



Open Defecation Free (ODF) is One Urgent of the Community-Based Total Sanitation Programs in Abeli Primary Healthcare, Kendari

Syefira Salsabila¹, Rizki Eka Sakti Octaviani², Rahman³, Maryam Iskandar⁴, Rahmatia⁵

¹⁻⁵ Faculty of Public Health, University of Halu Oleo, Kampus Hijau Bumi Tridharma, Anduonohu, Kambu, Kendari City, Southeast Sulawesi, 93232

Email: syefira.salsabila@uho.ac.id

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ABSTRACT

The Community-Based Total Sanitation (STBM) Program in Indonesia is one of the efforts to overcome sanitation problems. The relationship between sanitation and stunting is that poor sanitation causes some of the most severe diseases that can lead to chronic bacterial infections that make nutrients challenging to absorb. This condition usually reduces appetite, resulting in lower nutrient intake and diverting energy for growth to fight off the body's resistance to infection. This study aimed to determine the implementation of ODF in the area. This study uses a qualitative descriptive method using an empirical approach. This research was carried out in the working area of the Abeli Health Center, Kendari City, from May to June 2021. This study explains that employees have tried to implement government regulations regarding this ODF by referring to the rules of the mayor of Kendari. Employees at the Puskesmas always socialize this ODF in collaboration with the local headman and cooperation within the Bappeda Kendari. This coordination is carried out in the program to eradicate open defecation, especially in coastal areas. The government highlights this activity to achieve the target of the Healthy City. So that in 2019 all regions of Kendari City received the ODF declaration. The success of the program is attributed to good teamwork and support from several sectors, including the primary health center, the community, and the local government.

Keywords Open Defecation Free, Sanitation, STBM

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INTRODUCTION

National data for the Community-Based Total Sanitation (STBM) profile in Indonesia until 2021 shows there are still 20.30 million people who defecate openly (BABS) out of 287.72 million people. There are five pillars in STBM, one of which is Stop Open Defecation (SBABS). Open defecation-free (ODF). This behaviour at least cultivates community behaviour in healthy defecation so that it can break the flow of contamination of human waste as a source of disease (Peraturan Menteri Kesehatan No. 3 Tahun 2014 Tentang Sanitasi Total Berbasis Masyarakat (STBM), 2014)

In the research of Zairinayanti and Purnama Rio (2019), it is stated that there is a relationship between sanitation and hygiene with the incidence of stunting (short toddlers). The low quality of food and sanitation is in line with the infection frequency, so it can interfere with growth. Stunting can occur from the start of the fetus is still in the womb and only appears when the child is two years old. Where the condition of hygiene is critical to support the intake of healthy food and drinks for children (Purnaweni, 2018)

Kendari City consists of 10 sub-districts and consists of 64 villages that run the ODF program. Of the ten sub-districts in Kendari City, two are concerned with the program, namely Abeli and Puuwatu Villages, from the side that still defecates openly. In Puuwatu, there are 945 families out of 5,976 families (20.28%), and in Abeli, there are 628 families from a total of 5463 families (11.26%). The Puuwatu area has already declared the ODF declaration earlier than the area in Abeli.

This study aimed to determine the implementation of one of the Community-Based Total Sanitation (STBM) programs, namely Open Defecation Free (ODF), in the current era of regional autonomy. This study analyses the active role of health workers and community leaders in implementing the ODF program in the Abeli Health Center area, Kendari City.

The novelty of this study lies in its localized focus, as it will provide an in-depth analysis of the ODF programs' implementation in a specific area and its implications within a decentralized governance context. Through this research, valuable insight can be gained, which will contribute to enhancing the effectiveness of the STBM program and achieving sustainable improvements in sanitation and public health outcomes.

METHODS

The type of research used in this study is a qualitative descriptive method using an empirical approach, namely by conducting research directly to obtain information through interviews with research informants. According to Soerjono Sukanto, descriptive qualitative research intends to provide data about humans, circumstances, or other symptoms as accurately as possible.

In this study, to assess the importance of the ODF program, it can be seen in terms of the availability of policies and implementing resources, which will describe the performance of the implementation of the ODF program at the Abeli Health Center. This research has been approved by the Ethics Research Commission of the Research and Community Service Institute, Halu Oleo University, with the ethical clearance number 1087/UN29.20.1.2/PG/2021.

RESULTS AND DISCUSSION

ODF-related regulations

So that stunting does not continue to occur, the local government has made regulations regarding ODF. This policy cannot be separated from being in charge of the health center but also from the head of the lurah and the government agency. According to the regulation, Primary health care is tasked with triggering and monitoring. Meanwhile, Bapeda will play a role in providing goods in stages through assistance from the head of the local village head.

