

## ORIGINAL ARTICLE

### Open Defecation Behavior of North Maluku Province, Indonesia (A Case Study at Community of Toseho Village in Archipelago Tidore City)

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#### Abstract

**Background:** Public Health Development Index in 2013, the correct behavior of defecation in North Maluku is about 0.78 percent and the rest still have Open Defecation Behavior. **Objectives:** The purpose of this research is to find out the Open Defecation Behavior (Case Study at Community of Toseho Village in Tidore Kepulauan City) in North Maluku Province. **Methods:** The methods used are observation, in-depth interview, and FGD (Focus Group Discussion). Determinant of informants used "purposive sampling" method. **Results:** The results of the study found lack of family, public figure, and public religious about perceptions against open defecation and latrine availability due to difficult geographic location (coastal), absence of latrines either private or public latrines (damaged), limited finances, and ashamed of using neighbor latrines. There is not 'toilet social gathering' established by health workers and public figure. Open defecation behavior habits in the community stays since the past until now and on every age, whereas the majority of the people are Moslem. Open defecation places (adults and small children) are at beachside, back of the house (mangrove forest), side of the house, and at terrace. There is no regulation from public figure or public religious against the community who does open defecation. public figure and public religious never invite the community by inculcating Islamic value that is maintaining personal hygiene and environment and sanitation as part of the faith. **Conclusion:** Other than that one of the public figure even provide an example that is not good, where the public figure had served as chairman of the Neighborhood Association, even do open the faction, so that his behavior in samples by the citizens themselves. It is expected that health workers will be more optimal in carrying out community empowerment activities through family-related approaches to sanitation and Clean and Healthy Life Behavior, public figure and public religious conducting activities that instill Islamic values to the community to maintain sanitation and clean and healthy life behavior.

**Keywords:** Behavior; Case Study; Community; Open Defecation

## **Introduction**

Health status is one of the important elements to increase the Indonesian Human Development Index (HDI) as efforts. Meanwhile, the level of health itself is not only determined by health services, but also more dominant is the environment and health behavior.<sup>1</sup> The problems facing of Indonesia related to environmental sanitation are still overwhelming. WHO data in 2015 stated that 13% of the world's population still defecates in open areas.<sup>2</sup> Indiscriminate defecation (BABS) behavior in the community influenced by several factors including education, authorization, socioeconomic, geographical (home location), and social cultural or habits. Changes in open defecation behavior depend on one's awareness to use facilities, access to the toilet and one's perception of feces and their relationship to disease.<sup>3</sup>

People who do not have private or public latrines, then defecate in a random place turned out to have a risk of 1.32 times their children affected by acute diarrhea and 1.43 times as the cause of death in children under five years of

age.<sup>4</sup> Poor sanitation and defecation carelessly (BABS) behavior when viewed on an inter-country ranking, it appears that India is ranked as the highest in the world.<sup>5</sup> UNICEF's data, in 2012 shown all Indonesians who did not yet have access to proper disposal of feces were 44.5 percent. In addition, UNICEF also stated that poor sanitation, as well as consuming unsafe drinking water, would contribute to 88% of child deaths due to diarrhea worldwide.<sup>6</sup>

Health Centers are the target of promotive, preventive and curative activities in dealing with the problems mentioned above, because they are the spearhead of the community. The achievement of the environmental health program in the working area of the Tului Talagamori Health centers related to the family head (KK) stopping open defecation (BABS) is lowest in the village of Toseho with a figure of 78 percent.<sup>7</sup> This study aimed to dig-in depth information related to the open defecation behavior (A case study in the Toseho village community of the city of Tidore Kepulauan) North Maluku Province.

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<sup>1</sup>Kementerian Kesehatan RI, Pedoman Pembinaan Perilaku Hidup Bersih dan Sehat (PHBS). Tahun 2011. hal I

<sup>2</sup> WHO dalam Renita Diah Paramita dan Lilis Sulistyorini, Sikap Kepala keluarga memengaruhi rendahnya Penggunaan Jamban Di RW 02 Desa Gempolkutuk Kecamatan Tarik Kabupaten Siduarjo. Hal 184

<sup>3</sup>Lahiri S, Chanthaphone, S. Water, sanitation and hygiene: a situation analysis paper for Lao PDR. International Journal of Environmental Health Research. 2010

<sup>4</sup>Semba R, Kraemer K, Sun, K. et.al. Relationship of the Presence of a Household Improved Latrine

with Diarrhea and Under-Five Child Mortality in Indonesia. The American Society of Tropical Medicine and Hygiene. 2011; page 84

<sup>5</sup>Kemenkes RI, 2013, dalam Agus Triyono, Faktor-Faktor Yang Berhubungan Dengan Perilaku Buang Air Besar Masyarakat Nelayan Di Kampung Garapan Desa Tanjung Pasir Kabupaten Tangerang Provinsi Banten 2014.

