

Factors Affecting Ownership of Healthy Latrines in the Semerup Community Health Center, Kerinci Regency

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ABSTRACT

One of the sanitation facilities that must be owned by every household is a healthy latrine. The low coverage of latrine ownership causes health problems, one of which is diarrhea. Semurup Health Center is one of the health service facilities in Kerinci Regency. In the working area of the Puskesmas Semerup, the coverage of latrine ownership is 55% and is still relatively low, although triggers are often carried out by health workers from the puskesmas or health department. The purpose of this study was to determine the factors that influence the ownership of latrines in the working area of the Semerup Health Center, Kerinci Regency. This research is a quantitative research with a cross sectional approach. The population in this study is the head of the family in Balaii Village totaling 242 families. The sample in this study was 79 households, and the sampling technique used a simple random sample. The results of this study are that there is a relationship between education (p.value = 0.003), knowledge (p.value = 0.000) and attitudes (p.value = 0.000) with ownership of healthy latrines, and than there is no relationship between the role of health workers (p.value=0.055) and ownership of healthy latrines in the working area of the Semerup Health Center, Kerinci Regency.

Keywords:

Healthy Latrine, Education, Knowledge, Attitude, The Role of Health Workers

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1. INTRODUCTION

A healthy latrine is a family sanitation facility that is needed for every home. Every day humans defecate, which causes various diseases if not handled properly. Bacterial infections can occur through vectors such as flies that perch on food that carry bacteria from feces or garbage and stay in the food and drinks that humans consume daily [10].

If the toilet problem is not handled properly, it will have a negative impact on the environment and society. The unavailability of latrines will result in faeces floating in open dumps, making them easily accessible to animals or disease-carrying vectors, one of which is diarrheal disease (Kasman K, 2020). Disposal of excrement that is carried out in an inappropriate manner with sanitation requirements not being met will have an impact on the emergence of contamination of the soil and water supply [18]

Based on data from the Ministry of Health in 2020 regarding Community-Based Total Sanitation, it is known that access to latrines is only 46.24% in Indonesia. It was recorded that 31.14% of the people used permanent healthy latrines, it was known that 9.99% used semi-permanent healthy latrines, that 5.11% used healthy latrines, and it was known that 53.76 were still open defecation. %. The 2015 Millennium Development Goals (MDGs) target, namely 100% access to latrines [9].

According to data from the Jambi Provincial Health Office for 2020, access to latrines was recorded at 56.98% with a target of 100% ownership of healthy latrines in Jambi province. It was calculated that 31.81% used permanent healthy latrines, 13.74% used semi-permanent healthy latrines, 5.43% used healthy latrines, and 43.02% had open defecation [4].

According to data from the Semurup Health Center in 2020, Balai Village is in 16th place out of 16 villages with access to latrines. This means that Balai Village is the most problematic village in Airwarm District. Balai Village only has 55.36% access to latrines. It was calculated that 34.38% used Permanent Healthy Latrines, 12.05% used Semi-Permanent Healthy Latrines, 8.93% used healthy latrines, 44.64% were still open defecation. [11] with a healthy latrine ownership target of 80% [6].

Based on an initial survey of several community houses in the Balai Semurup Village area, most of the people still do not have healthy latrines. There are those who have latrines but are not categorized as healthy latrines because one or more of the requirements have not been met, such as the absence of a septic tank, sewage pits being channeled into the river, no roof, the building is not sturdy or something else. There are also those who really don't have a latrine, so they defecate in the garden or river. Residents admit that they tend to defecate in the open in the river due to the existence of the Batang Merao river in the area. The reasons why residents don't have healthy latrines are: 1) they don't know the benefits and don't know what healthy latrines are, 2) they are used to using the river as their daily latrines, 3) the residents' houses are close to the river, 4) there are no funds to have healthy latrines.

Based on the description above, the formulation of the problem in this study is "what factors are related to latrine ownership in the working area of the Semerup Health Center, Kerinci Regency". The purpose of this study was to determine the factors associated with latrine ownership in the working area of the Semerup Health Center, Kerinci Regency.

2. METHOD

This research is a quantitative study using a cross-sectional research design. The population in this study were all heads of families in Balai Semerup Village, Kec. Warm Water, Kab. Kerinci, namely as many as 242 heads of families. The sample in this study were 79 heads of sample families obtained by random sampling technique. The instrument used for knowledge, education, attitudes and the role of health workers is a questionnaire sheet. Meanwhile, to assess ownership of a healthy latrine, the instruments used were a checklist sheet and an observation sheet. The data was tested using a statistical test, namely the χ^2 -square test to determine the relationship between variables and by using computerization.

