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# Phenomenology Causes of the Low Application of Community-Based Total in Coastal Area, Konawe Island Regency

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### ABSTRACT

**Introduction:** Community-based total sanitation is a strategy for involving the community in sanitation programs that are carried out to change sustainable hygienic and sanitary behavior. The coastal area of Konawe Kepulauan Regency ranks the 2nd lowest in the implementation of Community-based total sanitation. The purpose of this study was to determine the cause of the low community-based total sanitation Stop Open Defecation and Management of Household Waste in the Coastal Area of Konawe Islands Regency.

**Method:** This type of research uses qualitative research, a phenomenological approach. Informants consist of key informants as many as 5 people, regular informants 7 people, and people residing in the area of Langara and Lansilowo Health Center. Snowball sampling technique and data analysis using data reduction, data display, and data conclusion techniques.

**Result:** The results showed that there are still many people who have not implemented stop defecation due to a lack of knowledge, housing conditions in coastal areas, lack of latrines, habituation, and the economy. The community does not dispose of waste in its place due to several factors, namely the absence of a temporary disposal site and final disposal site.

**Conclusion:** The phenomenon that causes people not to apply community-based total sanitation in the Coastal Area of Konawe Islands Regency is due to a lack of community knowledge, economic factors, lack of facilities or infrastructure, and also a habitual factor so that they have not implemented Community-based total sanitation on the coast of Konawe Islands Regency

### Introduction

Environmentally based disease morbidity and mortality is one indicator of health status. The results the Sustainable Development Goals (SDGs)

are expected that by 2030, access to sanitation in the population can reach 100% in every country including Indonesia.<sup>[1]</sup> The Indonesian government has made efforts to improve hygiene behavior and

increase access to sanitation, one of which is through the Community Based Total Sanitation program which consists of five pillars, namely Stop Opening Open Defecation, Washing Hands with Soap, Household Drinking Water Management, Household Waste Management, and Household Liquid Waste Management.<sup>[2]</sup>

Based on the Regulation of the Minister of Health of the Republic of Indonesia number three of 2014 concerning Community-Based Total Sanitation, which is abbreviated as community-based total sanitation, is an approach to change hygienic and sanitary behavior through community empowerment by triggering. The implementation of community-based total sanitation aims to realize hygienic and sanitary community behavior independently in improving the health status of the community as high as possible.<sup>[3]</sup>

Health Center is one of the keys to success in implementing the community-based total sanitation program, especially the collaboration of sanitarian staff.<sup>[4]</sup> Several previous studies found that in coastal areas close to rivers, people still defecate in rivers.<sup>[5]</sup> Five pillars of Community-based total sanitation then the main problem is the behavior of people who defecate openly.<sup>[6]</sup> Research by Abidin, et al., found that one of the problems of community-based total sanitation Pillar one is the availability of inadequate facilities.<sup>[7]</sup> Konawe Kepulauan Regency is ranked 2nd in the lowest community-based total sanitation achievement and is the Regency with the third lowest open defecation coverage, among other regencies. Konawe Kepulauan Regency in general, people live in coastal areas with various complex hygiene and sanitation problems so his situation can be overcome. increasing the incidence of diarrhea in Konawe Islands Regency in 2019 to reach 43,7% and in 2020 to 44,5%. In addition, the diarrhea morbidity rate in children under five in 2019 was 31,72% (14.913 cases) and in 2020 it was 31,82% (14.496 cases).<sup>[8]</sup>

The results of an interview conducted in December with the Head of the Environmental Health Section in Konawe Kepulauan Regency, the community-based total sanitation problem was caused by the lack of health workers who mastered the community-based total sanitation program and also the qualifications of community-based total sanitation program holders were not by their field of expertise. Judging from the financing aspect,

some people still expect assistance from the government which means a lack of awareness and knowledge of the importance of sanitation and also a lack of education as a result of the lack of environmental health personnel in several health centers. The health center has conducted socialization about community-based total sanitation but the community has not implemented the community-based total sanitation program.<sup>[9]</sup>

Based on the results of interviews and observations with one of the household heads on the coast of the Konawe Islands Regency, it was found that open defecation is a tradition or habit of the local community that has been carried out for generations, this situation is due to the absence of proper and inadequate latrines availability of clean water. The Public Works Agency has provided public latrines but they are not used by the community due to the unavailability of clean water, besides that the community feels comfortable and accustomed to defecating on the beach and even behind their houses. The results of interviews with health environmental officers, it can be seen that the Bajo people in the coastal area have never done triggering so they do not understand the importance of using latrines, the behavior of washing hands with soap, each house provides washing facilities hands with soap so that this behavior is routinely carried out, then in the management of drinking water and food. Then, food processing in households has not been carried out properly, people are accustomed to throwing garbage into the sea.

