

The Performance of Department of Health in the Community-Based Total Sanitation Program (STBM) In Sinjai District

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ABSTRACT

Health development aims to increase awareness, willingness, and ability to live a healthy life for everyone to realize the highest public health status, as an investment for the development of socially and economically productive human resources. The research method used is descriptive qualitative. The researcher will explain the research problem in detail, namely the administration and publication service process and the factors that influence it. Data collection was obtained through direct observation of the object of research and in-depth interviews with informants. Data processing in this study was carried out by classifying data based on several themes according to the focus of the study. The last stage is data analysis and presentation. This is done by reducing data, presenting data (display data) in the form of narrative text and tables, then drawing conclusions and verification. The results showed that the program implementation has been running with a target time that cannot be determined. In the implementation process, the writer found various problems faced by the executor, changing the mindset and inviting people to live healthy is not easy, economic factors are also a problem that is often found and this cannot be forced in society. Then the problem of land availability, especially in densely populated communities and coastal areas

Keywords: Performance, program, socialization, development of health

INTRODUCTION

Health development aims to increase awareness, willingness, and ability to live a healthy life for everyone to realize the highest public health status, as an investment for the development of socially and economically productive human resources (Nielsen et al., 2005; Searcy et al., 2016). One of the problems in health development in Indonesia is environmental health problems (Ayuningtyas et al., 2020; Robin et al., 2018; Spagnolo et al., 2020).

The dominant environmental health problem is sanitation. The challenge of sanitation development in Indonesia is the socio-culture and behavior of the population who are accustomed to defecating in any place, especially in water bodies which are also used for washing, bathing, and other necessities.

The government continues to strive to solve sanitation problems, especially people's access to healthy latrines. In 2008 the Indonesian Ministry of Health issued the Republic of Indonesia's Minister of Health Decree number 852 / Menkes / SK / IX / 2008 concerning the National Strategy for Community-Based Total Sanitation (STBM) which was later strengthened by the RI Minister of Health Regulation number 3 of 2014 concerning Community-Based Total Sanitation.

Community-Based Total Sanitation (STBM) is an approach used to change hygiene and sanitation behavior through community empowerment using the triggering method. Total sanitation is a condition when a community does not defecate in the open or Open Defecation

Free (ODF). The principle of implementing STBM is to eliminate subsidies for basic sanitation facilities with the main activity of exploring the potential that exists in the community to build their sanitation facilities and develop social solidarity. In the Indonesian Ministry of Health number 852 / Menkes / SK / IX / 2008 concerning the National Strategy for Community-Based Total Sanitation (STBM), it is stated that the roles and responsibilities of stakeholders such as at the RT / Dusun / Kampung level have roles and responsibilities to prepare the community for active participation, in the village level plays a role and is responsible for forming a team of village facilitators or cadres to trigger STBM to facilitate community movements and at the sub-district level. The sub-district government has a role and responsibility to coordinate with other government agencies and provide support for cadres that trigger STBM.

The National Strategy for Community-Based Total Sanitation is a strategy that involves cross-sectoral involvement with the leading sector of the ministry of health and integrated action to reduce the incidence of environmentally-based infectious diseases and improve hygiene behavior and quality of life for Indonesians. STBM is held guided by five pillars, namely: 1) Stop Open Defecation, 2) Wash Hands with Soap, (Centers for Disease Control and Prevention (CDC), 2015; Fischler et al., 2007; Luby et al., 2009, 2011) 3) Manage Safe Drinking Water and Food, 4) Manage Waste Properly, 5) Managing Household Liquid Waste Safely (Chimberengwa et al., 2015; Osho, 2016; Priyadarshini, 2018; Robertson et al., 1987).

The implementation of the STBM program starts from the first pillar, namely Stop Open Defecation, which is the entrance to total sanitation and is an effort to break the chain of human fecal contamination of drinking, eating, and other raw water. STBM uses an approach that changes hygiene and sanitation behavior through community empowerment using triggering. With the triggering method, STBM is expected to be able to change the behavior of community groups to improve their environmental sanitation conditions, to achieve Open Defecation Free (ODF) conditions, in a community or village. A village is considered ODF if 100% of the villagers have access to defecation in healthy latrines.

