

## Community-Based Total Sanitation Health Promotion Strategy in Kebaman Village, Srono District, Banyuwangi Regency

### ABSTRACT

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Sanitation is an important study because it is one of the fundamental aspects of human rights and has a broad impact when sanitation development is neglected. The problem of sanitation is not just a matter of building sanitation facilities and infrastructure but a problem of community hygiene. The purpose of this study is to describe the strategy of promoting community-based Total Sanitation (STBM) health in Kebaman Village, Srono District, Banyuwangi Regency. This research is a qualitative study and was carried out on 1-27 July 2019 in Kebaman Village, Srono District, Banyuwangi District. The subjects of this study were all who were involved in this study including the main informants namely youth clubs, community leaders, and CBTS cadre and triangulation informants from Kebaman Village residents and PKM Kebaman sanitarians. Data collection in this study uses interview guidelines with semi-structured questions using mobile media to record and document. The results showed that the commitment to the implementation of the STBM program in the village of Kebaman had not been maximized as a whole because socialization and coordination to those who could support the implementation of the STBM program had not been fully carried out maximally and community empowerment of the STBM program through triggering had never been carried out. reaching all levels of society so there is a need for socialization and coordination with cross-sectoral and cross-program collaboration.

**Keywords:** Health Promotion Strategy, STBM

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## INTRODUCTION

Health is a very basic human need. In the 1945 Constitution health is one of the important elements in achieving public welfare which is then manifested in the form of sustainable national development. This is also in line with the third point in the Sustainable Development Goals initiated by the United Nations Development Program (UNDP), which is ensuring healthy living and promoting welfare for all ages (Osborn et al., 2015). Sanitation is an important study because it is one of the fundamental aspects of human rights of the community and has a broad impact when sanitation development is neglected. The achievement of sanitation in our country which is not yet complete becomes a big challenge in the post-Millennium Development Goals (MDGs) era. Moreover, the target of 100% achievement of universal access to sanitation in 2019. A comprehensive strategy in implementing alternative solutions to these problems is very meaningful (Indriyani et al., 2016).

The community has huge potential in sanitation management, but so far their participation has not received proportional attention from the government. The community is expected to be able to recognize problems related to sanitation of their homes and environment, plan activities, carry out in collaboration with various parties, as well as evaluate and develop program activities independently. Meanwhile, the implementation of the sanitation program is also expected to be participatory, without having to wait for "orders" from the government (PPSP, 2014). STBM as one of the strategies that involve the total community participation in sanitation development needs to be included in the Regency / City Sanitation Strategy (SSK) document.

Based on the data of the health profile of Banyuwangi Regency in 2014 that of the total number of villages and kelurahan in Banyuwangi Regency were 217 villages / kelurahan, 132 villages / kelurahan had already implemented STBM, in this case what was meant was that the village had triggered at least 1 hamlet, had a team community work / Natural Leader, and have a follow-up plan for Total Sanitation. A total of 29 villages / kelurahan are villages with Stop BABS (SBS), which are villages with 100% population accessing healthy latrines. However, in Banyuwangi District does not yet have a village that has reached 100% of the population implementing the 5 pillars of STBM (Desa STBM).

This is certainly a motivation for the whole community together with health workers to commit to realize the STBM village. STBM is a participatory approach that invites the community to analyze their sanitation conditions through a triggering process, so that the community can think and take action to leave their bowel habits that are still open and arbitrary. The approach taken in STBM caused horror and shame to the community about the condition of their environment. Through this approach awareness of the very unclean and uncomfortable conditions caused. From this approach it can also be realized that sanitation (the ability to defecate in any place) is a common problem because it can have implications for all communities so that the solution must also be done and solved together.

The measurement indicator here is not only from the ownership of the toilet, but also the ownership of a healthy toilet, of course. The ownership of a healthy toilet will minimize the number of disease events, especially diseases that are transmitted due to bacteria, viruses and parasites, all of which can be triggered from the ownership of an unhealthy toilet, healthy toilets will be more easily accessed by the causes of the diseases mentioned above.