The joint triggering conducted by program holders at the primary health care and regional headman allows for a coordinated effort in identifying areas with open defecation practices and households in need of support. This collaborative approach facilitates allocating resources and timely action to address sanitation issues. Moreover, coordination with the village head and residents ensures that the ODF program targets the right communities and households that require assistance adopting healthy defecation practices.

"In triggering, the program holders at the puskesmas will first communicate or contact the regional headman and perform joint triggering. In this case, they coordinate with each other in determining the place of implementation and the target of the head of the household to whom. Coordination with the village head and residents is crucial because it can target people who do not have restrooms, and action can be taken immediately."

"From the side of the policyholders of the health care program, apart from guardianship, there are also regulations related to STBM. In the STBM pillar number 1 is the handling of ODF."

In line with the STBM pillar 1, which focuses on handling ODF, the Abeli Health Center and local government are committed to eradicating open defecation and achieving ODF status. This dedication is supported by regional regulations, including the Governor's Governor's continual backing, which has elevated the importance of the ODF program. As a result of this sustained regional support, the Abeli Health Center successfully obtained the ODF predicate in 2019. This achievement serves as the foundation for further ODF screening and monitoring efforts.

The ongoing regional support from regulations from the Governor has brought ODF into the spotlight. So that in 2019 the Abeli Health Center received the ODF predicate. This regulation becomes the basis for implementing the ODF screening program. (Arindayu et al., 2021).

The regulations and policies governing the ODF program in the Abeli Health Center area have played a pivotal role in addressing sanitation issues and combatting stunting. The collaboration between the Puskesmas, the village head, and the government agency has been crucial in achieving success. However, it is essential to continually monitor the program's program's effectiveness and make necessary improvements to sustain the progress made. Future research should further investigate the impact of these regulations on public health outcomes, the role of community engagement, and strategies for optimizing the ODF program's program's efficiency in promoting healthier sanitation practices and reducing stunting rates.

Resources in ODF Program Implementation

The resources provided for the successful implementation of the ODF Program related to implementers, finances and time following what the informant said follows:

"...In the puskesmas, health program holders will carry out their duties as technical personnel in implementing the ODF program. Its task is to carry out triggering, monitoring and implementation. Every resource already knows the rules that apply at the central level and the mayor's regulations. Employees in the Abeli Health Center's health program have a background in environmental health. The puskesmas budget only runs from the technical side, supervision and program implementation. Meanwhile, the procurement of toilets for residents is budgeted from the budget belonging to the PU and Bappeda of Kendari City.

"...there is training from the province, perwali, that in Kendari city, there is no open defecation in any place to buy from 2015 to 2018, there have been six urban villages, and in 2019 there has been an increase of 2 villages so there are a total of 8 villages. 2020 has ODF all from 8 urban villages) Competence: there are four primary healthcare staff, only 1 is a civil servant and has competence, and three people are still under his guidance. For DIP A BOK BAK non-physical activities, BOK, from the support side".

"Puskesmas, community leaders, village heads, local communities. Through the city health office and assistance from the Bappeda, Coordination is carried out: the head of the local lurah invites an official to conduct counselling about ODF to the community, the health office discusses ODF issues with the puskesmas offline ODF, and then the agency will coordinate with the Bappeda, this is based on the fact that there are people who unable while being spurred on for ODF in a certain year so that people who do not use latrines and defecation at sea, which becomes a reference for coordination to propose to Bappeda for the procurement of seipitenk."

In this case, based on the follow-up to the Circular of the Governor of Southeast Sulawesi Province No. 413/602 concerning the Implementation of Community-Based Total Sanitation (STBM) and Minister of Health Regulation no. 3 of 2014 concerning STBM, it is instructed to all sub-districts and village heads throughout Kendari City to:

1. Calling on all residents not to open defecation.
2. Puskesmas, as the leading sector, is expected to be able to technically develop kelurahan in the implementation of STBM as well as formulate activity plans, determine activities, strategies, and work mechanisms/networks in the context of realizing sub-district areas, kelurahan free from open defecation.
3. Support and actively participate in every STBM activity and post-triggering monitoring.
4. Activities to be carried out by establishing the best possible cooperation with all relevant Regional Apparatus Work Units, NGOs or other institutions/consultants based in the City/District/Kelurahan to carry out activities related to STBM and also involve religious leaders, traditional leaders, natural leaders, community leaders, school children, youth organizations, PKK and other community elements.