Given the importance of sanitation issues that have been summarized in the STBM program. From initial observations conducted by researchers through interviews with employees involved in the STBM program, the Sinjai District Health Office has implemented the program and has formed cadres/teams as facilitators in this program. So the Sinjai District Health Office as the implementer of this activity is certainly expected to be able to run and socialize the program to the community, namely stopping open defecation, washing hands with soap, water, and food management, household waste management, household waste management. Because considering that the STBM program is one of the supporting programs for achieving universal access in 2019 and it is hoped that support from all parties, it is necessary to have strong coordination between sectors and community involvement which need to be improved so that the STBM program can run properly. However, the leading sector in its implementation is focused on the Sinjai District Health Office through empowering cadres or teams as facilitators in carrying out the STBM program.

Based on the monitoring of STBM data, the largest number of people in a sub-district in Sinjai Regency who still defecate in open defecation, namely East Sinjai District of 1,154 families consisting of 13 existing villages. (stbm.kemkes.go.id). From these data, it can be seen that the condition of the community in improving environmental sanitation has not been carried out properly.

METHODS

This study uses a qualitative research approach in which qualitative research as a scientific method is often used and carried out by a group of researchers in the field of social sciences, including education. Several reasons are also put forward, the point is that qualitative research enriches the results of quantitative research. Qualitative research is carried out to build knowledge through understanding and discovery. A qualitative research approach is a process of research and understanding based on methods that investigate social phenomena and human problems. In this study, researchers made a complex picture, examined words, detailed reports from the respondents' views, and conducted studies on natural situations (Iskandar, 2009: 11).

Analyzing research data is a very critical step, whether using statistical or non-statistical data. Data analysis is the process of arranging data sequences, organizing them into patterns, categories, and units of the description so that themes can be found and hypotheses can be formulated as suggested by the data (Djaman ' an, 2009: 11). In this study, data analysis was carried out continuously from the beginning to the end of the study, both in the field and outside the field by using techniques such as those proposed by Miles and Huberman (Arhas & Suprianto, 2020): data reduction, data presentation, and conclusion and verification

RESULT AND DISCUSSION

Community-Based Total Sanitation (STBM) is a government program to strengthen efforts to cultivate a clean and healthy life, prevent the spread of environmentally-based diseases, increase community capacity, and implement government commitments to improve access to drinking water and sustainable basic sanitation in achieving the Millennium Development Goals (MDGs)) 2019-2020 will be focused on East Sinjai District.

Based on the results of observations and interviews online conducted at the Sinjai District Health Office and one of the villages in East Sinjai District, namely Tongke-tongke Village, Pasimarannu Village, and Kampala Village, the results of the writing obtained can be illustrated that the effectiveness of the Health Office in The Community-Based Total Sanitation Program (STBM) in East Sinjai District, Sinjai Regency, can be seen using Duncan's theory in Richard M Steers (1985: 53), namely by looking at goal achievement, integration, and adaptation.

To be able to achieve the success of program implementation, it can be seen from how far the program has achieved its objectives. Achieving a goal is the whole effort made from the point of view of a process. In achieving the goal, it is necessary to achieve the stages of its parts. The achievement of goals is one of the benchmarks for the effectiveness of the Health Office in the STBM Program in East Sinjai District. Achievement of goals consists of timeframe and target achievement

Execution Time

The implementation time in East Sinjai District was carried out by the sanitarian implementer in each Public health center. In the implementation of the sanitation program, of course, some stages are carried out in the community with a length of time that cannot be determined by each process, namely: triggering to stop BABS, updating of sanitation maps, STBM assistance at Puskesmas, STBM workshops, ODF village monitoring and evaluation,