Based on data from the Banyuwangi Health Office in 2016, the achievements of villages that have been declared as ODF villages (open defecation free) are still not optimal, out of 217 in Banyuwangi, 104 villages have implemented declarations as ODF villages (open defecation free) or SBAS (stop dumping) open defecation). The results of the Progress Access Report in Srono Sub-district in 2017, out of 10 villages in the sub-district there are 1 village that has not been declared ODF (open defecation free), namely Kebaman village with the highest number of households among other villages, out of 7141 households as many as 71.85% who have permanent healthy latrines, 0.69% have semi-permanent healthy latrines, 6.39% sharing latrines, 21.09% still defecate openly. From the results of the preliminary study, the cause or constraints of the village of Kebaman have not yet reached ODF is due to the behavioral factors of the community, besides that geographical factors are also a contributing factor, especially residents who live close to the river flow and also the distance of houses that are close together, so residents are not if you want to have to build septic tank because it will demolish the house building. While for the achievement of 5 STBM pillars, only 1 pillar has been achieved, namely the

ODF pillar, and the other 4 pillars have not been achieved because of the lack of health workers in the program, especially sanitarians. Based on preliminary studies that have been carried out and according to the available data it is necessary to conduct a more in-depth study of community-based total sanitation health promotion strategies (STBM in Kebaman Village, Srono District, Banyuwangi Regency).

## METHODS

The study used a qualitative research design with a case study approach, this study intends to describe the strategy of promoting community-based Total Sanitation Health (STBM) in Kebaman Village, Srono District, Banyuwangi Regency. This research was conducted on 01-27 July 2019 2019 in Kebaman Village, Banyuwangi District. Data collection in this study uses the interview method with semi-structured and in-depth questions. The tools used in the form of field notebooks and mobile phones are then documented in the form of transcripts. In this study the source of the data was obtained from research subjects consisting of 7 informants consisting of 3 main informants (youth leaders, community leaders and STBM cadres) and triangulation informants (3 Kebaman villagers and 1 PKM Kebaman sanitarian). The selection of informants uses purposive sampling technique.

## RESULTS

Kebaman Village is one of the villages in Banyuwangi Regency which was established in 1987. Kebaman Village is part of the Srono sub-district with a total area of 929.33 Ha and includes a regional typology with rice fields. Kebaman Village is a village with an initial category consisting of 5 hamlets, namely Kebaman, Sukomukti, Sukomaju, Srono and Krajan. The population of the village of Kebaman is 15,703 with a total of 5,300 households.

The population in the village of Kebaman that uses healthy latrines is only 5871 and most of them use goose neck latrines. For the amount of food management according to sanitation hygiene status, there are 10 schools that have implemented it while for TPM there are 6 places and for those who use clean water facilities a number of 5625 with water sources come from dug wells. In the Kebaman Puskesmas area, there is no public MCK

No	Name of the informant	Gender	Profession
1	informant 1	Man	Pensioners / community leaders
2	informant 2	Man	Student / Chairperson of Youth Organization
3	informant 3	Women	Housewife / Cadre
4	Triangulasi 1	Women	Sanitarian Puskesmas
5	Triangulasi 2	Women	Villagers
6	Triangulasi 3	Women	Villagers
7	Triangulasi 4	Women	Villagers

Policies related to STBM in the village of Kebaman partially informants that it never existed, but to appeal to people who live near the river not to throw anything into the river. In addition, a puskesmas committee was formed which involved community and religious leaders and subsequently the committee was not active until now. The following is an interview excerpt from the informant:

"All this time, as far as I know, there has been no notification from the village about this problem. If from the puskesmas the community leaders and religious leaders were gathered to form a puskesmas committee, I as the chair of the puskesmas committee after that was not active, if there was an appeal, the village head once gave a letter to the household / rw who is close to being flowed by the river so as not to throw something into the river and I broadcast it in the mosque. " (I-1 Triangulation Informant)

Whereas the prohibition of open defecation informants said there had been a policy but it was not supported by strict regulations, information was only conveyed to citizens individually and delivery was not through community leaders or religious leaders, for people who do not have latrines / toilets would later be given assistance in the form of a toilet / toilet.

