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OVERVIEW OF CHARACTERISTIC OWNERSHIP OF HEALTHY INSIGHTS: A STUDY OF THE COMMUNITIES IN KELURAHAN KEDOYA SELATAN, INDONESIA

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ABSTRACT
WHO refers sanitation as the provision of facilities and services for the disposal of human waste such as urine. Poor sanitation conditions will have a negative impact on many aspects of life starting from the decline in the quality of the environment, pollution of drinking water sources, increasing the number of diarrhea and the emergence of several diseases. The purpose of this research is knowing Description of the characteristics of unhealthy latrine ownership in the community RT 01/RW 05 Kedoya Selatan District year 2019. The study used a cross sectional design with a simple random sampling technique, with 51 samples from a population of 131 families. Data were analyzed by univariate and bivariate using the chi-square test. The results of this study were obtained with good knowledge 75,5%, good attitude 39,2%, higher education 35,3%, high economic status 23,5%, support from supporting community leaders 88,2%. Health workers need to collaborate with the Kedoya Kelurahan government to provide direction for the community through counseling containing budgeting from village funds to build healthy latrines, especially the construction of joint septic tanks for low-income communities.

Keywords: Attitude, education, economic status

PRELIMINARY

The sanitation definition from WHO (World Health Organization) refers to the provision of facilities and services for the disposal of human waste such as urine and faeces. Sanitation is related to environmental health which affects the degree of community health. Poor sanitary conditions will have a negative impact on many aspects of life, in addition to a decline in the quality of the community's environment, pollution of drinking water sources for the community, an increase in the number of diarrhea events and the emergence of several diseases. Households have access to proper sanitation if the sanitation facilities used meet health requirements, among others, equipped with goose necks, septic tanks, Wastewater Management Systems (SPAL) that are used alone or together (Kemenkes RI, 2018).

According to data from the 2015 WHO / UNICEF Joint Monitoring Program, 20% or 51 million people in Indonesia are still behaving openly in defecation because they do not have access to basic sanitation facilities. So they bathe and wash clothes in the same river. In 2014 it was reduced from 55 million, but the number of 51 million was still relatively large. Indonesian sanitation is among the lowest in ASEAN and Asia, in 2015 around 61% of the population gained access to sanitation.

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The rating is lower compared to Singapore (100%), Malaysia (96%). Thailand (93%), Vietnam (78%), China (77%), and the Philippines (74%) but still better than Cambodia (42%) and India (40%). A survey conducted by the Ministry of Health and UNICEF in 2015 found that 2 out of 3 drinking water sampled contained E-coli bacteria due to exposure to poor sanitation. Contaminated water caused 9 million Indonesian children to be stunted. Editing opportunities occur 1.4 times as large as a result of poor sanitation. More than 50 million Indonesian people have not used the toilet as a means of sanitation. This figure was ranked as the second highest in the world after India. At least 20% of Indonesians still defecate (open) in the open. This is what causes contamination in drinking water which makes diarrheal disease. At least 88% of infant deaths due to diarrhea are caused by water and sanitation conditions. Funding needs for sanitation sector development are estimated at Rp. 273.7 trillion of the total APBN is only able to provide funds amounting to 35,645 trillion (WHO / UNICEF, 2017). Indonesia experiences an economic loss of 56.7 trillion annually due to poor sanitation to pay for medical expenses and accommodation (Ministry of Health, Republic of Indonesia, 2018)

Based on the 2017 Indonesian Health Profile that percentage of villages and villages in DKI Jakarta have implemented Community-Based Total Sanitation (STBM). Community Based Total Sanitation is an approach to change hygiene and sanitary behavior through community empowerment by triggering (Indonesian Ministry of Health 2014). Community-based Total Sanitation (STBM) is a government program in order to strengthen efforts to clean and healthy life, prevent the spread of environment-based diseases, improve community capacity, and implement government commitments to improve access to drinking water and basic sanitation in a sustainable manner. Community-based Total Sanitation (STBM) consists of 5 (five) pillars, namely open defecation (BABS), washing hands with soap, drinking water and household food management, household waste management and household waste water management. In 2017, there was an increase of 43.45% every year.