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|---------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|------------|
| tongke | | | | | | | | |
| Kampala | 701 | 185 | 701 | 185 | 701 | 145 | 701 | 0 |
| Panaikang | 477 | 138 | 477 | 139 | 477 | 106 | 477 | 0 |
| Sanjai | 817 | 377 | 817 | 266 | 817 | 138 | 817 | 160 |
| Pasimarannu | 530 | 216 | 530 | 216 | 530 | 250 | 530 | 0 |
| Lasiai | 639 | 356 | 639 | 308 | 639 | 294 | 639 | 135 |
| Amount | 8381 | 3122 | 8381 | 1325 | 8153 | 1154 | 8153 | 295 |

Source: Sinjai District Health Office

In a vulnerable time of 4 years, there has been an increase and several villages are Open Defecation Free (ODF) in East Sinjai District. In the implementation of the sanitation program, of course, some stages are carried out in the community with a length of time that cannot be determined for each process carried out, namely: triggering to stop BABS, updating of sanitation maps, STBM assistance at Puskesmas, STBM workshops, ODF village monitoring and evaluation, post-program implementation monitoring and evaluation. In the matter of implementation time, there is no target set by the Health Office. However, there is an increase in the achievement of the goal of Community-Based Total Sanitation where the goal of STBM is to achieve total sanitation conditions through community empowerment so that there is a change in hygienic and sanitary behavior in the community. The Open Defecation Free (ODF) target of the Sinjai District Health Office for community-based total sanitation is an increase in achievement, namely a decrease in the number of family heads who defecate as well as a separate target from the person in charge of the program who wants to complete by 2020

The target of the implementation of this program is for the entire community to achieve total sanitation conditions through community empowerment so that there is a change in hygiene and sanitation behavior in the community. To measure the success of achieving targets in the East Sinjai community, it can be seen from the community who participated in the triggering of defecation, who did not have a latrine or the entire community and it could also be seen from the community participation when following triggering or socialization.

The target of the sanitation program is for the entire community to empower healthy living behaviors in several activities, whether those who have toilets or not are still invited to attend activities so that they can set an example and motivate those who do not. For people who still do not have a toilet, this is done continuously until the community wants to change or own one.

From the observation and attached the name of the Head of the Family who is committed after carrying out several activities and there are still people who are not aware of this behavior, the sanitarian implementer gives blanks to the community to commit when it will change if the agreed time cannot be fulfilled then it will be motivated again and recommit. From the side of the sanitation program implementer stated that the target is the whole community to change their mindset

It can also be seen from the presence of the community's courage to agree or signing a commitment as the author attaches. If the community has not been able to implement it until the specified time, it will be motivated again or controlled until it is possible because it cannot be forced if there are economic problems and the simplest solution in making a toilet or latrine has been given by sanitarian implementers such as sharing because it can also be done. Say no more

BABS and can be categorized for ODF has been given but has not been able to also because the village government is very much needed its role.

Integration

Integration is a measurement of the ability level of the health department or program implementer to conduct socialization and communication to the community. Integrity here is the procedure implemented and the socialization ability of sanitarian implementers or facilitators to the community in realizing the effectiveness of the community-based total sanitation program in East Sinjai District. To measure the success of the socialization process or seen from how the procedures used and the socialization process carried out by sanitarian implementers or sanitation program facilitators and processors to the community and to what extent people are aware of hygienic life behavior after the socialization process and whether they understand or understand what is being conveyed by officers health which is indeed a necessity in society.

Implementation procedures are steps or activity stage rules so that they can be completed. The procedure for implementing the Community-Based Total Sanitation program has an implementation procedure that is regulated in the Regulation of the Minister of Health of the Republic of Indonesia No. 3 of 2014. The procedure for implementing this program is related to the compliance of its implementing regulations, including technical guidelines for implementation so that sanitarian implementers will not experience difficulties in implementing the program.

From the results of observations made by the author, it can be seen that the program implementation procedure has been arranged and the implementation instructions are owned by every sanitarian implementer in the form of a manual which is always used in the completion of every stage of the STBM program.

