



Research Article

A Description of Community-Based Total Sanitation (CBTS) Pillar 1 Facilities in the Working Area of Abeli Public Health Center in 2019 -- 2022

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Abstract.

Community-Based Total Sanitation (CBTS) is a widely applied program to encourage behavioral change to end open defecation in rural areas. Based on data from the Southeast Sulawesi Provincial Health Office, the percentage of people with diarrhoea was 32,851 (45.47%) in 2019, and 21,246 sufferers (29.90%) in 2020. The CBTS national program created by the Ministry of Health of the Republic of Indonesia aimed to improve basic sanitation. Every individual and community had access to basic sanitation facilities. A Semi-Permanent Healthy Latrine (SPHL) is a latrine that meets the five requirements of a healthy lavatory and is self-built using building materials owned by the community. This study discovered that semi-permanent latrine users have increased over the last three years. There were no semi-permanent latrine users in 2019, but this increased to 2,953 users in 2021 in Lapulu Village. Permanent latrine users have also increased from 2019 to 2020 by 16,705 users. Then, it decreased by 13,674 users in 2021.

Keywords: Facilities, CBTS, Latrines

1. Introduction

Community-Based Total Sanitation is a widely applied rural behavior change approach to ending open defecation. One of the Community-Based Total Sanitation (CBTS) indicators is the open defecation stop program. In health campaign efforts, the success of program interventions is related to household access to better latrines.[1]

A healthy latrine is a family sanitation facility that must be owned by every household. Humans throw their feces every day. Thus, if it is not accommodated properly, it will cause various kinds of diseases. Poor sanitation will certainly have a negative impact on various aspects of life. The impacts of poor sanitation include a decrease in the quality of the environment, contamination of drinking water sources for the community,

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and an increase in environmental-based diseases such as diarrhea [2]. Diarrhea is a condition in which stool is excreted abnormally or not as usual. This is characterized by an increase in volume, wateriness, and frequency of bowel movements more than 3 times a day and in neonates more than 4 times a day with or without bloody mucus [3].

Health problems are very complex problems related to other problems outside of their health. One of the most significant factors affecting health is environmental factors. Optimal environmental conditions can have a positive influence on the realization of an optimal degree of health as well [4].

World Health Organization (WHO) data mentioned 2.5 million deaths every year due to diarrheal diseases [5]. The degree of health in Indonesia is still influenced by the high rate of pain and death of environmental-based diseases, one of which is diarrheal diseases [6]. In 2020, the coverage of services for diarrheal sufferers of all ages in Indonesia was 3,252,277 sufferers (44.4%) [7]. Based on data from the Southeast Sulawesi Provincial Health Office, the percentage of diarrhea found and treated at all ages in 2019 was 32,851 sufferers (45.47%), and 21,246 sufferers or 29.90% in 2020 [8]. The data from the Health Office of Kendari City stated that the number of diarrhea sufferers for all ages in 2019 was 5,123 sufferers or 49.72%, and 2,164 sufferers (13.32%) in 2020 [9]. The data from Abeli Public Health Center for all ages in 2020 was 253 sufferers (45.3%), and this decreased by 173 sufferers or 26.7% in 2021 [10].

Environmental health is one of the priority programs in the international agenda of the Millennium Development Goals (MDGs) aimed at strengthening a culture of clean and healthy living, preventing the spread of environmental-based diseases, increasing community capacity, and implementing government policies to improve access to drinking water and basic sanitation in a sustainable manner in achieving the MDGs [11].

The CBTS national program created by the Ministry of Health of the Republic of Indonesia aims to improve community basic sanitation, in which every individual and community has access to basic sanitation facilities to create a defecation-free community anywhere. The decision is issued directly by the Ministry of Health Number 852/MENKES/SK/IX/2008 concerning the National Strategy for Community-Based Total Sanitation (NS-CBTS). According to the regulations of the Ministry of Health (2014), CBTS consists of 5 pillars, namely 1) stop open defecation, 2) wash hands with soap, 3) safe drinking water and food management, 4) household waste management, and 5) household liquid waste management. Of the five pillars of the Community-Based Total Sanitation (CBTS) program, the first pillar (stop open defecation) is the main pillar that greatly influences public health because this problem involves environmental health issues that will impact the surrounding community. According to World Health Organization data (WHO), 81% of a population has open defecation in 10 countries and Indonesia, as the third country, has the most people defecating in open areas, namely 59% [12].