There are 6 cities in DKI Jakarta, including Central Jakarta, East Jakarta, West Jakarta, North Jakarta, South Jakarta and Kepulauan Seribu. There are 3 cities that have not yet reached Community Based Total Sanitation (STBM) villages, namely open defecation, washing hands with soap, drinking water and household treatment, securing household waste, protecting household liquid waste namely West Jakarta, South Jakarta and East Jakarta. Careless disposal of feces results in contamination of water, soil, or a source of infection and will pose a danger to health. Utilization of latrines will be beneficial to keep the environment clean, healthy and odorless. Latrines prevent contamination of water sources in the vicinity, latrines also do not invite the arrival of flies or insects that can be transmitted by diarrheal diseases. Coverage of residents with proper access (healthy latrines) is West Jakarta 70.88% of the 2,528,065 residents. diarrhea cases handled by West Jakarta ranks third after Central Jakarta and Kepulauan Seribu by 80% (DKI Jakarta Health Office, 2017)

Based on the latest data in 2018 from the District Health Office of Kebon Jeruk and has a target of achieving the Republic of Indonesia's Health Ministry 100% Proper Sanitation Access. Where Kedoaya Selatan Kelurahan has 6.964 households (59.7%) permanent healthy latrines, 0 (zero) semi-permanent healthy latrines, sharing latrines such as public latrines 26 KK (0.22%), and does not have healthy latrines 928 KK (7, 96%) and the highest area that does not have healthy latrines is in RT 01 / RW 05 with 131 households (1.12%) not having healthy latrines. With the low number of residents with Access to Proper Sanitation (Healthy Latrines) causing illnesses such as diarrhea and skin diseases. The incidence of diarrhea was included in the 10 largest diseases in the South Kedoya Health Center, namely 296 people (2.53%) in 2018. In the Kedoya Selatan Village, especially in RT 01, the population was the lowest population with Proper Sanitation Access. Based on the results of preliminary observations found in the area there are many buildings and found the building which results of disposal of feces dumped into the river. Whereas residents who do not have healthy latrines dump their faeces in rivers and sewers and bathrooms do not have healthy latrines with 131 households (1.12%) out of 2147 households. From the interview results obtained from the Chairman of RT 01 that the southern kedoaya area is included in the category of dense population and slums and there are still many people who throw garbage in rivers and sewers, causing flooding, and low levels of income and community education, making sanitation problems worse in the area South Kedoya, as well as residents who still use groundwater for their needs for washing, washing, washing and others. South Kedoya Village has not yet reached the target of the Republic of Indonesia Ministry of Health 100% Proper Sanitation Access.

METHOD

This research uses quantitative research with cross sectional design, which aims to find out the description of unhealthy latrine ownership at the same time by means of the approach, namely interviews with questionnaire measurement tools. Independent variables are knowledge, attitudes, education, economic status and support of community leaders.

In this study, a sample of 51 out of 131 households in 2018 was obtained. The sampling technique uses simple random sampling which is random sampling where each population has the same opportunity to be sampled.

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Table 1. Distribution of Unhealthy Latrine Ownership, Knowledge, Attitude, Education, Economic Status and Support of Community Leaders.

Variabel	Frekuensi	%
Knowledge		
Good	38	74,5%
Bad	13	25,5%
Atitude		
Good	20	39,2%
Bad	31	60,8%
Education		
Low	33	64,7%
High	18	35,3%
Economic Status		
Low	39	76,5%
High	12	23,5%
Support of Community Leaders.		
Not Support	6	11,8%
Support	45	88,2%

Based on the table. 1 it is known that of the 51 respondents, the highest proportion of respondents were respondents with good knowledge of 38 respondents (74.5%). For attitude variables it is known that of 51 respondents, the highest proportion of respondents were respondents who had bad attitudes as many as 31 respondents (60.8%). For the education variable it is known from 51 respondents, the highest proportion is the respondents with low education as many as 33 respondents (76.5%). For economic status variables known from 51 respondents, the highest proportion is respondents with low economic status as many as 39 respondents (76.5%). And for the variable support of community leaders known from 51 respondents, the highest proportion is that can support community leaders as many as 45 respondents (88.2%).

