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The Relationship between Attitudes and Actions on the Successful Implementation of Community-Based Total Sanitation Programs in the Coastal Areas of the Konawe Islands Regency

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ABSTRACT

Introduction: The successful implementation of a community-based total sanitation program is greatly influenced by the attitudes and actions adopted by the community. This study aims to determine the relationship between attitudes and actions towards the successful implementation of a community-based total sanitation program in the coastal area of Konawe Island Regency.

Method: The data used is the chi-square statistical test to determine the relationship between attitudes and actions on the successful implementation of a community-based total sanitation program in the coastal area of Konawe Island Regency.

Result: This research was conducted in the working area of 6 Community Health Centers in Konawe Island Regency. Sanitation is very important to support one's health, so people must be able to apply sanitation in their daily lives. In the analysis of the chi-square test, it was found that attitudes sufficiently influenced the successful implementation of the CBTS program by 51.8% and actions that sufficiently influenced the successful implementation of the CBTS program by 53.0%.

Conclusion: The conclusion in this journal is that attitudes are related to the successful implementation of the CBTS program and actions are related to the successful implementation of the CBTS program. This research raises awareness that attitudes and actions towards good sanitation can improve the quality of public health status and can increase the success of community-based total sanitation programs in Konawe Island Regency.

Introduction

Community-Based Total Sanitation (CBTS) is an approach used to change hygiene and sanitation behavior through community

empowerment using the triggering method. With the triggering method, CBTS is expected to change the behavior of community groups in an effort to improve their environmental sanitation conditions.^[1]

This CBTS has a strong legal umbrella in its implementation, where the program refers to the Regulation of the Minister of Health Number 3 of 2014 concerning Community-Based Sanitation. With the promulgation of this rule, automatically the old rules as contained in the Decree of the Minister of Health of the Republic of Indonesia Number 852/Menkes/SK/IX/2008 are of course no longer valid. CBTS in the Ministerial Regulation is defined as an approach to changing hygienic and sanitary behavior through community empowerment by means of triggering. The strategy includes: a) creating a conducive environment; b) increased need for sanitation; and c) increasing the provision of access to sanitation.^[2].

The Ministry of Health of the Republic of Indonesia in 2020 found that the number of villages/sub-districts that have implemented CBTS has reached 61,000 out of a total of 83,441 villages/sub-districts in Indonesia. Then when percentage, it is known that villages implementing CBTS in 2020 have increased 73.1% from 2019 achievements of 69.4%. [3]

Based on CBTS percentage data in Southeast Sulawesi, 70.5% of villages have implemented CBTS in 2020. Kendari, Bau-Bau, Kolaka, and East Kolaka cities are the four districts/cities in 2020 with the percentage of villages implementing CBTS 100%. Of the 17 regencies and cities, there are areas that implement the lowest CBTS, namely North Konawe Regency with 17.81%, Konawe Islands Regency with 37.84% and Central Buton Regency with 46.75%.^[4]

Based on data obtained from the Konawe Islands District Health Office in 2022, it shows that out of 96 villages or sub-districts in Konawe Islands District, there are 43 villagesthat have carried out CBTS triggering and have succeeded in becoming ODF villages, however, of the 96 villagesthat are In the Konawe Islands district, not a single CBTS village has yet been found [5]

The aim of the research was to determine the relationship between attitudes and actions towards the successful implementation of a community-

based total sanitation program in the coastal area of Konawe Island Regency.

Method

The data analysis used in this research was using the chi-square statistical test with SPSS 16 to determine the relationship between variables, namely attitudes and actions, with the successful implementation of the CBTS program.

Result

A. Characteristics of the Research Area

This research is located in the Konawe Islands Regency, namely in the working area of the Lampeapi Health Center, Waworete Health Center, Waworope Health Center, Langara Health Center, Bobolio Health Center, and Polara Health Center. The population in this study is the people who are in the Konawe Islands Regency, totaling 7,648 people. The sample in this study was the community at the research location with a total of 380 respondents.

The administrative boundaries of the research location are as follows:

- a. To the north and east it is bordered by the Banda Sea,
- b. To the south and west it is bordered by the Wawonii Strait.

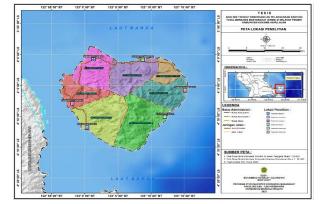


Figure 1. Map of research locations

B. Relationship between Attitudes and the Success of CBTS Program Implementation

Table 1 shows that of the 276 respondents with sufficient attitude, there were 143 respondents (51.8%) who were successful and 133 respondents (48.2%) who were less successful. Meanwhile, of the 104 respondents with a poor attitude, 19 respondents (18.3%) were successful and 85 respondents (81.7%) were less successful. This shows that respondents with more or less successful attitudes. The results of the chi square statistical test at the 95% level of confidence (a = 0.05) show that the value of p = 34.749because Ho is rejected, Ha is accepted, which means there is a relationship between attitude and the successful implementation of the CBTS program in Konawe Islands District.

