

THE RELATIONSHIP OF KNOWLEDGE AND SUPPORT OF HEALTH WORKERS WITH THE ACHIEVEMENT OF LATRINE USING IN TIRAWUTA SUB-DISTRICT, EAST KOLAKA DISTRICT

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Abstract

Background: Based on interviews with 20 families who live in Tirawuta District, it was found that 11 people (55%) had never received counseling from health workers about the importance of using healthy latrines, 5 people (25%) could not provide latrine facilities, and 4 people (20%) said that for latrine needs, the mosque is located next to the house. The purpose of this study is to understanding the relationship of knowledge and health worker's support with latrine using in Tirawuta Sub-District, East Kolaka District.

Methods: The research used quantitative method through a cross sectional study approach. The population of this study were all of the household heads who live in Tirawuta Subdistrict, Kolaka Timur Regency, namely 3,964 heads of households. A sample of this study were 94 people with a sampling technique using cluster random sampling.

Result: Based on the results of the X^2 statistical test count = 36.191 > X^2 Table = 3.481 and the value $\phi = 0.620$ which means that H_0 is rejected and H_a is accepted, it means that there is a relationship of knowledge to the achievement of access to latrine use. X^2 count 20,821 > X^2 table 3,481 and the value $\phi = 0.471$, which means that H_0 is rejected and H_a is accepted, thus there is a relationship between support from health workers and the achievement of access to using latrines in Tirawuta Subdistrict, Kolaka Timur Regency.

Conclusion: There is a relationship between the knowledge and support of health workers and the performance of using latrines in Tirawuta Subdistrict, Kolaka Timur Regency.

Key words: *Knowledge, Support, Health worker, Latrine.*



INTRODUCTION

Health problems in Indonesia are still marked by high rates of morbidity and mortality from environmentally based diseases. This condition is often found in rural areas. Diseases related to water and the environment, especially diarrheal diseases, are still endemic and constitute an unfinished health problem(1).

Environmental health is a global issue in the International Sustainable Development Goals (SDG's) Program since 2015 as stated in the 6th pillar, namely the Clean Water and Sanitation Program. Sanitation is a process to maintain a place to be clean and hygienic, especially the availability of clean water, solid and liquid waste systems(2).

The difficulty of clean water and sanitation occurs in 663 million people worldwide which results in an increase in the incidence of infectious diseases(3). Inadequate sanitation, poor hygiene practices, overcrowding, increasing demand for clean water and contaminated water at the same time can create unsanitary conditions, especially in urban slum areas.(4). Lack of clean water due to fecal pollution is a health problem and affects the morbidity rate of diseases caused by water borne diseases, for example rotavirus, which is found in human feces and infects through water sources.(5).

The environment, both in terms of physical, cultural and social factors, mediates the incidence of infectious disease rates(6). It is in line with the theory of Hendrik L. Blum that health status is influenced by 4 factors, namely environment, behavior, health services and genetics(7), Environmental and behavioral factors are interrelated factors and have a bigger role in influencing health status. The increase in population and the habitual patterns of each area means that sanitation is not sufficiently resolved with a technological approach, but requires ecological, social and cultural approaches. Sanitation through a social approach that

involves providers, technicians and user behavior is an effective approach in changing sanitation behavior for the better(5).

In changing the behavior and attitudes of the community, one way to do this is through the approach, namely Community-Based Triggering of Total Sanitation, which is expected to be able to change the mindset and lifestyle of the community towards a better direction. If in 2016 the percentage of villages implementing Community-Based Total Sanitation nationally was only around 26.49%, in 2017 it increased to 33.62%. In general, these achievements are still considered low, but the progress is quite good if they can be maintained constantly. If in 2016 there were only 2 districts in Indonesia with a percentage of villages implementing Community-Based Total Sanitation above 70%, in 2018 the four districts had reached above 80%. The provincial average is still relatively low at 31.72%. However, the above achievements are not sufficiently positively correlated with the decrease in the percentage of villages stopping open defecation. Community life behavior is measured by the number of households behaving clean and healthy in the previous year. In general, the percentage of households with a clean and healthy lifestyle between districts / cities in Southeast Sulawesi is only separated by a relatively thin margin. except for South Buton Regency, which was the best district in Southeast Sulawesi in 2018, with the number of households having a clean lifestyle almost reaching 83%. Another area that is approaching is North Kolaka with 70%, the others are still below this achievement, the Provincial average reached 48.77%, lower than the previous year which reached 52.12%.