<sup>6</sup>Farah Nur Amalinah, Perilaku BAB di Sungai Pada Warga Di Kelurahan Sekayu Semarang, Tahun 2014. Hal 2-3

<sup>7</sup>Data Evaluasi Capaian Program Kesehatan Lingkungan Puskesmas Tului Talagamori, tahun 2015

## **Method**

In this study the methodology used a qualitative by an observation approach, in-depth interviews, and FGD (Focus Group Discussion). Determination of informants using the method of "purposive sampling". Total informants in this study were 15 informants consisting of 10 main informants and 5 key informants.

## **Results and Discussion**

### ***Peceptions***

The family's statement about the carelessly defecation that experienced by them from the past until now, due to limited facilities is the unavailability of private latrines and public (broken) latrines. As for other information from community leaders, religious leaders, and health workers that it turns out that there is a lack of sense of family awareness in the availability of latrines, in addition there is a sense of discomfort for families who did not have a toilet if they have to borrow a neighbor's toilet, culture or habits that have thickened in the community so that difficult to change, and there is no also awareness of the public behave in healthy living

The informants' clarification related to the influence of open defecation (BABS) on the community and the environment, namely the environment becomes polluted with the stench, foul odors, and can interfere with the health of the community itself. However, there are no latrines that force them to behave accordingly.

The existence of human waste that is not managed properly can have a negative impact on health and the surrounding environment. Poor disposal of human waste can cause pollution in water and soil, otherwise it can contaminate food and breeding grounds for flies.<sup>8</sup>

### ***Availability of Latrine***

The family, TOMA, and TOGA statement stated that the reason for the unavailability of private latrines for families that do not have latrines because of the geographical location, namely the position of their homes located on the coast, so that soil conditions have a high basicity that can cause weathering on the toilet walls. In addition, family finance is not supportive, because it is shared with children's school fees, damaged roads and expensive material prices.

Furthermore, other information from families who live in hamlet one, stated that they do not have a source of clean water that can be used every day. They use rain water that is collected in water storage tanks. If the rainwater has been used up, they have to bother transporting well water from the hamlet of the two villages of Toseho on foot, a distance of 800 meters from hamlet one.

People who do not have healthy latrines have negative attitudes about healthy latrines. They consider the cost of building a healthy latrine would require greater funding. Erlinawati (2010), stated the results of the analysis that families who have clean water

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<sup>8</sup>Chandra 2007 dalam Renita Diah Paramita dan Lilis Sulistyorini, Sikap Kepala keluarga

memengaruhi rendahnya Penggunaan Jamban Di RW 02 Desa Gempolkutuk Kecamatan Tarik Kabupaten Siduarjo. Hal 185

facilities in their homes have 7.5 times the opportunity to use latrines compared to families who do not have clean water facilities in their homes.<sup>9</sup>

#### ***The Role of Health Workers (Nakes)***

The family statement related to the role of health workers in the open defecation (BABS) behavior of Toseho village community that indeed health workers make activities every month but only limited to Pos Family Planning Services - Integrated Health (posyandu) activities and added with nutrition counseling. For the family approach regarding Clean and Healthy Behavior (PHBS) on household arrangements and sanitation with home visits, it is not conducted every month. In addition, there is no social toilet gathering formed by health workers or the village government for families who do not have a toilet.

Meanwhile, lack of support by health workers for Clean and Healthy Life Behavior in the community will have an impact on unhealthy behavior from the community itself, this is in line with the results of research Amalinda Kris Wijayanti et al (2016) that, respondents who have defective behavior were more comes the head of the family by supported of less health workers (41.9) compared to the head of the family with the support of good health workers (27.5).<sup>10</sup> According to Notoatmodjo, that by the promotion of

education in good health by health workers to the community will change their behavior.<sup>11</sup>

#### ***Socio-cultural***

Moms habits were interviewed, namely teaching their children when defecating (defecating) and urinating (BAK) are often directed to the beach, side roads, and side houses. Carelessly defecation (BABS) has been a habit of the community since then and until now as long as it does not have a toilet. In accordance to the results of observations by researchers in the field, researchers found two informant children who were urinating and defecating behind and side of the house. The two children are children of informants who already have latrines, and one other child from informants who do not have latrines.