DISCUSSION

Univariate Analysis

Knowledge

Research results on the distribution of respondents' frequency of knowledge about healthy latrines in the community RT 01 / RW 05 Kedoya Selatan Village in 2019 showed that of the 51 respondents, the highest proportion was respondents who had good knowledge

of 38 respondents (74.5%). This is in line with research conducted by Kafit (2018) in Sungai Rambai Village, Tebo Ulu Subdistrict, which states that the highest proportion is respondents who have high knowledge of 86 respondents (50.9%).

Knowledge is human sensing, or the result of knowing someone about objects through their senses (eyes, nose, ears, etc.) Broadly speaking, there are 6 levels of knowledge, that is to know, for example, a toilet is a place of defecation. Then it is supported by understanding, application, analysis , and synthesis, so it will form healthy behavior (Muslimin, 2015). According to Notoatmodjo (2010) Measurement of knowledge about health is to cover what a person knows about how to maintain health such as factors related to and affecting health, namely disposal of human waste such as latrines that meet the requirements healthy toilet health requirements, as well as knowledge of the types of diseases, their causes, and how they are transmitted.

Based on the interview results, most family heads have good knowledge, because the family head gets counseling and guidance from health workers regarding healthy latrines, the benefits of healthy latrines and the importance of clean and healthy living. What is done in RT 01 Kelurahan Kedoya Selatan and is held once a week every Friday. With high knowledge, the head of the family better understands the importance of having a healthy latrine, maintaining and maintaining environmental cleanliness, especially maintaining the cleanliness of the latrine so as to avoid diseases caused by the healthy latrine. And also can encourage family heads and family members to behave properly and correctly defecating.

Attitude

The results of research on the frequency distribution of respondents' attitudes about healthy latrines in RT 01 / RW 05 Kedoya Selatan Village in 2019 showed that of the 51 respondents, the highest proportion was respondents who had bad attitudes as many as 31 respondents (60.8%). This is in line with research conducted by Apriyanti et al., (2019) stating that respondents who did not use family toilets were more likely to respond to bad attitudes towards using latrines (31.0%).

Attitude is a person's closed response to a particular stimulus or object, which already involves the relevant opinion and emotion factors. Attitudes to health are people's opinions or evaluations of matters relating to health care such as factors related to and affecting health, namely the disposal of human waste such as latrines that meet the requirements of healthy latrines, as well as knowledge of the types of diseases, causes, and ways of transmission (Notoatmodjo, 2010).

Based on the results of the interview, the head of the family has a bad attitude. Because the people in RT 01 / RW 05 are already accustomed to using latrines and most residents, their houses are on the edge of the river and the results of their stools are immediately dumped into the river. With that to change the attitude of a better family head is very difficult and takes a long time to get good results. And to build a toilet the community needs the cost and land in the construction of the latrine.

Education

Research results on the distribution of respondents' frequency of education about healthy latrines in the community RT 01 / RW 05 Kedoya Selatan Village in 2019 showed that of the 51 respondents, the highest proportion was respondents who had low education as many as 33 respondents (64.7%). This is in line with research conducted by Novitry et al. (2017), that respondents who did not have healthy latrines with low education were as many as (62.3%). The factor of education on the ownership of healthy latrines is that in a low level of education the community will find it difficult to understand the message or information conveyed. Low education of the community causes a lack of insight, which has an impact on the lack of public awareness of environmental health (Saudi, 2014). Most people do not know about the latrine requirements that are in line with health standards, so they only condemn latrine ownership but do not think about whether the latrine is healthy or not.

Education is a change in attitudes and behavior as well as the addition of knowledge, education will work well if accompanied by goals, through the process of education of one's experience changes in behavior in carrying out daily activities. The higher the education of the community, the better the behavior and increased insight into the ownership of healthy latrines (Azwar, 2003).

The head of the family has low education because of the low economic condition so that many family heads do not continue their higher education. With this the head of a poorly educated family causes a lack of insight which has an impact on the lack of awareness of the head of the family on the health of their environment. Most of the family heads do not know about the requirements of healthy latrines that are in accordance with health standards, so respondents only prioritize ownership of latrines but do not consider whether the latrines are healthy or not.