3. RESULTS AND DISCUSSION

3.1 Description of the characteristics of research respondents

Table 1. Description of Respondent Characteristics

Characteristics	f	%
Gender		
Female	54	68,4
Male	25	31,6
Age		
<40 years	32	40,5
>40 years	47	59,5
Education		
No school	5	6,3
Elementary School	10	12,7
Junior High School	4	5
Senioh High School	36	46
Collage	24	30

Based on table 1, it is known that some respondents (68.4%) are female. A total of 47 respondents (59.5%) were over 40 years old and the education of the respondents generally graduated from senior high school, namely 36 people (46%).

3.2 Frequency Distribution of Research Variables

Table 2. Description of the Frequency Distribution of Research Variables

Characteristics	f	%
Ownership of Healthy Latrines		
Do not have	41	51,9
Have	38	48,1
Education		
Low	19	24,1
High	60	75,9
Knowledge		
Bad	43	54,4
Good	36	45,6
Attitude		
Bad	39	49,4
Good	40	50,6
Health Workers		
No role	39	49,4
Role	40	50,6

Based on the results of the descriptive analysis in table 2, it is known that 41 people (51.9%) have healthy latrines. Most of the respondents (75.9%) have a higher education. More than half of the respondents (54.4%) had less knowledge, while the attitudes of the respondents were mostly good or 50.6%. For the role of health workers, as many as 40 respondents (50.6%) admitted that health workers had played a role in increasing ownership of healthy latrines.

3.3 Determinants of Ownership of Healthy Latrine

Table 3. Analysis of the relationship between Education, Knowledge, Attitudes and the Role of Health Workers with Healthy Latrine Ownership

Variable	Ownership of Healthy Latrines						P-Value	PR (95%)
	Do note have		Have		Total			
	n	%	n	%	n	%		
Education								
Low	16	84,2	3	15,8	19	100	0,003	2,021 (1,414-2,889)
High	25	41,7	35	58,3	60	100		
Knowledge								
Bad	31	72,1	12	27,9	43	100	0,000	2,595 (1,485-4,537)
Good	10	27,8	26	72,2	36	100		
Attitude								
Bad	29	74,4	10	25,6	39	100	0,000	2,479 (1,491-4,119)
Good	12	30,0	28	70,0	40	100		
Health Workers								
No role	25	64,1	14	35,9	39	100	0,055	1,603 (1,026-2,504)
Role	16	40,0	24	60,0	40	100		

3.4 Discussion

3.4.1 The Relationship between Education and Healthy Latrine Ownership

Based on the analysis, it is known that there is a relationship between education and healthy latrine ownership (p.value = 0.003). Based on the analysis, it is known that there are 16 respondents (84.2%) who do not have healthy latrines with low education. Meanwhile, there were 35 respondents (58.3%) who had latrines with higher education. The absence of healthy latrines is due to the low knowledge of the respondents. During the interview, many

respondents did not know what healthy latrines were. Respondents still maintain the existing latrines in their respective homes due to limited knowledge. This limited knowledge can occur due to low education.

The results of this study are in line with research conducted by Masnarivan in 2020, which found that there was a relationship between education level and family latrine ownership (p .value=0.003). In this study, it was discovered that there were differences in the ownership of healthy latrines between respondents with low education and respondents with higher education. Houses with low-educated family heads do not have healthy latrines more often than houses with high-educated household heads [15].

Even though most of the people are highly educated, the community's awareness makes the habit of defecating in any place difficult to get rid of, because residents prefer make a sinking WC instead of making healthy latrines at home due to the lack of money to make expensive septic tanks. This is very related to the behavior of the community itself which has become a habit for years. Culture plays an important role in owning healthy latrines. A culture that is not good in open defecation will greatly affect the community in building healthy latrines. Efforts to increase public awareness have actually been carried out for a long time with the help of building latrines in several places that need them.

3.4.2 The Relationship between Knowledge and Healthy Latrine Ownership

Based on the analysis, it is known that there is a relationship between knowledge and healthy latrine ownership (p .value = 0.000). Based on the analysis, it is known that there are 31 respondents (72.1%) who do not have healthy latrines with insufficient knowledge. Meanwhile, there were 26 respondents (72.2%) who had latrines with good knowledge. The absence of healthy latrines is due to the low knowledge of the respondents. During the interview, many respondents did not know what healthy latrines were. Respondents still maintain the existing latrines in their respective homes due to limited knowledge. This limited knowledge can occur due to low education. According to [14], knowledge is the result of knowing and this will happen after someone feels a certain object. According to Salwono, the knowledge explained in O'taya is the result of knowing after someone observes an object. So it is said that knowledge is the most important aspect before showing an attitude and taking an action

Lack of information about latrines obtained by respondents resulted in respondents' lack of knowledge about the importance of healthy latrines. Respondents generally only knew the importance of defecating or urinating in the latrine and the dangers of open defecation, but did not know what the criteria for a good and healthy latrine were and did not know what the requirements for a healthy latrine were. Based on observations, most of the respondents had latrines, but they did not comply with the requirements for healthy latrines. They only built latrines and did not think about latrines that met health requirements.