"... we only listened but were not involved, the information was from the community, if we were not allowed to defecate randomly, later a toilet would be provided, but it was not directly involved, not involved because from the village there was no program, if there was involvement, I was involved as I health center committee and also as community leaders in kebanaman village. "(Informant triangulation)

Commitment to the STBM program is an agreement made between the community and health workers to realize the achievement of the STBM program in the Kebaman Village area. For the commitment of the STBM program in the village of Kebaman, there has not been a maximum agreement made either in written or non-written form. "Until now we have not heard of that commitment, and have never been involved, the news does not exist whereas my environment is that many people defecate in the river, the mosque river, north of the river, south of the river, so many are in the river, obviously washing clothes, bathing and pooping in the river. " (Triangulation informant)

While the commitment to the STBM program in Desa Kebaman has been carried out by the Puskesmas in cross-sectoral programs, the commitment is in the form of verification of commitment data signed by the Polsek, Desa, Danramil, the Head of the Puskesmas, community leaders, religious leaders.

"Verify the data so there is the police chief, the Camat signs a commitment that the community is invited to a program that is still focused on ODF only." (Informant triangulation)

The source of funding for the implementation of STBM in Kebaman Village should be from the village budget or if there was a program that was actually implemented, some informants said if they only knew there was toilet assistance and had never known about the funding source for the STBM program.

"If STBM is supposed to be from there, it seems like it doesn't exist, we take part in the musrenbangdes, it's physical development, miss, so for empowerment we are fighting for, for example, in Karang Taruna 1 period, 1 year musrenbangdes we propose 7 program contents. empowerment, while the other groups are divided into 5 groups if it is not wrong agriculture, education, health and empowerment are the same so all are focused on physical. " (Informant triangulation)

In the implementation of the STBM program in Kebaman Village, not all pillars have been fully implemented, but they are still focused on just one pillar, namely about ODF or open defecation. Related to the presence or absence of funding problems for the STBM program, some informants said that there were no obstacles, other informants said there were no funding problems because they never knew the problem of whether there were funds for the STBM program.

"Because there are no funds, there are no obstacles." (Informant triangulation)

Support from community leaders regarding the implementation of STBM in all villages will support if the program is fully socialized while also involving all community leaders as a whole. The following is an interview excerpt from the informant:

"If I know, I will hear and be involved, God willing, I will support it very much. This program is very good for public health, this program has not been socialized to the community. " (Triangulation informant)

There is no special place or shop that provides latrines to make it easier for the community to get a toilet, but if there are many building shops or stores that provide latrines in the Kebaman village area. "If there is no building shop that sells government-specific latrines. The distance is not far from the building shop if the shop sells latrines. (Triangulation informant)

The realization of the STBM program is inseparable from the precise way of delivering the program to various parties, in the village of Kebaman the delivery of the STBM program has not been implemented comprehensively to various parties, this can be seen from the small number of parties who know about the STBM program or only certain parties. only those who know about the STBM program. "If not from community leaders to the community, but my opinion is good that community leaders are encouraged to convey to the community in meetings, often holding meetings such as recitation, village deliberations that are often included in the recitation, it can be inserted, conveyed if the figures The community is involved in this to convey the STBM programs, community leaders come directly to the community and invite the household right. " (Triangulation informant)

Training in the STBM program plays an important role for the realization of this program, it aims for various parties, especially the community to be independent, in addition to the training provided aimed at triggering the basic community to live clean and healthy. In the area of safety training on the STBM program has not been conducted to the community

"not available. because there is no program. " (Triangulation informant)

For the community empowerment of the STBM program in the kebanan village, it involved the community but not all of them were involved in addition to the community but also involved community leaders and religious leaders to go directly to the community.

