COMMUNITY BEHAVIOR REGARDING USE OF LATERIES FAMILIES IN THE WORKING AREA OF PANEI TONGAH PUSKESMAS PANEIKA DISTRICT, SIMALUNGUN REGENCY YEAR 2020

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Abstract

One of the goals of health development is to increase healthy living behavior and a healthy environment. This study aims to obtain an overview of community behavior which includes knowledge, attitudes and community actions regarding the use of family latrines in the Working Area of the Panei Tongah Health Center, Panei District, Simalungun Regency which was carried out in July - September 2020. The type of research is a descriptive survey research with an observational approach. The population in this study included all households in the working area of the Panei Tongah Community Health Center, Panei District, totaling 6939 families and spread over 17 sub-districts/ villages namely Panei Tongah Village, Bah Bolon Tongah Village, Simpang Raya Dasma Village, Simpang Raya Village, Mekar Sari Raya Village, Sipoldas Village, Bangun Dasmariah Village, Bangun Rakyat Village, Bangun Sitolubah Village, Simantin Pane Dame Village, Sigodang Village, West Sigodang Village, Rawang Pardomuan Nauli Village, Janggir Leto Village, Siborna Village, NauliBaru Village, Bahliran Siborna Village. So the number of samples in this study were 378 families. Sampling was done randomly. The sampling technique in this study used the proportionate random sampling method, which aims so that the sample can represent all sub-districts/villages in the Working Area of the Panei Tongah Health Center, Simalungun Regency. 8% lack knowledge. Then the attitude of the respondents regarding the use of the new latrine was 71.7% who had a good attitude while 28.3% had a bad attitude. 68.5% of respondents' actions regarding the use of family latrines had positive actions while 31.5% had negative actions. Respondents who used family latrines were only 44.7% and 55.3% did not have latrines. Respondents who used family latrines were 37.3% while those who did not used latrines were 62.7%. So that intensive counseling and coaching is needed that is adjusted to the level of knowledge possessed by respondents, both as a group and individually in order to increase efforts to implement appropriate community attitudes and actions regarding the use of family latrines.

Keywords:*Behavior, Utilization, Latrine*

INTRODUCTION

In line with the healthy paradigm, health development is now more emphasized on preventive and promotive efforts, including efforts to improve the environment and improve clean and healthy living behavior for the community which has great leverage in improving public health status. By not leaving treatment and rehabilitation efforts.

To carry out these efforts, the policy and strategy for health development towards Healthy Indonesia 2010 is directed by the government to increase awareness, willingness and ability to live healthily for everyone in order to realize an optimal degree of public

health through the creation of an Indonesian society, nation and state which is characterized by its population. live in a healthy environment and behavior, have the ability to reach quality health services in a fair and equitable manner, and have optimal health status.

Disposal of feces needs special attention because feces is a waste material that causes many problems in the health sector and as a medium for disease germs. Besides that, it can cause environmental pollution to water sources and bad smells and aesthetics. (Anwar Daud, 2001)

Based on the 2008 National Socio-Economic Survey (Susenas) by BPS, the percentage of households that have their own toilet facilities is 61.68%, households that have a shared toilet is 13.38%, public is 3.79% and none is 21.14 %. The percentage of households that have their own toilet facilities in urban and rural areas shows a significant difference. The percentage in urban areas is 71.92%, while in rural areas it is 52.00%.

From the 2008 Indonesia Health Profile data (according to the results of the 2008 Susenas), it shows that 74.67% of households used goose neck latrines, 13.19% cemplung/cubluk and 3.70% did not use toilets. The use of this type of goose neck toilet in urban areas is greater than in rural areas. While the use of this type of toilet bowl in rural areas is 5 times more than in urban areas. Based on the final place of disposal of feces, it can be seen that the septic tank (53.33%) is the final disposal site for feces which is used most by households, especially in urban areas which reaches 72.29% while in rural areas it is 35.39%. (Ministry of Health, 2009).

