



RELATED FACTORS OF HEALTHY LATRINES BY COMMUNITY BAJO TRIBE IN BATUAWU VILLAGE, SUB DISTRICT SOUTH KABAENA, DISTRICT BOMBANA

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Abstract

In preventing environmental pollution due to unmanageable family toilets, there is a great need for public attention to the management of latrines that do not meet health requirements. This study aimed to determine the factors associated with the use of healthy latrines by the Bajo people in Batuawu Village Kabaena District South Bombana Regency. The type of study used was a cross sectional study. The population in this study were all Bajo people in Batuawu Village South Kabaena Subdistrict Bombana Regency, with a total of 48 families and a sample of 48 families. The analysis used was univariate analysis and bivariate analysis. The results showed that there was a relationship of knowledge with the use of healthy latrines has value $\rho = 0.001 < \alpha = 0.05$, there was a relationship with the use of healthy latrines had value $\rho = 0.006 < \alpha = 0.05$, there was a relationship between the availability of latrines and healthy latrines had value $\rho = 0.005 < \alpha = 0.05$, there was a relationship between the role of health workers and the use of healthy latrines had value $\rho = 0.041 < \alpha = 0.05$. Conclusions showed that there was a meaningful relationship between knowledge, attitude, availability of toilet facilities, the role of health workers with the use of healthy latrines by the Bajo people in Batuawu Village South Kabaena District Bombana Regency. Suggestions are in the form of the need to provide health education about the application of healthy latrines so that changes in people's lives occur that are in accordance with healthy behavior.

Keywords: *knowledge; attitude; availability of toilet facilities; the role of health workers; the use of healthy latrines*

1. Introduction

The goal of health development is to increase the ability, awareness, and willingness to live a healthy life for everyone so that the highest degree of public health can be realized. Investments in the development of socially and economically productive human resources are also part of the goal of health development. Efforts to realize these goals are contained in the National Medium-Term Development Plan (RPJMN) for 2015-2019, where the direction of the RPJMN must be in accordance with the world's sustainable development goals (SDGs).

The focus of health development in Indonesia is a preventive approach, not only curative. (Indonesian Health Ministry, 2017).

Preventing environmental pollution from the population due to poorly managed family latrines is one aspect of health development goals. To realize this, the local community needs to pay attention to the management of latrines that do not meet health requirements. Management of healthy latrines can prevent diarrhea and other diseases caused by water borne disease (Chandra, 2018).

Data on deaths caused by water borne disease reported by the World Health Organization (WHO) reached 3,400,000 people/year and diarrhea disease is the biggest

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cause of death (1,400,000 people/year). The problem of sanitation development is a socio-culture challenge that can be caused by the behavior of the population who is Open Defecating (OD) in any place. UNICEF reports that 44.5% of the total population of Indonesia does not have access to proper waste disposal and 24% of Indonesians is open defecate in the open (Indonesian Health Ministry, 2017).

From a public health perspective, the problem of disposing of human waste is a major problem as early as possible to solve, and to overcome this, it is necessary to adopt a clean and healthy lifestyle, one of which is the use of latrine facilities. Latrine facilities are very important and must be owned by a healthy house (Indonesian Health Ministry, 2012).

Indonesia have the percentage of households using goose neck defecation is 77.58%, plengsengan 6.37%, cemplung 14.3%, not using 1.73%. Meanwhile, the provinces with the highest percentage of households using their own defecation facilities were Riau (84.3%), Lampung (80.4%), and Bangka Belitung Islands (79.0%). While the lowest was in the Provinces of Gorontalo (32.1%), Central Kalimantan (49.4%), and North Maluku (49.6%) (Indonesian Health Ministry, 2017).

Data from Southeast Sulawesi Province shows that the use of goose neck type latrine is 49%, plengsengan type is 6%, communal type is 9%, and cemplung type is 5%. Overall, 69% of the population owns and uses a fixed toilet facility, although not all of them meet the requirements. However, there are still 31% of the population who use other latrine facilities that are not known or not recorded/ not reported, this will be a problem if these residents do not have permanent latrines and do their defecation in the open or in any place (Dinkes Provinsi Sulawesi Tenggara, 2018).