The socialization process in this program is a triggering which was previously carried out by participatory analysis by the community itself, then facilitating the community to know and analyze its condition until analyzing it so that it is hoped that the community can automatically formulate what should be done or not done. In the program socialization process, there are objectives to be achieved from policymakers and program implementers, information about the program must be easily known by the public, and facilitate the community to analyze their environmental health problems by triggering disgust, shame, fear of pain, and guilt. , so that there is awareness to change their behavior towards a clean and healthy lifestyle. From the results of interviews from informants, namely from the side of the Sanitarian Implementer itself, in conducting socialization to the community, it is well accepted by the community, so it is also necessary to know from the side of village officials and the community.

With a good socialization process in the implementation of a program, it can make all parties involved so that they know what the goals and objectives of a program are so that there are no gaps in its implementation. There need to be more forms of information delivery and monitoring to raise awareness in the community. Likewise, from the perspective of the community itself as recipients of information, a sense of participation and awareness is needed so that the benefits of this sanitation program can be conveyed properly so that the program implementation process can run well.

Adaptation

Adaptation is a process of self-adjustment that is carried out to adjust itself to harmonize an individual with the changes that occur in his environment. In this writing, adaptation is a process of self-adjustment carried out by the Health Office in particular for implementing sanitation programs with human resources and infrastructure.

Human resources are a very important factor that cannot even be separated from an organization or an institution. Humans are the key that determines the development of a job or program that is being carried out, as a driving force for thinkers and planners to achieve the goals of a program or an organization. In terms of the availability of the number of implementing resources, in this case, the number of implementers is adequate, to support the capacity of the sanitarian implementers before having direct contact with the community of sanitarian implementers and facilitators, equipped with training. To increase the knowledge and skills of sanitarian implementers, follow training first so that the number of quality sanitarian implementers is in line with the quality of several program implementers.

A sufficient number of implementers is one aspect that affects program performance and implementation. In addition to an adequate number of implementers, implementers must also be competent in program implementation, because if they have an adequate number of implementers without being balanced with the ability or expertise to run the program, the implementation process will not run optimally. The availability of skilled human resources is very important so that program implementation is more efficient and effective, where the implementation of activity is hampered not because of the insufficient number of implementers, but rather the lack of quality of human resources as implementers.

Facilities and infrastructure are tools to support the success of a process. Adequate facilities and infrastructure will facilitate program implementation and the community can quickly understand what is being conveyed with the supporting equipment.

The sanitation program implementation facilities are adequate and have a positive impact on program implementation. According to the Implementer, the existing facilities or infrastructure in carrying out activities in the field are adequate. The ones who best know the adequate equipment used are the sanitarian operators and the community itself. This program uses health operational costs from the center. From the results of the interview, it can be seen that the equipment used is good and adequate depending on the activities carried out requiring a lot of equipment or not, when only socialization and control in the community the equipment used is not so much and is very much needed except when triggering, hand washing movements or processing garbage requires a lot of equipment. Village government support can also be seen from the provision of facilities to support program implementation if needed by the sanitarian implementer

CONCLUSION

The implementation of the program has been running with a target time that cannot be determined. In the implementation process, the writer found various problems faced by the executor, changing the mindset and inviting people to live healthy is not easy, economic factors are also a problem that is often found and this cannot be forced in society. Then the problem of land availability, especially in densely populated communities and coastal areas. In terms of the target, the people of East Sinjai are enthusiastic and very involved in participating in activities, both triggering and socialization carried out by the health office, it can also be seen from the data that there are developments, on the other hand, the community is also happy if there are visits or activities because many people already feel that health is important. In realizing the effectiveness of the Health Office in the implementation of the Community-Based Total Sanitation program, procedures used in the community are used according to the existing implementation manual, and the socialization or re-monitoring or control process is carried out effectively proven by the community accepting and understanding what the goals and benefits are. which was conveyed by the executor. Adaptation is a process of self-adjustment carried out by the health department, especially the implementer of the sanitation program with human resources and infrastructure. The ability or skills and facilities in the implementation of the Community Based Total Sanitation (STBM) program are adequate which can have a positive impact on the community.

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