Based on North Sumatra Health Profile data in 2019, access to latrine ownership is 72.97% of the 3,245,639 existing households consisting of: 2,163,928 households with permanent healthy latrines, 675,510 households with semi-permanent healthy latrines, 251,726 sharing households, and Dispose of Open defecation 766,708 families, (North Sumatra Provincial Health Office, 2020)

Data from the Panei Tongah Health Center in Simalungun Regency in 2019 shows that the number of families with family latrines is 5,053 (79.7%), consisting of 3,906 permanent healthy latrines, 1,123 healthy semi-permanent latrines, 27 families sharing. (Panei Tongah Health Center, 2020)

Based on data from the Panei Tongah Community Health Center in 2019, it shows that the number of cases of diarrheal disease was 441 cases, in Panei Tongah Village with 156 cases, Bah Bolon Tongah Village with 26 cases, Simpang Raya Dasma Village with 3 cases, Simpang Raya Village with 4 cases, Mekar Sari Raya with 44 cases, Sipoldas Village with 1 case, Bangun Dasmariah Village with 21 cases, Bangun Sitolubah Village with 2 cases, Simantin Pane Dame Village with 24 cases, Sigodang Village with 13 cases, Sigodang Barat Village with 32 cases, Rawang Village Pardomuan Nauli with 3 cases, Janggir Leto Village with 40 cases, Siborna Village with 31 cases, Nauli Baru Village with 0 cases, Bahliran Siborna Village with 9 cases (Panei Health Center Data, Tongah 2019). Data on the ten biggest diseases at the Panei Health Center in 2019,

According to Soekidjo Notoatmodjo, 2003, the problem of lack of use of latrines and high cases of diarrheal disease are strongly influenced by the existence of environmental health behavior in the form of knowledge and action on community environmental health which is still lacking. Meanwhile, according to Anwar Daud, 2001 that the benefits of family latrines are not fully known by the community so they just throw feces anywhere and the problem of using family latrines is also influenced by the level of education, knowledge, habits and income level of the community.

In response to this, preventive and promotive factors play a more important role, which means that health development does not rely on "treatment" of a case when a disease has occurred but instead emphasizes how a case should not occur through preventive and promotive enhancement efforts so that the population avoid diseases caused by unhealthy environment such as diarrhea and other infectious diseases. (Budiman Chandra, 2006)

As mentioned above, if access to family latrines is linked to the final disposal of feces, then it can be said that only 53.33% of families in Indonesia have access to family latrines, even though to realize Healthy Indonesia in 2010 it is hoped that all residents will already use family latrines. .

LITERATURE REVIEWS

Overview of Behavior

Skinner (1938), a psychologist, argued that behavior is the result of the relationship between stimulus (stimulus) and response (response). Behavior from a biological perspective is an activity of the organism in question. So human behavior is essentially an activity of the man himself.

According to Robert Kwick (1974) behavior is an action or action of an organism that can be observed and can even be learned. In the process of forming or changing behavior is influenced by several factors, namely internal factors and external factors. Internal factors include knowledge, intelligence, perception, emotions, motivation and so on which function to process stimuli from outside, while external factors include the surrounding environment, both physical and non-physical such as climate, humans, socio-economic, culture and so on. So, behavior is an organizing of psychological processes by a person who predisposes to respond in a certain way to an object.

In theory L. Green (in Soekidjo Notoatmodjo, 2003) suggests that behavior is formed by 3 factors; Predisposing factors which are manifested in knowledge, attitudes, beliefs, beliefs and values; Supporting factors (Enabling factors) that are manifested in the physical environment, the availability of health facilities or infrastructure; Reinforcing factors that are manifested in the attitudes and behavior of community leaders (toma), religious leaders (toga) and health workers who are the reference group for community behavior.

Factors Influencing Behavior Change

According to Rusli Ngatimin, behavior change must go through a teaching and learning process aimed at increasing knowledge (cognitive), changing attitudes (affective) and changing actions (psychomotor), namely as follows: (Rusli Ngatimin, 2003)

Health Behavior

According to Soekidjo Notoatmodjo, based on the behavioral limitations of Skiner mentioned above, health behavior is a response of a person (organism) to a stimulus or object related to illness, the health care system, food and drink and environmental health.