The research conducted by Ridha Hayati in 2021 showed that out of 43 respondents, 17 respondents (39.5%) had latrines that met the requirements, and 26 respondents (60.5%) did not meet the requirements.

Based on these data, the researchers are interested in conducting a research entitled "A Description of Community-Based Total Sanitation (CBTS) Pillar 1 Facilities in the working area of Abeli Public Health Center in 2019 – 2022".

2. Methods

The type of this research was survey research using health report data health center work area of abeli in 2019-a2021. It involved CBTS data and diarrhea incidence data served in the working area of Public Abeli Health Center in Kendari City. The type of data was numeric. The research data was presented in the form of a line chart with a description.

3. Results

The research results can be presented using a line chart with a description as follows:







Graph 1 shows the community using semi-permanent latrines in the working health center work area of abeli. There no semi-permanent latrine user in 2019. In 2020, the highest number of users was Abeli Village, namely 985 residents, and the lowest number of users was Puday Village, namely 270 residents. In 2021, the highest number of users was Lapulu Village, namely 2,953 residents, and the lowest number of users was Abeli Village, namely 2,953 residents, and the lowest was Abeli Village, namely 829 residents.



Figure 2: Population with Permanent Latrine users in 2019-2021.

Graph 2 shows the community using permanent latrines in the health center work area of abeli In 2019, the highest number of users was Poasia Village, namely 4,447 residents, and the lowest number of users was Talia Village, namely 1,376 residents. In 2020, the highest number of users was Lapulu Village, namely 4,587 residents, and the lowest number of users was Abeli Village, namely 1,436 residents. In 2021, the highest number of users was Lapulu Village, namely 3,004 residents, and the lowest number of users was Talia Village, namely 3,004 residents, and the lowest number of users was Talia Village, namely 1320 residents.

4. Discussion

Many residents have used semi-permanent and permanent latrines in work area of Abeli Public Health Center from 2019 to 2021. Based on the total population in 2019, there were 16,863 residents with 0 (none) semi-permanent latrine users, and 16,120 residents with permanent latrine users. In 2020, out of 20,690 residents, 3,885 semi-permanent latrine users and 16,205 permanent latrine users. In 2021, out of 23,964 residents, 10,240 semi-permanent latrine users and 13,674 permanent latrine users.

A Permanent Healthy Latrine (PHL) is a fecal disposal facility that prevents contamination of water bodies, prevents contact between humans and feces, makes the feces uninhabitable for insects and other animals, prevents unpleasant odors, and the seat



construction is well made, safe and easy to clean. A Semi-Permanent Healthy Latrine (SPHL) is a latrine that meets the five requirements of a healthy latrine and is self-built using building materials owned by the community. However, semi-permanent latrines can become unhealthy and dangerous due to rain, flooding, damage, or collapse, so they need to be maintained or even upgraded to become permanent [13].

According to data from Abeli Health Center, the most used semi-permanent latrine users in 2021 was Lapulu Village, namely 2,953 residents. Meanwhile, the largest number of permanent latrine users in 2020 was in Lapulu Village, namely 4,587 residents. In 2021, Lapulu Village decreased to 3004 residents. This happened because the number of users increased along with the increase in the number of residents in an area. Particularly in the Lapulu Village, the decline in the use of permanent latrines from 2020 to 2021 was due to a large number of new residents using a semi-permanent type of latrines compared to permanent type latrines, and the large number of houses that have not been maximally recorded.

The community uses semi-permanent latrines in the working area of Abeli Public Health Center because of the economic price and avoids open defecation according to CBTS Pillar 1 principles, namely stop open defecation [14].

5. Conclusion

According to results of the research above regarding the description of CBTS Pillar 1 facilities in work area of Abeli Health Center, Kendari City from 2019-2021, it can be concluded that semi-permanent latrine users have increased over the last three years. Initially, there was no semi-permanent latrine user (0) in 2019, but this increased by 2,953 users in 2021 in Lapulu Village. Meanwhile, permanent latrine users have also increased from 2019 to 2020, namely 16,705 users, then decreased by 13,674 users in 2021.

6. Suggestion

As a suggestion, Abeli Public Health Center is expected to be able to work together with local apparatus to improve facilities and infrastructure, knowledge of the use of healthy latrines and clean living behaviors to prevent health problems, such as diarrhea through socialization, as well as be able to instill defecation behavior in healthy latrines.



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