This research is in line with Maulana's research in 2021, which found that there is a relationship between knowledge and ownership of healthy latrines (p .value = 0.000) [15]. This research is also consistent with Wirdawati's research in 2021 which found a relationship between knowledge and ownership of healthy latrines [25].

Efforts that can be made to increase public knowledge about the importance of owning healthy latrines are by holding counseling, group discussions, distributing leaflets or posters by health workers regarding the importance of owning a healthy latrine, how the condition of a latrine is said to be a healthy latrine, how to break the chain of disease transmission from feces and the impact if you don't have access to sanitation, especially latrines that don't meet health requirements. With good public knowledge, it is better to understand and be able to carry out efforts to manage family latrines, both in maintaining or repairing latrines if they are damaged or clogged and keeping the family latrines clean from various impurities so that the living environment is clean and healthy

3.4.3 The Relationship between Attitude and Healthy Latrine Ownership

Based on the analysis, it is known that there is a relationship between attitude and healthy latrine ownership (p .value = 0.000). Based on the analysis, it was found that there were 29 respondents (74.4%) who did not have healthy latrines with unfavorable attitudes. Meanwhile, 28 respondents (70%) had a latrine with a good attitude.

Attitude describes whether a person likes or dislikes an object. Attitude is a person's view of how opinions and assessments of health, both the concept of health and illness to the assessment of risk factors related to health. Attitude is also a closed response by a person to a certain stimulus or object which will involve or describe the emotion in question, such as being happy or not happy, agreeing or disagreeing and good or not good.

Attitude will become an action, but a condition is needed that allows a person to apply what he knows. Good knowledge does not necessarily produce good attitudes and actions, good attitudes do not necessarily create good actions and vice versa.

The results of this study are in line with research conducted by only et al in 2020 which showed that there is a relationship between attitudes and ownership of healthy latrines (p =0.002). Likewise with Fitriani's research in 2021 which states that there is a relationship between attitude and ownership of healthy latrines (p =0.000) [25]

In directing the right attitude, it is necessary to give an example of how to use the right toilet, so that the community will respond well. This can be started from the smallest scope, namely the family, then continued by the government and health workers through an extension program involving the community as the target object of a program from the preparation to the implementation of the program. A person's attitude in choosing to use or not use

a latrine is also influenced by several factors, including information about the dangers of open defecation to human health and the environment. If the community knows this information, it is likely that the community will prefer to use the latrine rather than not. Information media plays a very important role in determining people's attitudes.

3.4.4 The Relationship between Health Workers and Healthy Latrine Ownership

Based on the analysis, it is known that there is no relationship between the role of health workers and the ownership of healthy latrines (p.value = 0.000). Based on the analysis, it was found that 25 respondents (54.1%) who did not have healthy latrines admitted that they had never been supervised or assisted or directed by health workers. The role of the officers in this study was intended to provide technical guidance, motivation, mobilization, empowerment and counseling from health workers, both health workers from puskesmas and trained health cadres.

The results of this study are in line with research conducted by Hayana et al in 2020 which found that the role of health is not related to community ownership of healthy latrines. Based on his research, he concluded that the willingness and ability of the community itself will increase and determine the self-awareness of the community to have a latrine that meets health requirements. This is because the higher public awareness will create a healthy environment. This is supported by the results of Endang's research in 2020, which found no relationship between the role of officers and ownership of healthy latrines [13].

A health worker is any person who devotes himself in the health sector and has knowledge and/or skills through education in the health sector which for certain types require authority to carry out health efforts. One of the elements that plays a role in accelerating health development is the health workers who work at health service facilities in the community, one of which is in an effort to stimulate the community to have healthy latrines in every house [3].

Health workers stated that they had provided counseling, as well as information related to the use of latrines every year which were carried out at the posyandu or at the taklim majlis event, but this activity did not take place continuously due to limited staff capacity, because at the Semurup Health Center there was only 1 environmental health expert and 1 health staff environment. However, the information obtained at the time of the research indicated that health workers had conducted health education about the importance of having healthy latrines but this was not evenly distributed. There are also those who say that the health workers never come let alone provide education. Respondents said that the promotion regarding the use and utilization of latrines, both those that already existed or those who did not yet have a latrines, was not carried out optimally by health workers, the invitation to make use of latrines was only felt by a few respondents [13].

4. CONCLUSION

The conclusion of this study is the lack of ownership of healthy latrines in the community in the working area of the Semerup Health Center, Kerinci Regency or those who have latrines is only 51.9% of the respondents. There is a relationship between education (p.value = 0.003), knowledge (p.value=0.000) and attitude (p.value=0.000) with healthy latrine ownership, and there is no relationship between the factors of the role of health workers (p.value=0.055) with the ownership of healthy latrines in the Working Area of the Semerup Health Center, Kerinci Regency.

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