C. The Relationship between Action and the Successful Implementation of the CBTS Program

Table 2 shows that of the 217 respondents with sufficient action, there were 115 respondents (53.0%) who were successful and 102 respondents (47.0%) who were less successful. Meanwhile, from 163 respondents with insufficient action, 47 respondents (28.8%) were successful and 116 respondents (71.2%) were less successful. This shows that respondents with more or less successful actions. The results of the chi square statistical test at the 95% level of confidence ($\alpha = 0.05$) show that the value of p = 22.217 because Ho is rejected, Ha is accepted, which means there is a relationship between action and the successful implementation of the CBTS program in Konawe Islands District.

Table 1.

Distribution of Respondents Based on Attitudes with the Successful Implementation of the CBTS Program in Konawe Islands District

Attitude	CTBS Program									
		Implem	Amount							
	Succeed				Less					
					Successful					
	n	%	n	%	n	%				
Enough	143	51,8	133	48,2	276	100				
Not Enough	19	18,3	85	81,7	104	100				
Total	162	42,6	218	57,4	280	100				

Table 2.

Distribution of Respondents Based on Action with the Successful Implementation of the CBTS Program in Konawe Islands District

of the CD15 1 rogram in Rohawe Islands District											
Attitude		CTBS I	A								
		Implem									
	Corre	Succeed		Less		Amount					
	Suc			Successful							
	n	%	n	%	n	%					
Enough	115	53,0	102	47,0	217	100					
Not Enough	47	28,8	116	71,2	163	100					
Total	162	42,6	218	57,4	280	100					

Discussion

Attitude is a closed reaction, is intangible, is a readiness or willingness to act. Attitude is not yet an action but a predisposition to action or behavior. Attitudes can be measured in two ways, namely directly and indirectly.

The results of the inferential analysis found that 51.8% of respondents with sufficient attitudes had the CBTS program implementation in the successful category and 81.7% of respondents with lacked the CBTS program attitudes who implementation were in the less successful category. This is because attitudes influence a person's behavior, where a person with a good attitude tends to behave well in the successful implementation of the CBTS program. Vice versa, a bad attitude tends to lead to bad behavior in implementing the CBTS program. Then there were 48.2% of respondents with a sufficient attitude but the implementation of the CBTS program was not successful, due to the lack of intervention from sanitation officers to the community to carry out the CBTS program, facilities for implementing CBTS were still lacking so that the program implementation was not successful. As many as 18.3% of respondents had a lack of attitude but the implementation of the CBTS program was successful. This was due to the intervention of sanitation workers to carry out CBTS.

The results of this study indicate that there is a relationship between attitudes and the successful implementation of a community-based total sanitation program. The results of the research which are in line state that there is a relationship between attitudes and the implementation of community-based total sanitation in Donggala Regency. [6]

CBTS behavior is caused by habits, culture and role models adopted by the community plus a lack of education about community-based total sanitation. One of the factors that influence sanitation behavior is knowledge. The community's knowledge about CBTS was obtained by the community from the socialization of

sanitation workers, including regarding the implementation of stop open defecation, household waste management and management of household sewerage channels.^[9]

The results of the inferential analysis found that 53.0% of respondents with sufficient action had the CBTS program implementation in the successful category and 71.2% of respondents with insufficient action to implement the CBTS program in the less successful category. This is because the community plays an active role in implementing the CBTS program in their environment, Sanitarian officers carry out the program according to their achievements, support facilities so that the community can carry out the CBTS program well and vice versa. Then there were 47.0% of respondents with sufficient action but the implementation of the CBTS program was not successful, due to the lack of facilities owned by the community. As many as 28.8% of respondents had less action but the implementation of the CBTS program was successful, this was due to the supporting facilities so that the community was able to carry out the CBTS program well.

The results of this study indicate that there is a relationship between action and the successful implementation of a community-based total sanitation program. The results of the research which are in line state that there is a significant relationship between action and the implementation of pillars 1 and 3 of CBTS in Battara Village. [10]

Conclusion

Based on the results of research conducted on "The relationship between attitudes and actions on the successful implementation of a community-based total sanitation program in the coastal area of Konawe Islands Regency" the following conclusions are obtained:

1. There is a relationship between attitude and the successful implementation of the CBTS program in Konawe Island Regency.

2. There is a relationship between action and the successful implementation of the CBTS program in Konawe Islans Regency.

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