Based on data from the Bombana District Health Office regarding access to proper sanitation (healthy latrines) by type of latrine, it shows that the use of communal latrines is 0.38%, the use of goose necks is 30.26%, the use of plengsengan latrines is 37.74%, and the use of latrines slung neck by 33.56%, out of 170,020 population and only 20,285 (11.93%) population with access to proper sanitation (healthy latrines) (Dinkes Provinsi Sulawesi Tenggara, 2018).

There are still many people who defecate in any place such as on the coast. The extent of land that can be used as a place to dispose of urination or faces and the habit of the Bajo people whose people live on the coast

encourages the behavior of open defecation to increase.

The Bajo tribe in Kabaena Selatan Subdistrict, Bombana Regency, can be found in Pununu Village and Batuawu Village. The majority of the Bajo people in Pununu Village have a toilet facility that meets the requirements and the location of the settlement is close to local residents so that access to proper sanitation facilities (healthy latrines) can be fulfilled. Meanwhile, the Bajo people in Batuawu Village are located on the mainland coast and tend to follow the shore. The condition of the settlements is not well organized, the construction of the buildings is semi-permanent, the availability of infrastructure is inadequate and there is a lack of coverage for latrine ownership.

Based on data from Batuawu Village, there are 48 families of the Bajo tribe who live in the coastal area. Furthermore, from the results of the initial survey it is known that people living in coastal areas tend to use the beach as a garbage dump, and there are most people who defecate on the coast. Indirectly this will have a negative impact on public health due to careless disposal of feces and the spread of disease through feces (Desa Batuawu, 2018).

Batuawu Village, which is the working area of the South Kabaena Health Center has also implemented Community Based Total Sanitation (STBM) but in its implementation there are still people who have not experienced significant changes in connection with the disposal of feces into the latrine, even though the STBM implementation has been carried out individually or in groups (Puskesmas Kabaena Selatan, 2018).

In preventing environmental pollution from unmanageable family latrines, it is necessary to pay attention to the community's attention to latrine management that does not meet health requirements. Where this behavior can be formed if it is supported by several factors such as knowledge, attitudes, availability of latrine facilities, and the role of health workers.

Based on the problem above, the researcher feels the need to conduct a study to find out the factors related to the use of healthy latrines by the Bajo tribe in Batuawu Village, Bombana Regency.

2. Method

The research method used was quantitative analytic research using a cross sectional study

design. Sampling in this study using total sampling method. The research sample consisted of 48 heads of families.

The analysis conducted in this study was univariate analysis and bivariate analysis. Univariate analysis was an analysis used to describe or redistribute each research variable, namely knowledge, attitudes, availability of latrine facilities and the role of health workers using latrines. Bivariate analysis was an analysis carried out on variables that are thought to be related or correlated. The test used was Chi-Square with a significance limit of $\alpha = 0.05$.

3. Result and Discussion

Table 1. Frequency Distribution Based on Age Group, Gender, and Education Level of Respondents

Respondents		Total (n)	Percentage (%)
Age Group	27 - 31	10	20.8
	32 - 36	19	39.6
	37 - 41	11	23
	42 - 46	8	16.6
Gender	Male	38	79.2
	Female	10	20.8
Level of Education	Elementary School	2	4.2
	Junior High School	16	33.3
	Senior High School	24	50
	Graduated from College	6	12.5

From Table 1, it can be seen that the largest age group is aged 32-36 years (39.6%) and the least is 42-46 years (16.6%). Most of the sexes were men (38%). Education level has mostly completed high school (50%).

Table 2. Frequency Distribution Based on Research Variables

Variables	Criteria	Total (n)	Percentage (%)
Knowledge	Good	31	64.6
	Not Good	17	35.4
	Total	48	100
Attitude	Positive	29	60.4
	Negative	19	39.6
	Total	48	100
Availability of latrines	Qualify	27	56.3
	Not Qualify	21	43.8
	Total	48	100

From Table 2, it can be seen that the level of education is good (64.6%), positive attitude

towards using latrines (60.4%) and the availability of healthy latrines (56%).