Health Behavior Change (Adoption) and Its Indicators

Change or adoption of new behavior is a complex process and requires a relatively long time. In theory, behavior change or a person accepts or adopts health behavior in his life through the following stages: (Soekidjo Notoatmodjo, 2003)

Overview About Stool

As a result of the processes that take place in the human body, there is a separation and disposal of substances that are not needed by the body. Substances that are not needed by the body include faeces and urine. In terms of health and the environment, these two types of human excrement are a very important issue. Because if disposal is not good, it will certainly pollute the environment. Water that has been polluted, for example, if it is used by humans will clearly pose a danger to their health, because diseases that are classified as "waterborne diseases" will be easily infected. According to Anwar Daud, 2001 Feces are one of the waste materials that cause many problems in the health sector because feces are a medium for disease germs.

METHODS

Data collection technique

1. Interview

   Namely the technique of collecting data through direct interviews with respondents according to the provided questionnaire guide.

2. Observation

   Namely observing directly the condition of the latrines with the guide of the observation sheet.

3. Documentation Data

   It was carried out as a complement to obtaining data on toilet ownership in Panei District, in addition to data on population, geographic data and so on.

Processing and analysis of data

The data that has been collected is then processed using a computerized system in a descriptive way through analysis of the tables studied with the SPSS Version 12.0 program.

Data Presentation

The data that has been processed and analyzed is then presented in tabular form accompanied by narration.

RESULTS AND DISCUSSION

Results

From the research results, it was obtained an overview of the knowledge of 378 respondents regarding the use of family latrines which showed that most of the 59.8% of respondents had little knowledge, while only 40.2% had sufficient knowledge. This can be seen in more detail in the table

Table

Distribution of Respondents' Knowledge Levels about the Utilization of Family Latrines in the Work Area of the Panei Tongah Health Center

No	Knowledge level	Amount	Percentage (%)
1. 2.	Enough Not enough	152 226	40,2 59,8
Amount *S*		378	100 %

Source: Primary Data

Judging from the ownership of latrines according to their level of knowledge, the 378 respondents showed that 31.2% had latrines and 9.0% did not have latrines with sufficient knowledge. Meanwhile, 13.5% of respondents who had a latrine and 46.3% did not have a latrine had less knowledge. For more details can be seen in the table

Table

Distribution of Latrine Ownership according to the Knowledge Level of Respondents in the Work Area of the Panei Tongah Health Center

Knowledge level	Latrine Ownership				Amount	Percentage (%)
	Own		No Own			
	n	%	n	%		

Enough Not enough	118 51	31,2 13.5	34 175	9.0 46,3	152 226	40,2 59,8
Amount	169	44,7	209	55,3	378	100

Source: Primary Data

Judging from the use of latrines according to their level of knowledge, the 378 respondents showed that 26.7% used latrines and 13.5% did not have sufficient knowledge. Meanwhile, respondents who used latrines 10.6% and did not use latrines 49.2% had less knowledge. For more details can be seen in table 6.2.

Table

Distribution of Latrine Utilization according to the Level of Knowledge of Respondents in the Work Area of the Panei Tongah Health Center

Knowledge level	Use of Latrine				Amount	Percentage (%)
	Utilise		No Utilise			
	n	%	n	%		
Enough Not enough	101 40	26,7 10,6	51 186	13.5 49,2	152 226	40,2 59,8
Amount	141	37,3	237	62,7	378	100

Source: Primary Data

From the results of the study, it was obtained an overview of the attitudes of the respondents regarding the utilization of family latrines from 378 respondents indicating that the majority of 71.7% of respondents had a good attitude and 28.3% had a bad attitude. This can be seen in more detail in the table

Table

Distribution of Respondents' Attitudes about Utilizing Family Latrines in the Work Area of the Panei Tongah Health Center

No.	Attitude	Amount	Percentage (%)
1. 2.	Good Bad	271 107	71.7 28,3
Amount		378	100 %

Source: Primary Data

Judging from the ownership of latrines according to attitude, the 378 respondents showed that 42.9% had latrines and 28.8% did not have latrines and had a good attitude. Meanwhile, 1.9% of respondents who had a latrine and 26.4% did not have a latrine still

had a bad attitude. For more details can be seen in the table

Table

Distribution of Latrine Ownership according to Respondents' Attitudes in the Work Area of the Panei Tongah Health Center

