health workers if there were health problems that occurred in the village / and did not often visit and monitor the houses of the father / mother to ensure that the house and environment were always clean.

The role of health cadres needed according to Darsana (2014) is giving motivation, technical guidance, mobilization, empowerment and counseling assisted by assisted puskesmas officers who are expected to empower the community by growing and increasing the knowledge, willingness and ability of individuals, families and communities to prevent diseases that are expected to improve public health so that a healthy environment is created as well as being active in organizing every health effort. But the information obtained at the time of the study, respondents said that the promotion of latrine use and utilization both those that already existed and those that did not have latrines were not carried out optimally by health cadres to utilize latrines was only felt by some respondents. In addition there are no activities or meetings. Health promotion

is only limited to the introduction and the provision of public toilet assistance without providing a deep knowledge to the community regarding healthy latrines and their use.

The importance of raising health cadres in the community around the community so that the community can be monitored by health cadres in providing direct information and providing health facilities in the form of media - health media that can be used to provide health education to the community where the better the community will be better utilization toilet.

#### **4.7. Effect of community participation on defecation behavior in latrines in the community after STBM triggering**

The target community in CBTS is not forced to implement the program activities, but the program seeks to increase community participation in its activities. The results of the study showed that the community participation that did not support 75% did not defecate in the toilet while the community participation that supported there was 10.2% not defecating in the toilet. The results of the prevalence ratio test showed that non-supportive community participation tended to be that the community did not defecate in the toilet by 7,350 times higher than the community participation in support.

#### **5. CONCLUSION**

Based on the results and discussion can be concluded as follows:

1. There is no effect of education on defecation behavior in latrines in the community after STBM triggering in Wamesa District, South Manokwari District (p-value 0.220; RP = 1.666; CI95% (0.842 - 3.290)).
2. There is an influence of defecation knowledge on latrines in the community after STBM triggering in Wamesa District, South Manokwari District (p-value 0.014 RP = 2.496; CI95% (1,280-4,867)).
3. There is an influence of attitude and defecation behavior on latrines to the

community after STBM triggering in Wamesa District, South Manokwari District (p-value 0.010; RP = 2.605; CI95% (1,389 - 4,888)).

4. There is an influence of the role of health workers in defecating behavior in latrines in the community after STBM triggering in Wamesa Village, South Manokwari District (p-value 0,000; RP = 3,445; CI95% (1,809 - 6,561)).

5. There is an influence of the government's role in defecating in latrines in the community after STBM triggering in Wamesa Village, South Manokwari District (p-value 0,000; Rp. 4,421; CI95% (2,298 - 8,504)).

6. There is an influence of the role of cadres with defecation behavior in latrines in the community after STBM triggering in Wamesa District, South Manokwari District (p-value 0,000; RP = 4,643; CI95% (2,323 - 9,279))

7. There is an influence of community participation in defecation behavior in latrines in the community after STBM triggering in Wamesa Village, South Manokwari District (p-value 0,000; RP = 7,350; CI95% (3,104-17,406)).

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