Table 3. Analysis of the Relationship between Knowledge, Attitude and Availability of Latrine Facilities and the Use of Healthy Latrines

Variable	Use of Healthy Latrines				Total		P
	Use		Not Use		N	%	
	n	%	n	%			
Knowledge							
Good	24	77.4	7	22.6	31	100	0.001
Not Good	4	23.5	13	76.5	17	100	
Total	28	58.3	20	41.7	48	100	
Attitude							
Positive	22	75.9	7	24.1	29	100	0.006
Negative	6	31.6	13	68.4	19	100	
Total	28	58.3	20	41.7	48	100	
Availability of latrines							
Qualify	21	77.8	6	22.2	27	100	0.005
Not Qualify	7	33.3	14	66.7	21	100	
Total	28	58.3	20	41.7	48	100	

Based on the results of the study, it shows that of the 31 who have good knowledge, 24 (77.4%) use healthy latrines, this was because the respondents had obtained good information through health workers or community leaders about the use of healthy latrines including the definition, benefits, and types of latrines, and the intended use of healthy latrines. As for 7 respondents (22.6%) did not use healthy latrines even though they had good knowledge, this could be because respondents were still lazy to directly apply the information they get and most of the respondents have a job as fishermen so that it is possible to use the latrine less for defecating.

The results also showed that there were 17 respondents who had less knowledge (23.5%) of using healthy latrines. This can be due to the behavior of the respondent who always cares about their health so that it allows them to always be active in using the latrine during defecation.

There are 13 respondents (76.5%) who do not use healthy latrines and have less knowledge about the use of healthy latrines. information without understanding the meaning of the information it gets. This condition led to the habit of respondents wanting to use the latrine during defecation.

When it was seen from the relationship with the use of latrines, knowledge has a very strong relationship ($p = 0.001$) compared to other factors such as attitude, availability of latrine facilities, and the role of health workers. This can occur because basically knowledge is a

predisposing factor, namely a factor that facilitates a person's behavior. The knowledge of a person about a health program that is obtained through the provision of information in the form of a leaflet or brochure posted in each house will encourage that person to participate in health programs, including the use of healthy latrines.

This shows that knowledge is a person's reasoning, explanation and understanding of everything, also includes practice or technical ability in solving various life problems that have not been systematically proven. The better a person's knowledge about using a latrine that meets the requirements, the greater the person's awareness of using a latrine that meets health requirements. However, even though his knowledge is good, it is not certain that the use of latrines meets the requirements due to lack of facilities and unsupported economic factors.

The results of this study are supported by a theory which states that increased knowledge is not always the cause of a person's behavior change, but is closely related to the initial determinants of a person's behavior. Health knowledge is a very important good possibility before a person's healthy behavior is formed, but the desired health behavior is unlikely to occur unless a person receives a signal strong enough to motivate them not to be knowledgeable (Notoatmodjo, 2014).

The results of this study are also in accordance with the results of the research showing that there is a significant relationship between the level of knowledge and the use of latrines ($p = 0.039$). So it is hoped that health workers will provide counseling about the use of healthy latrines so that the level of public awareness is higher in using latrines (Meirdhawati, 2012).

Thus, the results of this study are in accordance with the hypothesis made, namely that there is a relationship between the knowledge factor and the use of healthy latrines by the Bajo tribe in Batuawu Village, Kabaena Selatan District, Bombana District.

Attitude is a person's reaction or response that measures how far the respondent considers the importance of using healthy latrines as a place for human waste disposal.

The results showed that out of 29 had positive attitudes, 22 (75.9%) used healthy latrines and 7 (24.1%) less used healthy latrines. Respondents who have a positive attitude and use latrines, this can happen because they already have good knowledge about using healthy latrines such as defecating in the latrine

and also respondents think that having a family latrine that meets the requirements is very important because it can prevent various diseases.

There were respondents who did not use healthy latrines even though they had a positive attitude, this could happen because the respondent had a job as a fisherman so that it was possible for them to use less latrines for defecating and also to implement latrines that met health requirements required a large amount of money so that it allowed respondents to have toilets that met health requirements despite having a positive attitude.

Meanwhile, there were 19 negative attitudes of respondents consisting of 6 (31.6%) using healthy latrines and 13 (68.4%) less using healthy latrines. The lack of awareness of respondents to use healthy latrines can also be caused by a lack of information obtained from health workers or community leaders, which causes respondents to have a negative attitude towards using healthy latrines.

In addition, there were respondents who continued to use latrines even though they had a negative attitude, this could occur because the use of healthy latrines for defecation could be done in public latrines provided by the government. In that sense, the negative attitude of the respondents was due to limited funds to make latrines that met health requirements.