Attitude	Latrine Ownership				Amount	Percentage (%)
	Own		No Own			
	n	%	n	%		
Good Bad	162 7	42,9 1,9	109 100	28,8 26,4	271 107	71.7 28,3
Amount	169	44.8	209	55,2	378	100

Source: Primary Data

Judging from the use of latrines according to attitudes, the 378 respondents showed that the majority (33.6% used latrines and 38.1% did not use latrines) had a good attitude. Meanwhile, respondents who used latrines 3.7% and did not use latrines 24.6% had a bad attitude. For more details can be seen in the table

Table

Distribution of Latrine Utilization according to Respondents' Attitudes in the Work Area of the Panei Tongah Health Center

Attitude	Use of Latrine				Amount	centage (%)
	Utilise		No Utilise			
	n	%	n	%		
Good Bad	127 14	33,6 3,7	144 93	38,1 24,6	271 107	71.7 28,3
Amount	141	37,3	237	62,7	378	100

Source: Primary Data

From the results of the study, it was found that the description of the respondents' actions regarding the use of family latrines showed that the majority of 68.5% of respondents took positive actions while 31.5% acted negatively. This can be seen in more detail in the table

Table

Distribution of Respondents' Actions on the Utilization of Family Latrines in the Work Area of the Panei Tongah Health Center

No	Action	Amount	Percentage (%)

1. 2.	Positive Negative	259 119	68.5 31.5
Amount		378	100 %

Source: Primary Data

Judging from the ownership of latrines according to the actions of the respondents, it shows that 41.0% have latrines and 27.5% do not have latrines, which has a positive action. Meanwhile, the respondents who had a latrine were 3.7% and 27.8% did not have a bad attitude. For more details can be seen in the table

Table

Distribution of Latrine Ownership according to Respondents' Actions in the Work Area of the Panei Tongah Health Center

Action	Latrine Ownership				Amount	centage (%)
	Own		No Own			
	n	%	n	%		
Positive	155	41.0	104	27.5	259	68.5
Negative	14	3,7	105	27,8	119	31.5
Amount	169	44,7	209	55.3	378	100

Source: Primary Data

Judging from the use of latrines according to the actions of the respondents, it shows that 33.9% used latrines and 34.7% did not use latrines and had a positive action. Meanwhile, respondents who used latrines 3.4% and did not use latrines 28.0% still had negative actions. For more details can be seen in the table.

Table

Distribution of Latrine Utilization according to Respondents' Actions in the Work Area of the Panei Tongah Health Center

Action	Use of Latrine				Amount	centage (%)
	Utilise		No Utilise			
	n	%	n	%		

Positive	128	33,9	131	34,7	259	68.5
Negative	13	3,4	106	28.0	119	31.5
Amount	141	37,3	237	62,7	378	100%

Source: Primary Data

The results of the research into Family Latrine Ownership show that only 44.7% have latrines and most of the respondents do not have latrines, namely 55.3%. This can be seen in more detail in the table

Table

Distribution of Respondent Family Latrine Ownership in the Work Area of the Panei Tongah Health Center

No	Latrine Ownership	Amount	Percentage (%)
1.	Have a Latrines	169	44,7
2.	Do not have a latrine	209	55,3
Amount		378	100 %

Source: Primary Data

From the results of research on the use of family latrines, 378 respondents showed that 37.3% of respondents used family latrines, while those who did not utilized family latrines were 62.7%. This can be seen in the table

Table

Distribution of Respondent Family Latrines Utilization in the Work Area of the Panei Tongah Health Center

No.	Use of Latrine	Amount	Percentage (%)
1.	Make use of Jamban	141	37,3
2.	Not Utilizing Latrines	237	62,7
Amount		378	100 %

Source: Primary Data

Discussion

Knowledge

Knowledge is very important in providing insight into one's attitudes and actions (actions). Of the 378 respondents studied, 40.2% of respondents had sufficient knowledge and 59.8% of respondents had insufficient knowledge. Respondents generally found information about family latrines from health workers, environmental sanitation workers

and cadres.