5. Make an official ban by placing media boards that read, "It is strictly forbidden to open defecation for the sake of our health and environmental cleanliness, " where it is still common.
6. Carry out breakthrough efforts to accelerate the realization of ODF/SBS sub-districts and villages
7. Related parties carry out the Verification of Stop Open Defecation in Villages whose access to restrooms has reached 100% and strive for each sub-district to gradually declare and pledge areas with SBS, which can motivate other regions.
8. This instruction must be carried out correctly.

Human Resources Impact

The success of this implementation cannot be separated from the cooperation between resources (human, budget, and time). Implementing the ODF program at the Abeli Health Center has been exceptionally well fulfilled and has received full support from the government (Rusliandy & Puspitasar, 2021). Evidence of this is proven by the success of the ODF declaration at the Abeli Health Center since 2019. Human resources, including health program holders at the Puskesmas, played a vital role in triggering, monitoring, and implementing the ODF program (Nurhayati et al., 2023). Their expertise in environmental health and continuous training contributed to the program's success.

The continuous training provided to the health program holders further enhanced their capabilities and knowledge, enabling them to carry out triggering, monitoring effectively, and program implementation (Sitompul et al., 2021). This continuous professional development ensured they were well-equipped to address challenges and adapt to evolving circumstances during the program's implementation (Bogren et al., 2020).

Engagement and Commitment

The successful implementation of the ODF program can be attributed to the active participation and collaboration between health program holders and a variety of stakeholders, including community leaders, village heads, and local communities. This involvement has instilled a sense of ownership and responsibility, which, in turn, has led to increased engagement and commitment from the community (Murta et al., 2018).

Various stakeholders' engagement and commitment have proven to be pivotal for the ODF program's success. By incorporating different groups in the program's rollout, the community developed a strong sense of ownership. This sentiment bolstered engagement and commitment from community members, who became proactive in enhancing sanitation practices (Arifianty, 2017; Nurhayati et al., 2023).

Effective communication and coordination were facilitated through collaboration between health program holders and community leaders, ensuring a unified understanding and acceptance of the program's goals. Support and cooperation from the broader community were further amplified with the involvement of village heads and local leaders (Madon et al., 2018; Wasonowati, 2021).

Moreover, the unwavering support from the government emerged as a key factor underpinning the program's success. The ODF declaration's triumph at the Abeli Health Center since 2019 exemplifies the government's determination in tackling sanitation challenges and championing public health (Rifkin et al., 2021).

Furthermore, the allocation of funds and resources, notably from PU and Bappeda, underscores the government's commitment to offering the essential financial backing for the ODF program (Apanga et al., 2020; Cairney et al., 2021). Such governmental support has cultivated an optimal environment for the program, enabling it to flourish and effectively meet its objectives

Reducing Stunting Risk

Stunting, a result of chronic malnutrition leading to hindered growth and development in children, is a profound public health issue worldwide, notably in developing nations like Indonesia (Islam et al., 2020). The critical period during which the risk of stunting is most pronounced spans the first 1,000 days of a child's existence, from conception to two years post-birth. During this timeframe, exposure to unsanitary conditions can cast enduring repercussions on their health and general well-being. The correlation between inadequate sanitation, subpar water quality, and stunting has been consistently evidenced in research. Poor sanitation and compromised water quality become conduits for the spread of multiple pathogens and infections. These adversities can detrimentally affect a child's nutritional standing and overall health, reinforcing the significance of addressing these issues (Mudadu Silva et al., 2023; Wolf et al., 2023).

In light of this, initiatives like the ODF program have been introduced to bolster sanitation, aiming to eradicate open defecation while advocating proper waste management methods (Malusha, 2023; Tauladani et al., 2020). Secure access to sanitary facilities drastically diminishes the prevalence of waterborne diseases and infections, ushering in enhanced health prospects, especially for young ones (Omotayo et al., 2021).

Research indicates that rectifying sanitation and hygiene challenges can lead to declining stunting rates. A child's exposure to clean water and improved sanitation facilities inversely relates to their vulnerability to recurrent infections and diarrhoea – both dominant factors inducing malnutrition and stunting. In this vein, the accomplishments of the ODF program at the Abeli Health Center, especially in championing enhanced sanitation habits, directly aid in minimizing the community's stunting risk. The program, by laying the groundwork for a sanitized and healthful environment, establishes the bedrock for superior child development, holistic health improvement, and an augmented life quality (Omotayo et al., 2021; Vilcins et al., 2018).

Nevertheless, it's pivotal to understand that the ODF initiative is but a component of an encompassing strategy towards stunting alleviation and public health augmentation. Other determinants, such as access to nutrient-rich sustenance, comprehensive healthcare, and optimal maternal and child care practices, are integral to the equation of stunting prevention (Lubis et al., 2023; Mulyaningsih et al., 2021).