Community-Based Total Sanitation data in East Kolaka District. Triggering has been carried out in all villages / wards, totaling 133 villages / wards. It is hoped that with triggering, people can behave in a clean and healthy life. On average, from



each village that was triggered by Community-Based Total Sanitation, only a few people were interested in making family latrines. This is because there are still other needs that will be financed, besides that the community is still accustomed to stimulants from the Government.

METHOD

The research used quantitative method with a cross sectional study approach. The research was conducted between October to November 2020. The population of all family heads who live in Tirawuta Subdistrict, Kolaka Timur Regency is 3,964 households and a sample of 94 people with a sampling technique using cluster random sampling.

RESULT

Table 1 is known that 20 respondents (21.3%) have good knowledge, 18 respondents (19.1%) have sufficient knowledge and 56 respondents (59.6%) are in the poor category.

Table 2 is known that the respondents who have good family support are as many as 39 respondents (41.5%) with the less category totaling 55 respondents (58.5%).

Table 3 is known that there are 20 respondents who have good knowledge, consisting of 18 respondents (19.1%) who have access to latrines in the good category and 2 people (2.1%) in the poor category,

while the sufficient knowledge category is 18 respondents. consisted of 10 respondents (10.6%) having access to latrines in the good category and 8 people (8.5%) in the poor category. Then the category of poor knowledge amounted to 56 respondents consisting of 9 respondents (9.6%) having access to latrines in the good category and 47 people (50%) in the poor category. Based on the results of statistical tests with $X^2_{count} 36.191 > X^2_{Table} 3.481$ and the value $\phi = 0.620$, which means that H_0 is rejected and H_a is accepted, thus there is a relationship of knowledge with the achievement of access to latrine use in Tirawuta District, East Kolaka Regency.

Table 4 is known that there are 39 respondents who have sufficient support from officers, consisting of 26 respondents (27.7%) who have access to latrines which are in good category and 13 people (13.8%) are in poor category, while support from officers is in the less category 55 respondents consisting of 11 respondents (11.7%) had access to latrines in the good category and 44 people (46.8%) in the poor category. Ber based on the results of statistical tests with $X^2_{count} 20,821 > X^2_{table} 3,481$ and the value $\phi = 0.471$, which means that H_0 is rejected and H_a is accepted, thus there is a relationship between support from health workers and the achievement of access to using latrines in Tirawuta Subdistrict, Kolaka Timur Regency.

Table 1

Distribution of respondents based on knowledge

| No. | Knowledge | amount | Persentage (%) |
|--------------|-----------|-----------|----------------|
| 1 | Good | 20 | 21.3 |
| 2 | Enough | 18 | 19.1 |
| Total | | 94 | 100 |

Table 2
Distribution of Respondents Based on Officer Support Tohealthy

| No. | Officer Support | amount | Persentage (%) |
|--------------|-----------------|-----------|----------------|
| 1 | Good | 39 | 41.5 |
| 2 | Less | 55 | 58.5 |
| Total | | 94 | 100 |

Table 3
The relationship of knowledge to the achievement of access to latrine use in Tirawuta District, East Kolaka Regency

| No. | Knowledge | <i>Latrine use</i> | | | | Total | % | <i>Statistic</i> |
|--------------|-----------|--------------------|-------------|-----------|-------------|-------|-------------|-----------------------------|
| | | Baik | | Less | | | | |
| | | n | % | n | % | | | |
| 1 | Good | 18 | 19.1 | 2 | 2.1 | 20 | 21.3 | X ² hit = 36,191 |
| 2 | Enough | 10 | 10.6 | 8 | 8.5 | 18 | 19.1 | X ² tab = 3.481 |
| Total | | 37 | 39.4 | 57 | 60.6 | 94 | 100 | φ = 0.620 |

Table 4
Contactbro, the support of health workers with the achievement of access to toilet use in Tirawuta Subdistrict, Kolaka Timur Regency

| No. | Officer Support | <i>Latrine use</i> | | | | Total | % | <i>Statistic</i> |
|--------------|-----------------|--------------------|-------------|-----------|-------------|-------|-------------|-----------------------------|
| | | Baik | | Less | | | | |
| | | n | % | n | % | | | |
| 1 | Enough | 26 | 27.7 | 13 | 13.8 | 39 | 41.5 | X ² hit = 20,821 |
| 2 | Less | 11 | 11.7 | 44 | 46.8 | 55 | 58.5 | X ² tab = 3.481 |
| Total | | 37 | 39.4 | 57 | 60.6 | 94 | 100 | φ = 0.471 |