The component of knowledge about family latrines is a very important factor to be known by the community in forming an attitude and action towards the use of family latrines.

According to Soekidjo Notoatmodjo, 2003 that if the acceptance of behavior or adoption of behavior is based on knowledge, it will not last long. Because before someone adopts a behavior, he must know in advance what the meaning or benefits of this behavior are for himself or his family.

Community knowledge about the use of latrines is the extent to which the community knows about latrines, the benefits of latrines, latrines that meet health requirements, the consequences and diseases that are caused if they do not use latrines. Understanding an object is not just knowing about the object, not just being able to mention it, but the person must be able to correctly interpret the object that is known. For example, a person who understands the importance of properly using a latrine, then that person must be able to explain why the use of a latrine is important.

Knowledge is the result of human sensing, or the result of someone knowing a certain object. So knowledge can be known by every individual after sensing occurs through the five human senses, namely the senses of sight, hearing, smell, touch and touch. Most of a person's knowledge is obtained through the eyes and ears.

Based on table 6.1. The distribution of latrine ownership according to the level of knowledge of respondents about family latrines was only 118 (31.2%) who had latrines and 34 (9.0%) did not have latrines with sufficient knowledge. While 51 (13.5%) respondents who had a latrine and 175 (46.3%) did not have a latrine had less knowledge.

From the description of the situation above, it shows that of the 48 respondents who have sufficient knowledge, it means that from the 8 questions given, the respondents already know the meaning, benefits of the latrine, the consequences of defecating without using the latrine and the diseases caused by feces when disposed of anywhere and the respondent does not have latrines this is because there is no cost to build a family latrines and most of the respondents work as farmers (52.2%) and housewives (22.1%).

Based on table 6.2. The distribution of latrine use according to the level of knowledge of respondents was only 101 (26.7%) who used latrine and 51 (13.5%) did not use latrine and already had sufficient knowledge. Meanwhile, 40 (10.6%) of respondents who used latrines and did not use latrines 186 (49.2%) still had less knowledge.

From the description of the situation above, it shows that 51 respondents have sufficient knowledge but do not use latrines. This is because the respondents do not have family latrines, so they do not use latrines as a place for excrement disposal. While 40 respondents who had a low level of knowledge were due to the fact that the respondents did not know about the requirements for a healthy latrine, the consequences of not using a latrine for defecation and diseases caused by feces when disposed of anywhere even though they had used the family latrine.

It's just that their psychomotor domains are still at the level of perception

(perception) where a person is in a position to simply be able to detect, they can already tell which place to dispose of feces but they haven't used it yet. Then the existence of people who are less knowledgeable but have used family latrines illustrates that the community's level of knowledge in the new "cognitive domain" is at level I, the level of know (know).

Attitude

In this case, the attitude in question is the respondent's response or perception of the condition of the latrine and the use of the latrine. Attitude actually shows the connotation of the suitability of reactions to certain stimuli which in everyday life are emotional reactions to social stimuli.

From the results of the study, it was obtained an overview of the attitudes of respondents regarding the use of family latrines from 378 respondents indicating that most of the 71.7% of respondents had a good attitude and 28.3% had a bad attitude.

Attitude is not yet an action or activity, but a "pre-disposition" of action or behavior. That attitude is still a closed reaction, not an open reaction of open behavior. (Notoatmodjo, 2003).

Based on table 7.1. The distribution of latrine ownership according to the attitude of the respondents showed that 162 (42.9%) had a latrine and 109 (28.8%) did not have a latrine and had a good attitude. Meanwhile, respondents who had a latrine 7 (1.9%) and did not have a latrine 100 (26.4%) still had a bad attitude.

Based on table 7.2. The distribution of latrine utilization according to the attitude of the respondents showed that the majority (127 (33.6%) used the latrine and 144 (38.1%) did not use the latrine. They had a good attitude. Meanwhile, 14 (3.7%) of respondents who used latrines and did not use latrines 93 (24.6%) had a bad attitude.

From the description of the situation above, it shows that 109 respondents did not have latrines and 144 respondents did not use latrines. Furthermore, from 7 respondents who had latrines and 14 respondents who used latrines, they still had a bad attitude because based on the questionnaire given there were still questions answered with disagreement, this means that the respondent still had a bad attitude.