For achieving enduring reductions in stunting rates, assimilating the ODF initiative with expansive nutrition and health programs is imperative. This all-encompassing methodology mandates cross-sectoral cooperation, encompassing health, nutrition, water and sanitation, education, and social welfare domains (Conway et al., 2020). The ODF program's triumph at the Abeli Health Center, evident in stunting risk mitigation, signifies a monumental stride in enhancing the community's future and health. With sanitation, hygiene, and nutrition at the helm, coupled with the deployment of evidence-rooted interventions, Indonesia stands poised for further advancements in addressing stunting and procuring superior health outcomes for its populace.

Critical Factors in the Success of the ODF Program at Abeli Health Center

The success of the ODF program at the Abeli Health Center stands as a testament to effective coordination and collaboration. Central to this achievement was the robust collaboration between a myriad of stakeholders: from health program holders at Puskesmas to community leaders, village heads, and the local communities. When these diverse entities rallied together toward a shared vision, it instilled a palpable sense of ownership and responsibility. This collective sense of purpose then translated to heightened community engagement and commitment (Dartanto et al., 2020).

A significant pillar of the program's success was the expertise rooted in environmental health, held by the health program custodians. Their perpetual training and professional development ensured they were adept at navigating the intricate technical facets of the program, spanning from initiation, oversight, to execution (Sitompul et al., 2021). Furthermore, the unwavering support from the government, manifested through budgetary provisions from entities like PU and Bappeda, played an indispensable role. This financial backing was more than mere monetary support; it was emblematic of the government's steadfast dedication to ameliorating sanitation challenges and championing public health.

Yet, to sustain the gains achieved and to perpetuate the momentum, rigorous monitoring and evaluation mechanisms were deemed imperative. Such processes allowed for periodic introspection, identifying potential gaps, and gleaning insights to augment the program's efficacy further. It's also worth highlighting that the program's accomplishments should not remain siloed. The strategies and best practices that propelled the Abeli Health Center to its commendable stature should be emulated across other regions. This replication strategy stands to magnify the program's outreach, enveloping more communities in dire need of such initiatives.

In shaping future sanitation undertakings, a commitment to evidence-based paradigms is pivotal. By anchoring decisions and interventions in empirical research, policymakers can tailor interventions that resonate with the unique fabric of each community. A study conducted in Indonesia, for instance, underscored that the confluence of subpar sanitation and compromised water quality escalated stunting risks. This revelation echoes global analyses that pinpoint environmental risk factors as formidable contributors to stunting prevalence in developing countries (Arifiandy, 2017; Murta et al., 2018; Schrecongost et al., 2020).

Beyond the confines of the health sector, the ODF program's triumph can be attributed to its embracement of cross-sectoral collaboration. By weaving together expertise and resources from an array of government agencies, NGOs, community chieftains, and other stakeholders, the program could holistically address its objectives. Community empowerment remains at the core of this framework. The government's efforts in galvanizing local communities to partake actively in decision-making and capitalize on local resources have further fostered sustainable solutions.

One such manifestation of community empowerment is evident in how the government has morphed certain locales into tourist hotspots, especially coastal zones. Such initiatives not only augment the local economy but also serve as a testament to the transformative power of collaborative endeavors (Abdul Muhid et al., 2018). The ODF program's accolades can be traced back to a synergy of coordinated efforts, unwavering commitment, and strategic collaborations. As Indonesia strives to elevate its public health landscape and sanitation benchmarks, such holistic and inclusive programs can light the way forward.

CONCLUSION

In conclusion, the research firmly establishes the successful implementation of the Open Defecation Free (ODF) program in the Abeli Health Center area of Kendari City. The declaration of the ODF status at the Abeli Health Center in 2019 is a testament to this accomplishment and underscores Kendari City's stride towards meeting the Healthy City indicators. Effective policies, robust inter-sectoral collaboration, and judicious allocation of resources have been instrumental in achieving this milestone. The pivotal role of local regulations and unwavering government support stands out, showcasing the significance of policy-driven initiatives in public health. The proactive involvement of various stakeholders, from primary healthcare workers to local government officials and community leaders, has cemented the program's success.

While the study unravels the facets contributing to the ODF program's success, it also paves the way for further enhancement through several recommendations, such as rigorous monitoring, bolstered inter-sectoral collaboration, and a greater emphasis on public awareness. Moreover, the avenues proposed for future research hold the promise of refining our understanding of STBM initiatives and fine-tuning their implementation.

The broader implications of this study resonate beyond the confines of the Abeli Health Center area. Achieving ODF status is not merely a tick in a box; it's a significant leap towards a healthier, more sustainable community. This research, while centred on Kendari City, offers insights and lessons that can inform similar initiatives globally, emphasizing the universality of its findings and recommendations.

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