"In my opinion, the head of the village as the leader gathers community leaders, religious leaders to gather to the community appealing or directly, not just appealing, but directly plunging into the community inviting the RT directly. it is difficult for people to defecate in the river, they have been urged, but still, what is the problem, now we need to find the cause." (Informant triangulation)

Information provided by sanitarians from the health centers in Kebaman if community empowerment in the STBM program has been carried out, even there are villages that already have the initiative to sort out trash cans at several points in front of the houses of residents even though it has not been done in each house. The following is an interview excerpt from the informant:

"We start from counseling, then give examples to the community and thank God for the past year, we have used the second pillar for Sukomaju village area, this is an initiative from the results of counseling from the village itself, has an initiative to build a trash bin, so the community near his house is not each house, but how many meters are made of waste segregation between garbage and dry, from the initiative village to make a trash bin, but if the community has not." (Triangulation informant)

## DISCUSSION

### Community Based Total Sanitation Advocacy Strategy (STBM)

Advocacy is an approach and motivation towards certain parties which are calculated to support the success of PHBS development both in material and non material aspects (Notoatmodjo, 2005). Efforts to apply punishment from the Tirto sub-district to achieve ODF sub-district for the offender who drains faeces into the river (Indriyani, 2016)

From the results of the study, it was found that in the implementation of STBM in the village of Kebaman there were no policies governing the implementation of the STBM program in the village of Kebaman but only in the form of appeals to the community not to throw garbage and carry out activities such as bathing, washing and toilet in the river. Regulations regarding the implementation of STBM are only issued from the Banyuwangi District Health Office, coordination in the implementation of the STBM program has been carried out by the Kebaman village health center, but only to the village office regarding the implementation of the program. There is no clear information yet. There is no policy from the local village for the STBM program.

"All this time, as far as I know, there has been no notification from the village about this problem, if from the puskesmas the community leaders and religious leaders were gathered to form a puskesmas committee, I as the chair of the puskesmas committee after that was not active" (Informant triangulation).

Policies or regulations in implementing a program are very important, therefore the involvement of leaders in an organization is needed. Advocation is defined as an effort to approach (approach) to others who are considered to have an influence on the success of a program (Notoatmodjo, 2012).

Community development by cadres related to the STBM program in the village of Kebaman has not yet been fully implemented, this is due to the limited number of cadres who focus on the STBM program, whereas in this role participation plays a big role namely fostering the community to realize the STBM program. The main factor is the limited human resources for the environmental health cadres, because so far the cadre also doubles as a Posyandu cadre, this is in accordance with what the informant revealed: there, while my environment is a lot of people who defecate in the river. The river of the mosque is next to the river, the south is also a river, so that many are rivers, which are obviously washing clothes, bathing and defecating in the river" (Informant triangulation).

The funds for implementing STBM in the village of Kebaman come from the APBD and in the form of physical goods or in the form of toilet materials, this is in accordance with what the informant revealed. Taken from the musrenbangdes meeting, after that it was in the musrenbangcam, then the musrenbangkab was then submitted to the local government / district government. The source of funds from the APBD for this year is proposed to get 30 packages, 1 package, how much is it ... it is in the form of goods or physical or toilet materials and is focused on odf " (Informant triangulation) while there are obstacles to the source of funding for STBM implementation as well. no, it's just that the



distribution of each region follows the statement from the informant "if the disbursement, we propose 30 liquid 30, but it's time to rotate, and not obstacles" (Informant triangulation). The availability of funds is one factor in the running or failure of a program, in the context of promoting health support in the form of funds is informal advocacy (Notoatmodjo, 2012).

In the implementation of the STBM program in the village of Kebaman there was support from local community leaders which involved village officials including the statement from the informant "there was, involved RT, RW, kasun, babinsa" (Informant triangulation), but one community leader outside the village conveyed if you don't feel involved in implementing the STBM program following a statement from the informant "If I know I heard and I was involved, God willing, I will support it very much, this program is very good for public health" (Main informant).

Support of community leaders is the support obtained from interpersonal relationships that refer to pleasure, calmness, assistance, benefits, in the form of verbal information received by a person or community from community leaders that can have an effect on one's behavior. Community leaders are role models for the community so that in addition to suggestions, community leaders must also provide examples of behavior that can be followed by the community (Azwar, 2009).