Action

Actions/deeds are what organisms do, whether observed directly or indirectly. Action from a biological point of view is an activity or activity of the organism concerned. In this case what is meant by action is the act/habit of the respondent's place of defecation.

From the results of the study, it was found that the description of the respondents' actions regarding the use of family latrines showed that the majority of 68.5% of respondents took positive actions while 31.5% acted negatively.

In this case it shows that the respondent is at the level of doing mechanically (mechanism), that is, the respondent has done or practiced something automatically. For example, someone already owns and uses a family latrine.

Based on table 8.1. The distribution of latrine ownership according to respondents' actions shows that 155(41.0%) had a latrine and 104 (27.5%) did not have a latrine had a

positive action. While 14 respondents (3.7%) had latrines and 105 (27.8%) did not have latrines still had negative actions.

Based on table 8.2. Distribution of latrine utilization according to respondents' actions showed that 128 (33.9%) made use of latrine and 131 (34.7%) did not use latrine had a positive action. Meanwhile, respondents who used latrines 13 (3.4%) and did not use latrines 106 (28.0%) still had negative actions.

From the description of the situation above, it shows that 104 respondents did not have latrines and 131 respondents did not use latrines and had positive actions. This is in accordance with the action questions given to respondents such as every defecation always in the latrine to prevent diseases caused by human feces and how to teach children to use the latrine properly means that the respondent has positive actions even though they do not have a latrine and use a latrine. Whereas 13 respondents had latrines and 13 respondents used latrines because based on the questionnaire given to the 10 questions there were still respondents who answered that they occasionally used latrines and used to defecate in the river even though they had latrines it meant that these respondents still had negative actions.

This is in line with the qualitative research conducted by Syafruddin (2000) in the Terang-Terang Village, Ujung Bulu District, Bulukumba Regency which stated that people who use latrines are those who already know the benefits of latrines and the consequences of diseases that can be caused when defecating. in any place. Meanwhile, people who defecate anywhere generally come from those who do not know about the consequences that will be caused by excrement thrown anywhere.

The rainwater has not been polluted with dirt or unclean. Of course, we as creatures need to keep it clean and usable for purification, including rainwater that falls to the ground and flows into lakes and rivers. How to? Among other things, by not throwing away our feces and urine indiscriminately.

From the description of the situation above, to increase the ownership and utilization of family latrines in the Panei Tongah Health Center work area, it is necessary to have motivation and guidance that is adapted to the condition of the local community's level of knowledge so that as much as possible it can raise awareness and the role of the community in efforts to use family latrines.

CLOSING

Conclusion

Based on the results of the research conducted, community behavior regarding the use of family latrines in the working area of the Panei Tongah Health Center can be summarized as follows:

1. Public knowledge about the use of family latrines in the Panei Tongah Health Center Work Area is generally still lacking, namely 59.8%, while those who have sufficient knowledge only reach 40.2%.
2. The attitude of the community regarding the use of family latrines in the working area

of the Panei Tongah Health Center is 71.7% having a good attitude, while 28.3% have a bad attitude.

3. Community Actions regarding the Utilization of Family Latrines in the Work Area of the Panei Tongah Health Center, namely 68.5%, had positive actions, while those who acted negatively amounted to 31.5%.
4. Respondents who had family latrines were only 44.7% and most of the respondents did not have latrines, namely 55.3%.
5. Respondents who used the family latrines as a place to dispose of feces were 37.3%, while those who did not use latrines were 62.7%.

Suggestions

Taking into account the existing conditions in the research location, the authors put forward the following suggestions:

1. The Simalungun District Health Office and the Panei Tongah Health Center need to form and rebuild community activity groups such as the Environmental Health Working Group (Pokja Kesling) in each village to re-move community interest in efforts
   increased utilization of family latrines.
2. The Panei Tongah Health Center needs to increase counseling according to the level of knowledge (cognitive domain) of the community which focuses on increasing the use and maintenance of family latrines; either through Posyandu, women gathering, youth activities or other community activities.
3. It is necessary to instill an understanding in the community that building simple latrines that meet health requirements does not have to be expensive.

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