The government has made various efforts such as providing community-based total sanitation facilities in the form of providing latrines, providing hand washing facilities so that people can implement community-based total sanitation but community behavior from awareness to the adoption or application process has not been implemented comprehensively. This situation is certainly a sanitation problem in coastal areas, so it is necessary to conduct an in-depth study of the causes of sanitation problems in coastal areas, especially the coast of Konawe Islands Regency.

## Method

This type of research uses qualitative research with a phenomenological approach. This research was conducted from March 9 to May 31, 2022. In the working area of the Langara Health Center and Lansilowo Health Center, Konawe Islands Regency, Southeast Sulawesi Province. Informants consist of key informants and regular informants. There were 5 key informants, namely the head of public health, the head of the

environmental health section, sanitarians at the health center, and staff holding the community-based total sanitation program, while the usual informants were community leaders (triangulation) and seven people residing in the Langara Health Center and Lansilowo Health Center area. Informant retrieval technique using snowball sampling technique and data analysis using data reduction, data display, and data conclusion drawing/verification techniques.

## Result

The causative themes are described in five categories, namely the causes of people not implementing Stop open defecation, not applying hand washing with soap, not managing household food and drinking in a hygienic and sanitary manner, not managing household waste, and not managing household liquid waste. The categories are described as follows:

### 1. Stop Defecating Indiscriminately

The categories that cause people to not implement stop defecation are identified with the keywords No WC, Poor, Economy, and Funds. The following are the results of interviews with informants:

*"There is no WC ..... "(Informant I)*

*"There are no toilets. The plan is to buy a septic tank, then there is also a plan to provide closet assistance for mi toilets..... "(Informant II)*

*"I can't afford it,,, hehe, the economy.*

*There is counseling from health ..... "(Informant IV/Triangulation)*

*"Shouldn't you still want to cast an anus. The pole is cast, while it has to be handled first, it also needs funds, ma'am,,, hehe heh..... "(Informant III)*

Based on the statement of the informant above, it can be seen that the cause of the informant defecating in any place is because there is no WC and also economic factors so that they do not build a toilet. The results of follow-up interviews related to where the informant defecated were identified with the keywords at sea, in the closet, and the toilet. The following are the results of the informant's interview:

*"At sea ..... "(Informants I, III, IV)*

*"In the closet ..... "(Informant II)*

*"In the WC ..... "(Informants V, VI, VII)*

Based on the results of these interviews, it can be seen that of the seven informants, most of them, namely four people stated that they defecated in the toilet or closet, while the other three people stated that they defecated in the sea. This is not following the results of observations where the closet and toilet in question are toilets which are concave toilets, where feces are disposed of directly at sea. This is evidenced by the results of observations at the place of defecation as follows:

**Figure 1. WC for Defecation**



**Figure 2. Plunge Toilet**



The picture above, shows that the toilets available in coastal communities are cemplung toilets and there are also people who have gooseneck toilet models, but their feces are disposed of directly into the sea. The results of interviews with key informants, namely health workers, show that there are still many people who have not implemented stop defecation due to a lack of knowledge, housing conditions in coastal areas, lack of latrines, habituation, and the economy. Here are the results of the interview:

*"Probably due to a lack of knowledge, then maybe there is also a lack of information from the health center concerned....."*(Informant I)

*"Because of his lack of understanding and the condition of the local area above the sea where he lives....."*(Informant II)

*"Usually there are no latrines, so usually they think fast....."*(Informant III)

*"What's the reason for his behavior... people are not used to it or don't have the basics..."* (Informant IV)

*"Because of economic conditions and lack of understanding about the behavior of stopping defecation"*(Informant V)

## 2. The behavior of Household Waste Management

The categories that cause people not to dispose of household waste in its proper place are identified with the keywords normal, no assistance, no shelter, and no trash can. The following are the results of interviews with informants:

*"I'm used to it here, from the past....."*(Informant I)

*"There is no assistance from the government, just here in the market, scattered trash."*(Informant II)

*"There is no shelter if you want to accommodate it, where do you want to throw it? Automatically goes straight to the sea....."*(Informant III)

*"There is no place ....."*(Informant V, Informant IV/Triangulation)

*"There is no trash can, the place is ....."*(Informant VII/Triangulation)

*"There are no trash cans, so where are we going to dispose of them? Most of the time, the back of the house is burned when the plastics....."*(Informant V)

Based on the answers of the informants, the cause of littering is due to habitual factors and the community does not have a garbage collection or trash can and there is no assistance from the government in providing trash bins. The results of follow-up interviews related to where to dispose of waste that was applied were identified with the keywords sea, besides, and behind. Here are the results of the interview:

*"At sea....." (Informant I, III, IV/Triangulation)*

*"Here he is, if he just throws himself away at sea, he is....." (Informant II)*

*"Beside the house....." (Informant V)*

*"Back there....." (Informant VI)*

*"Behind the house....." (Informant VII/Triangulation)*

Based on the explanation above, it can be seen that the location of waste disposal which is usually used as a dumping ground for coastal communities is at sea and beside or behind the house. The results of interviews with key informants, namely health workers, found the results of interviews about the causes of people not disposing of waste in its place, described as follows:

*"Because there is no place, there is no place from the government...." (Informant I)*

*"There is no final disposal site for the community....." (Informant II)*

*"Because there is no temporary disposal site and no final disposal site...." (Informant III)*

*"Due to the condition of the area, there are people who live at sea, so they immediately throw their garbage at sea....." (Informant IV)*

*"The factor is the government's lack of role in providing temporary disposal site and final disposal site ...." (Informant IV)*

Based on the results of interviews with key informants, it can be concluded that the community does not dispose of waste in its place due to several factors, namely the absence of a temporary disposal site and final disposal site, which is also supported by the condition of the area where coastal communities generally live. Living above the sea making it easier to dispose of garbage at sea and also the absence of the role of the government in providing temporary disposal sites and final disposal site facilities. The results of observations on waste processing sites in coastal communities can be seen that from seven informants, four people stated that they did not have a garbage disposal site because they were directly at sea. Meanwhile, three other people stated that they had a garbage dump. Specifically, the landfill for coastal communities can be seen in the following figure:

**Figure 3. Dumpsters in the sea**



The picture above shows that landfills in coastal communities are carried out at sea and there are also certain places to burn garbage that is not easily accessible so it is difficult to clean.

## Discussion

### Stop Defecating Indiscriminately

Based on the results of interviews with ordinary informants, it can be seen that the cause of informants defecating in any place is because

there are no toilets and also economic factors so they do not build toilets. This is supported by statements from key informants that there are still many people who have not implemented stop defecation due to a lack of knowledge, housing

conditions in coastal areas, lack of latrines, habituation, and the economy. Of the 7 informants, most of them, namely four people, stated that they defecated in the toilet or closet, while the other 3 stated that the place to defecate was in the sea. This is not following the results of observations where the closet and toilet in question are toilets which are concave toilets, where feces are disposed of directly at sea. The fact that was found from the results of observations was that the toilets available in coastal communities were in the form of plunge toilets and some people had gooseneck toilet models, but their feces were disposed of directly into the sea. The latrines found in the community do not pollute drinking water sources because the source of drinking water comes from drills, but these latrines contaminate sea surface water, then the holding hole is not 10-15 from the drinking water source, this is because there are no holes for holding feces in coastal communities, the large water disposal area smells, feces can be touched by insects, the toilet room is quite spacious, and the slope slopes towards the squat hole so it does not pollute the surrounding soil, then the latrine is not easy to clean and is not safe to use. Then for the aspect of lighting and ventilation, of course, it meets the requirements while the floor used is waterproof, while from the aspect of lighting, it is categorized as fulfilling the requirements as well as air ventilation is available naturally.

This study is in line with the research of Oktarizal, et al., who applied descriptive qualitative methods with a system approach mechanism based on input, process, and output in which the data collected came from the results of in-depth interviews with 10 informants, observations, document reviews and analyzed using triangulation. When viewed from the input aspect, the process and output of the Community Based Total Sanitation program implementation at the Berakit Health Center have been successful with an achievement of 85% who have built healthy latrines. The aspect of financing or funds has a big role in this research because, with the financing of this latrine construction problem, it is hoped that the use of village funds can solve this problem.<sup>[9]</sup>

This research is also in line with the research of Abidin and Tosepu who conducted a journal review and stated the obstacles found in

realizing a free Indonesia from defecating behavior in any place including low knowledge levels, community attitudes, community income, and habit factors. Therefore, innovations are needed that can move the starting point to improve the quality of Environmental Health officers and local government in improving public services.<sup>[10]</sup>

Various innovations must indeed be carried out to make Indonesia free from defecating behavior in any place, for example with the use of healthy, safe people, or social gathering latrines, and the construction of family latrines using village budgets while triggering Community Based Total Sanitation, especially the pillars).<sup>[11]</sup> STOP Defecation in Any Place and cultivate Community Based Total Sanitation (Clean and Healthy Living Behavior) for the success of Indonesia STOP defecating indiscriminately

### **Household Waste Management Behavior**

The results of the research on the causes of littering are due to habitual factors and the community does not have a garbage shelter or trash can and the absence of assistance from the government in providing trash bins. The location of garbage disposal that is usually used as a place for garbage disposal in coastal communities is at sea and beside or behind the house. The results of this study are reinforced by the statement of key informants that people do not dispose of their garbage in place due to several factors, namely the absence of a temporary disposal site and a final disposal site, then also supported by the condition of the area where coastal communities live, who generally live above the sea, making it easier to dispose of waste at sea and the absence of the role of the government in providing temporary disposal site and final disposal site facilities.