The results of statistical tests showed that the attitude factor was related to the use of healthy latrines ($p = 0.006$). This can occur because basically the attitude is the response and opinion of the respondent to the statement regarding the use of healthy latrines. This showed that respondents who have a positive attitude make respondents always use the latrine for defecation compared to respondents who have a negative attitude. To increase the use of healthy latrines, it is necessary to increase health promotion so that people have awareness and feel important in using latrines that meet health requirements.

The results of this study were supported by a theory which stated that an attitude was a reaction or response of someone who was still closed to a stimulus or object. Attitude clearly showed the connotation of a suitability reaction to a particular stimulus. In everyday life it was an emotional reaction to social stimuli. Attitude was a readiness or willingness to act, and was not an executor of a particular motive (Notoatmodjo, 2011). The correlation analysis shows that there is a significant relationship

between attitudes, latrine ownership, the role of health workers, the role of community leaders and the use of family latrines (Mathofani et al., 2020). There was a relationship between knowledge, attitudes, support of community leaders and the role of health workers with the use of healthy latrines and there is no relationship between family income with the use of healthy latrines (Sayati, 2018).

The results of this study were also in accordance with the results of research by Apriyanti et al., which showed that there was a significant relationship between attitudes, knowledge, bowel habits, and family support with the use of family latrines (Apriyanti et al., 2018). The results of this study were also in line with the results of research by Theresiana and colleagues which showed that there was a significant relationship between attitudes towards using healthy latrines .

Thus, the results of this study are in accordance with the hypothesis made, namely that there is a relationship between attitude factors and the use of healthy latrines by the Bajo people in Batuawu Village, Kabaena Selatan District, Bombana Regency.

The availability of latrine facilities is all the facilities and infrastructure available in the management of family latrines, including the availability of water, cleaning tools and hand washing soap.

The results showed that out of 27 having a toilet facility that met the requirements, 21 (77.8%) used healthy latrines and 6 (22.2%) did not use healthy latrines. Respondents who have latrine facilities that meet health requirements can also influence them to always use the latrine, especially for defecating purposes. In the sense that latrine facilities that meet health requirements must have enough water, be safe to use, easy to clean, have walls and floors that are waterproof, and free from insects that can cause germs.

There are still respondents who do not use latrines for defecating even though they already have a toilet that meets the requirements, this can happen because most of the respondents have a job as fishermen, making it possible for them not to use latrines for defecation.

Meanwhile, of the 21 have latrine facilities that do not meet the requirements, 7 (33.3%) use healthy latrines and 14 (66.7%) do not use healthy latrines. There are respondents who do not use healthy latrines, this can occur because the implementation of latrines that meet health requirements cannot be owned and implemented

by the whole community due to the lack of information obtained and also the economic limitations.

There are respondents who continue to use healthy latrines even though they have latrines that do not meet the requirements, this can happen because the respondent has tried to adopt healthy living habits such as defecating in the latrine so that it is not contaminated and becomes a medium for breeding germs. In the sense that, the need for defecation can be done by using public latrine facilities that have been provided by the government.

The results of statistical tests showed that the availability of latrine facilities was related to the use of healthy latrines ($p = 0.005$). This can occur because the availability of latrine facilities is a supporting factor for good family latrine management. Therefore, it is necessary to provide adequate facilities, because without the facilities, the family latrine management business cannot be carried out. However, the lack of family income is a factor in the unavailability of supporting facilities for using latrines that meet health requirements. By using a latrine that meets the requirements, the community can avoid diseases that can be caused by an unhealthy latrine, because there are many disease-carrying factors in the latrine that don't meet the requirements.

Research results Kirana et al state that latrine ownership has a relationship with the use of healthy latrines in the Bajo tribe community (Kirana;Suhadi;Yasnani, 2019). The results of this study are supported by a theory which states that the maintenance of a good latrine is necessary to provide adequate management facilities, because without facilities, the family latrine management business cannot be implemented. For this reason, it is necessary to provide latrine management tools such as cleaning equipment, sewers and other facilities (Arianto et al., 2016).

The use of good latrine advice will prevent people from environmental-based diseases. This was revealed by Meliyanti, who stated that there was a relationship between the availability of latrines and clean water and the incidence of diarrhea (Meliyanti, 2016).

4. Conclusion and Suggestion

The conclusion of this research is that there is a relationship between knowledge, attitudes and availability of latrines with the use of healthy latrines by the Bajo people in Batuawu

Village, Kabaena Selatan District, Bombana Regency.

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