Septiadi Herawan (2012) stated his research results, open defecation (BABS) is odd on the beach, bushes behind the house, and river banks. The behavior of defecating on the beach by Boncong Village residents is influenced by several factors, such as the habit of residents who have been practicing since they were small, practical, the personality traits of fishing communities are hard, and low level of education.<sup>12</sup>

#### ***The Role of Community Leaders (TOMA) and Religious Leaders (TOGA)***

Family explanations related to the role of community leaders and religious leaders in

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<sup>9</sup>Erlinawati (2010), dalam Linda Destiya Kurniawati, Faktor-Faktor yang berpengaruh terhadap Perilaku Kepala Keluarga dalam Pemnafaatan jamban di Pemukiman Kampung Nelayan Tambak Lorok Semarang. tahun 2015

<sup>10</sup> Amalinda Kris Wijayanti dkk, Faktor-Faktor yang Berhubungan dengan Buang Air Besar di Jamban di

Desa gunungSari Kecamatan Pulosari Kabupaten Pemalang. 2016. Hal 458

<sup>11</sup> Notoatmodjo, Promosi Kesehatan Teori dan Aplikasi. Rineka Cipta. 2010

<sup>12</sup>Septiadi Herawan, Norma Subjektif Perilaku Buang Air Besar di Pesisir Pantai Tuban Jawa. Tahun 2012

open defecation, is there are no activities carried out by community and religious leaders regarding invitations to the community by channeling Islamic values about the importance of maintaining personal hygiene and the environment and sanitation as part of faith. In addition, one of the TOMAs even gave a bad example, where the TOMA had served as the head of the RT, instead of doing open defecation in places. The informant who once served as the head of the RT said that he rarely did defecation in the toilet and became his habit when he stay at his family's house, he did not want to defecate in the family's toilet and preferred to defecate on the beach, even though his family had a toilet.

Linda's research results (2015), the lack of support from community leaders and Tambak Lorok religious leaders, such as counseling and providing information about healthy latrines and an appeal not to do open defecation (BABS). As a result, changes in community behavior to use the toilet as a means of defecation did not last long. Community expectations, imitating what has been exemplified by community and religious leaders related to clean and healthy life behavior which will later become the habits of Lorok pond community to behave clean and healthy life.<sup>13</sup>

## **Conculsion**

The results of the research presented by informants include family perceptions, TOMA,

and TOGA on Open Defecation (BABS) due to unsupported geographical location (coastline), then the influence of BABS is the environment becomes polluted with the stinging smell, feces, dirty, and can disturb public health. The availability of latrines is not having both private and public latrines (broken), limited finances, and being embarrassed to borrow a neighbor's toilet. No social toilet gathering (arisan) was formed by health workers or TOMA. The practice of open defecation in society has existed from the past until now and does not recognize age, even though the majority of the community is Muslim. BABS (adults and young children) places are the beach, back of the house (mangrove forest), the side of the house, and the terrace of the house. There are no regulations from TOMA and TOGA regarding the prohibition of open defecation in the community. TOMA and TOGA have never invited the public to instill Islamic values, like maintaining personal hygiene and the environment and sanitation as part of faith. In addition, one of the TOMAs even gave a bad example, where the TOMA had served as the head of the RT, instead of doing open defecation in a place, so that his behavior was emulated by the local community. It is expected that health workers are more optimal in carrying out community empowerment activities through a family approach to sanitation and Clean and Healthy Behavior (PHBS). Community leaders and religious leaders instill Islamic values in the community

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<sup>13</sup>Linda Destiya Kurniawati, Faktor-Faktor yang berpengaruh terhadap Perilaku Kepala Keluarga

dalam Pemnafaatan jam ban di Pemukiman Kampung Nelayan Tambak Lorok Semarang. tahun 2015. hal 201-102

to maintain sanitation and implement Clean and Healthy Behavior (PHBS) as part of faith. The village head is expected to insert a portion of the Village Fund Allocation (ADD) for the construction of public toilet in Toseho village.

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