The results of observations on waste processing sites in coastal communities can be seen that from seven informants, four people stated that they did not have a garbage disposal site because they were directly at sea. Meanwhile, three other people stated that they had a garbage dump. After being investigated in more detail, it is explained that in general people do not separate dry/non-organic waste disposal sites with wet/organic waste in plastic containers, and waste is not protected from direct sunlight, rain, wind, and so on. Then the trash can become a nest for animals such as cockroaches, flies, maggots, mice,

cats, ants, and others. There is no plastic packaging that is tightly closed so that garbage is easily scattered and emits an unpleasant odor, the trash can is not closed, it is safe from all disturbances and is not easily accessible by cleaning staff and there are still those who burn garbage in densely populated areas.

Rany's research suggests that a safe waste management process at the household level emphasizes the principles of reducing, reusing, and recycling. Destruction and/or solidification can be carried out in various ways, including (1) Landfilling, namely destroying waste by making a hole in the ground and then placing the waste in and filling it with soil, (2) Incineration, which means destroying the waste. by burning in an incinerator, (3) Making fertilizer (composting), namely processing waste into fertilizer (compost), especially for organic waste leaves, food scraps, and other waste that can rot.<sup>[11]</sup>

## Conclusion

The phenomenon that causes people not to apply Community-based total sanitation in the Coastal Area of Konawe Islands Regency is due to a lack of community knowledge, economic factors, lack of facilities or infrastructure, and also a habitual factor so that they have not implemented Community-based total sanitation on the coast of Konawe Islands Regency.

This study suggests that the coastal communities of Konawe Kepulauan Regency, especially in the Langara and Lansilowo areas, are expected to try and implement Community-based total sanitation by not defecating at sea, washing hands with soap and running water, managing food and drinks in a hygienic and sanitary manner, not throwing away waste at sea and do not dispose of household waste at sea. For the Langgara and Lansilowo Health Centers, especially environmental health workers, to be more active in providing triggers to the community by conducting education and monitoring and evaluating the implementation of Community-based total sanitation regularly in the coastal environment, cooperating with cross-programs and cross-sectors in providing facilities and infrastructure that support the implementation of Community-based total sanitation.

## Reference

1. Ministry of Health, RI. *Practical Guide to Community-based total sanitation Pillars for the community*. Directorate of Environmental Health. Directorate General of Public Health. Jakarta: Ministry of Health of the Republic of Indonesia; 2017.
2. Ministry of Environment. *Management of Environmental Sanitation*. Jakarta: Ministry of Environment of the Republic of Indonesia; 2017.
3. Ministry of Health, RI. *Community-Based Total Sanitation*. In Regulation of the Minister of Health Number 3 of 2014 concerning Community-Based Total Sanitation. Jakarta: Ministry of Health of the Republic of Indonesia; 2014.
4. Agustin Nandya Andila, S. N. Environmental Health Services at the Health Centre Higeia *Journal of Public Health Research and Development*. 2020; 1(3), 84–94.
5. Rumajar, P. D., Katiandagho, D., & Robert, D. Analysis of the Success Rate of the Implementation of the Community-Based Total Sanitation Program in the Work Area of the Manganitu Health Center, Kepl Regency. Sangihe (Study in Taloarane Village D). *Journal of Environmental Health*. <https://doi.org/10.47718/jkl.v9i1.638>.2019.
6. Kurniawati, R. D., & Saleha, A. M. Analysis of Knowledge, Attitudes, and Roles of Health Workers with Participation in Triggering Stop Open defecation. *Journal of Public Health Sciences*. <https://doi.org/10.33221/jikm.v9i02.527>.2020.
7. Abidin, A., Tosepu, R., & Zainuddin, A. Evaluation of the Community-Based Total Sanitation Movement Program in the Work Area of the Bombana District Health Office. *Nursing Update: Scientific Journal of Nursing*. P-ISSN: 2085-5931 e-ISSN: 2623-2871. 2021;12(4), 43-66.
8. Southeast Sulawesi Provincial Health Office. *Provincial Health Office Profile 2020*. Kendari: Southeast Sulawesi Provincial Health Office; 2021.

9. Oktarizal, H., & Pramawati, A. Community-Based Total Sanitation Program First Pillar in Bintan Regency in 2019. *Ibnu Sina Health Journal (J-KIS)*, 2(01), 1-10.
10. Abidin, A. 2021. Policy Implementation of the Community-Based Total Sanitation Movement Pillar 1 in Controlling the Community Environment in Indonesia. *Cerdika: Indonesian Scientific Journal*. 2020;1(2), 64-71.
11. Rany, N. Implementation of a Community-Based Total Sanitation Program for a Sustainable Environment in Riverside Settlement. *Econews*. 2021;(2), 52-59.