The responsible STBM or STBM facilitator in the village of Kebaman is still fully given to active Posyandu cadres, this should not be the case because the activity will not be focused on, it is necessary to add facilitators who are only assigned to become STBM facilitators. The following is the statement of the informant "Here is the person responsible for this. Our village head assigns an active posyandu cadre, each of our villages has a CBF cadre who is responsible for STBM. 1 village 3 people so there are 9 people ". (Triangulation informant).

There is no special place or shop that provides the community to get latrines because in addition to the lack of initiative from the community for self-funding of the STBM program, building shops that provide toilet materials are easily accessible by the local community, following an informant's statement "There is no special shop , assistance from the government directly to the village, directly from the CV designated by the health department. "(Informant triangulation). There is a special place to get latrines so that the community does not wait too long to see latrine assistance being rotated by each region. Facilities and infrastructure that includes specific places to get latrines is very important to support the success and smoothness of a program that is the STBM program.

### **Strategy for Community-Based Total Sanitation Development (STBM)**

The implementation of the STBM program in the village of Kebaman included coordinating with various parties including the village head, hamlet head and babinsa, following the statement from the informant "First to the village head, then to Kasun then Babinsa" (Informant triangulation). This can be concluded that if the coordination of the implementation of the STBM program in the village of Kebaman has not involved many parties for coordination, the more parties involved and invited to coordinate will facilitate and accelerate the achievement of a program.

For the socialization and training activities of the STBM activities in the village of Kebaman, it was conducted at the time of the Posyandu only and no training had been carried out in any form for the implementation of the STBM program. it is indeed difficult. Submission was also carried out at Posyandu, an elderly meeting. Every time there is an activity, the delivery of focus is every February and August "(Informant triangulation). Developing a public atmosphere is carried out by the community through the use of existing communication media, for example radio, TV, newspapers, magazines, websites in this case the mass media who care and become supporters in health programs that are being implemented or introduced (Solang, Losu and Tando , 2016: 66-68).

STBM training in the village of Kebaman has never been done to the community or even to cadres. The following is an excerpt from the interview with the informant "No training" (Informant triangulation).

### **Community Based Total Sanitation Empowerment Strategy (STBM)**

The form of empowerment to the community in the implementation of the STBM program in the village of Kebaman is still in the form of counseling only by the puskesmas in the region, not yet done through triggering methods, but the results of the counseling have given initiatives to the village by

making garbage bins by distributing dry and wet garbage, from the community. I haven't had any initiative. The following is the statement of the informant "We started with counseling, then gave examples to the community, thank God for the past year, we have used the second pillar for the Sukomaju region to carry out initiatives from the results of extension, from the village itself has the initiative to build a trash can, so the community near his house that is, not every house, but every few meters a waste sorting is made between wet and dry waste, from the village of initiative to make a trash bin, but if the community hasn't yet "(Informant triangulation).

Triggering is a way to encourage changes in the hygiene and sanitation behavior of individuals or communities of their own awareness by touching the feelings, mindsets, behaviors and habits of individuals or communities (Kemenkes RI, 2014). Community empowerment is an effort to promote health. Empowerment of a process of providing information to families or groups and individuals continuously and continuously by following the development of the community, as well as the process of helping the community so that the community changes from being ignorant to being aware of or aware of and from knowing to being willing and from wanting to be able to carry out the program health introduced (Solang, Losu and Tando, 2016: 59-64).

## CONCLUSION

The Community-Based Total Sanitation Program (STBM) in Kebaman Village has not been carried out optimally, this is due to many factors. In terms of policies or regulations in the implementation of the commitment is only limited to the village apparatus while the regulations have not been implemented properly so that the STBM program has not fully encroached on the whole society.

In terms of community development, in this case there is still a need for socialization and coordination with those who support the implementation of the STBM program because it has not been fully implemented because it is still limited to being implemented only at Posyandu or PKK meetings. There should be routine activities such as triggering that can be implemented.

Community empowerment in the STBM program through triggering has not yet been carried out so there is no community involvement in the program due to the limitations of sanitarians in the Puskesmas. However, efforts have been made by the village, Puskesmas and local governments to realize the STBM program as a whole including the availability of subsidies latrine materials from the APBD funds which are given in stages and the support of the community to be directly involved in the STBM program

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