DISCUSSION

The relationship between knowledge and the achievement of access to latrine use in Kecamatan Tirawuta, East Kolaka Regency

Knowledge is the result of human sensing, or the result of someone knowing about objects through the senses they have (eyes, nose, ears, and so on(8). Knowledge occurs after observing or sensing an object. Sensing of an object occurs through the five human senses, namely sight, hearing, smell,

taste, and touch. Most of the knowledge is acquired through the eyes and ears(9).

From the research results, it can be seen that the respondents who have good knowledge are 20 respondents consisting of 18 respondents (19.1%) which is indicated by the respondent's statement that the latrine is a room that has sewage disposal facilities, the benefit of a latrine for the family is to protect pollution. Regarding water supply, respondents also said that toilets that meet health requirements have a saptic tank and clean water available.



Then the category of insufficient knowledge amounted to 56 respondents who had access to toilet use, in the category of less than 47 people (50%), namely did not have a latrine and defecated in any place, in the yard of the house and public toilets.

Knowledge was also obtained from respondents' statements that they did not know the environmental hazards caused by not using latrines, the distance between the feces collection and clean water sources and the relationship between diarrhea and toilet ownership.

The results of this study are consistent with previous research which explained that knowledge affects the level of latrine utilization properly. This is because knowledge influences a person to take an action or decide which action they will take. If someone has a good knowledge about the meaning, benefits, uses, and types of latrines, then the action to use latrines will work well, and vice versa.

The results of previous research also explain that knowledge affects the level of latrine utilization properly. The results of other studies suggest that knowledge is one of the driving forces for a person to change behavior. Thus, it can be said that a person's knowledge of latrines will determine his behavior in defecating(10).

The relationship between the support of health workers and the achievement of access to latrines in Tirawuta Subdistrict, Kolaka Timur Regency

The health task force believes that health problems, in this case low use of latrines, can only be avoided if people change their personal habits or change their behavior to always use the latrine when defecating. However, efforts to change the behavior of the community, especially families, often fail because of the conditions faced by the community or family in their lives, such as poverty, lack of clean water, and adequate toilets.

Role is something that is expected from someone in certain social situations in

order to meet expectations(1 1) . The role of health workers is an activity expected of a health worker who provides health services to the community to improve the health status of the community(12).

From the table above, it can be seen that the respondents who have sufficient support from officers are categorized as 39 respondents consisting of 26 respondents (27.7%) who have access to the use of a latrine which is in the good category, which is indicated by the respondent's statement that the respondent has received counseling about the use of a family latrine from the officer. health workers, health workers have visited the respondent's house to see the latrine sanitation and provide counseling on the use of family latrines, and health workers have advised the community to build family latrines.

Respondents with sufficient support from officers but with insufficient access to latrines were 13 people (13.8%) who were indicated by the statement that they did not have a latrine and defecated in any place, in the yard of the house and in public toilets.

The support of staff in the under-category numbered 55 respondents which was indicated by the respondent's statement that the respondent had never received counseling on the use of family latrines from health workers, health workers had never visited the respondent's house to see latrine sanitation and provided counseling on the use of family latrines, and health workers never advised the community to build a family toilet

The function or role of health workers is to foster community participation in order to increase the ability to live healthily. In terms of using latrines, the activities carried out by health workers include providing regular counseling about the benefits and conditions of healthy latrines, as well as providing guidance to the community to increase awareness and the community's willingness to own and use a family toilet. Even though health workers are trusted by



the community, they are usually not part of the community in the area.

The use of latrines will not materialize if the community has not yet formed a belief in the benefits of this behavior(13). If the intensity of counseling is not continuous or not enough to form confidence, then the role of officers has not been able to form public confidence in changing latrine use behavior.

CONCLUSION

There is a relationship between the knowledge and support of health workers and the performance of using latrines in Tirawuta Subdistrict, Kolaka Timur Regency. So that for the related parties, in this case the local government to continue to improve the community's healthy sanitation development program, such as providing stimulant latrine assistance.

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