Economic Status

The results of research on the frequency distribution of the economic status of respondents about healthy latrines in the community RT 01 / RW 05 Kedoya Selatan Village in 2019 showed that of the 51 respondents, the highest proportion was respondents who had a low economic status of 39 respondents (76.5%). This is in line with research conducted by Novitry et al. (2017) that families who do not have healthy latrines with low income are 39 (63.3%). Economic factors that are still low cause respondents not able to build latrines that meet the criteria of healthy latrines and those with low incomes have less participation in environmental health, because for them survival is more important than taking new breakthrough steps with unclear results.

Indonesia's economic level can be seen from the family income. The average labor income (wages / salaries of workers / employees / employees) in Indonesia is Rp.2,650,000 million per month, while for the Jakarta UMP in 2019 is Rp3,940,000 per month (DKI Jakarta Governor, 2019). Economic ability to provide or provide health facilities to support healthy behavior. The small income and the low level of welfare makes the population weaker to have a quality house that is in the decent category. The condition of houses and healthy residential environments is generally characterized by defecation systems, especially the ownership of family latrines (Suyanto, 2018).

Many family heads have low economic status because there are still many family heads who work odd jobs and work in 1 (one) place and salary under the Jakarta UMP, and the head of the family owns a small shop that has uncertain income. And also many family heads who have low education and lack experience and skills so that to get the right workers and large salary is very difficult, so the head of the family has difficulty building healthy latrines because building a healthy latrine requires a Rp. 5,000.00.00 (five million) while the monthly income from the head of the family is brought by the Jakarta UMP, so that there are still many family heads who have not been able to build healthy latrines that are in accordance with health requirements.

Community Figure Support

The results of research on the frequency distribution of respondents 'community leaders' support on healthy latrines in RT 01 / RW 05 Kedoya Selatan Village in 2019 showed that the highest proportion of support figures of community leaders was 45 respondents (88.2%). This is in line with research conducted by Erlinawati (2009) that supports community leaders for families who do not have healthy latrines (39.6%) with support from community leaders, families who do not have healthy latrines can get information about environmental health so that the community want to behave clean and healthy life, among them is to use the latrine as a means of defecating the family both mili alone, together and public toilets.

According to Notoatmodjo (2007), community leaders are role models of behavior, including health behavior. Therefore they must have positive attitudes and behaviors and are encouraging or reinforcing healthy behaviors in the community, such as environmental health behavior that is building healthy latrines to manage the disposal of feces (Muslimin, 2015).

Based on the results of the interview, it is known that respondents saw the support of good community leaders. This is because according to respondents community leaders always coordinate and give advice to the head of the family to build a healthy latrine and can behave in a clean and healthy life. And also support in the form of counseling or providing information about healthy latrines and an appeal not to defecate carelessly. But there are still those who do not have healthy latrines because the economic income of the household head is low so they cannot build healthy latrines and there is no land available to build healthy latrines.

CONCLUSION

1. The frequency distribution of respondents' knowledge about unhealthy latrines in the community RT 01 / RW 05 Kedoya Selatan Village in 2019 showed that of 51 respondents, the highest proportion of respondents who had good knowledge were 38 respondents (73.5%).
2. The frequency distribution of respondents' attitudes about unhealthy latrines in RT 01 / RW 05 South Kedoya Village in 2019 showed that of 51 respondents, the highest proportion was respondents who had good attitudes as many as 20 respondents (39.2%).
3. The frequency distribution of respondents' education about unhealthy latrines in RT 01 / RW 05 Kedoya Selatan Village in 2019 showed that of the 51 respondents, the highest proportion was respondents who had higher education as many as 18 respondents (35.3%).
4. The frequency distribution of respondents' economic status about unhealthy latrines in RT 01 / RW 05 Kedoya Selatan Village in 2019 showed that of the 51 respondents, the highest proportion was respondents who had high economic status as many as 12 respondents (23.5%).
5. The frequency distribution of support from community leaders regarding unhealthy latrines in the community RT 01 / RW 05 Kedoya Selatan Village in 2019 shows that of the 51 respondents, the highest proportion of those supporting the support of high community leaders was 45 respondents (88.2%).

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