

Community-Based Total Sanitation Program (STBM) as an Innovation in Changing The Open Defecation Free (ODF) Behavior of The Community in Pekon Tanjung Anom Tanggamus, Lampung Province

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Abstract— Open defecation behavior or open defecation disrupts environmental health so it will have a big impact on environmental pollution and health problems. Therefore, this research aims to analyze the STBM program with the first pillar of Stop Open Defecation in changing people's behavior not to carry out Open Defecation behavior in Pekon Tanjung Anom, Tanggamus District. This research was carried out using a qualitative approach where data collection techniques were used in-depth interviews, observation, and documentation. Determining informants was carried out in a purposive manner where informants were selected based on certain criteria to answer the research problem consisting of 7 informants including pekan government, sub-district head, district head, private sector, health cadres, and other community components. The results of this research show that there are several efforts made by the Pekon government together with stakeholders and other related parties to change the Open Defecation Free behavior of the community, namely by checking the condition of latrines and mapping the environmental problems that exist there, triggering strategies, socialization, and counseling as well as providing assistance. latrine construction facilities. It is hoped that this research can become a program that runs continuously in various regions to change open defecation-free behavior among the community and make the community environment clean and healthy.

Keywords—STBM (Community Based Total Sanitation); ODF (Open Defecation Free); Community Stakeholder

I. INTRODUCTION

Every human being has the right to health and health is a community right, including physical health, spiritual health and environmental health. The higher the quality of health in society, the higher the quality of welfare. Health problems are one of the problems in Indonesia that must be a concern. Of the many health problems in Indonesia, one of them is environmental health. A healthy environment is a very important factor in people's lives, because there are many factors that can result from an unhealthy environment, one of which is the threat of many diseases. One form of unhealthy environment is poor sanitation. An unhealthy environment accompanied by poor sanitation in an area indicates a lack of public awareness about living a clean and healthy life. Such conditions cause many people to contract dangerous diseases (Ministry of Health, 2014).

One of the factors causing an unhealthy environment and poor sanitation is the large number of people who still practice open defecation. In fact, there are still many people in various areas, both in rural and urban areas, who still practice unhealthy and unhealthy living behavior. The defecation behavior of people in various areas causes the environment to become polluted and various kinds of diseases are infected. For example, based on 2021 Ministry of Health data from the results of monitoring and evaluation on community-based Total Sanitation (STBM), it shows that 3.8 million per family of Indonesian people still practice defecation and from 34 provinces there are 30,708 villages/sub-districts that already have awareness of practicing defecation behavior (Ministry of Health, 2021).

The data is contained in the table below:

Table 1. Number per family who still practice defecation behavior

BABS		
2018	2019	2020
12,485,274	8,712,702	3,868,675

Source: 2021 STBM Evaluation Monitoring Site (Ministry of Health, 2021)

Based on the data above, it can be seen that from year to year the number of people who practice open defecation has decreased, but even though there has been a decrease, the number of people who practice open defecation is still in the large category.

The behavior of defecating which is still often found in various regions not only shows low public awareness of clean and healthy living behavior but this is also due to the lack of good sanitation facilities in the form of decent and healthy latrines for the community. Low public awareness and poor access to sanitation are not only experienced by people in rural areas but in reality it is still experienced by many urban communities. However, despite this, compared to people who have healthy and proper latrines, in reality the number is still in the higher category compared to the number of people who do not have decent and healthy latrines. This fact can be illustrated from the data below:

Table 2. Decent sanitation infrastructure in each household based on location of residence

Residential Area	2018	2019	2020
Urban	80.48%	82.27%	83.66%
Rural	55.74%	71.17%	74.27%
Urban and Rural	69.27%	77.39%	79.53%

Source: Central Statistics Agency of the Republic of Indonesia 2020.

Based on the data above, it can be seen that many people, both in rural and urban areas, have healthy latrines, namely 79.53%, however, there are still people who do not have healthy latrines, namely 20.47%.

Poor sanitation is not the only factor that makes the environment unhealthy, but another factor is public awareness not to practice open defecation (BABS), because in reality based on information conveyed by the Director General of Human Settlements of the Ministry of PUPR RI, namely Mr. Nanda Lastro Elisabeth Siraint that in In 2019, there were still people who defecated in the open, namely 7.61%. This shows that there are still groups of people who lack concern for the need to own toilets that are healthy and suitable for health (Merdeka.com, 2020). Therefore, to achieve a good degree of health in the community, efforts need to be made to change the community's mindset so that they no longer practice open defecation because it will have a bad health impact on the community itself and its environment, so that the Ministry of Health of the Republic of Indonesia in 2020 through The minister, namely Mr. Terawan Agus Putranto, has a target that in 2024, namely that there will no longer be people with bad behavior who practice open defecation in various places because it will pollute the environment (Cnnindonesia.com, 2020).

Based on the data and facts above, it shows that Indonesia has quite large environmental health problems, so to overcome this the government needs to take serious action. One form of serious treatment carried out by the government is by creating a Community-based Total Sanitation (STBM) program which is contained in the Republic of Indonesia Minister of Health Regulation Number 3 of 2014 concerning STBM. The STBM program is a program from the Ministry of Health to increase public awareness of clean and healthy living behavior (PHBS), as a preventive measure against the many diseases that arise due to an unhealthy environment, increase community resilience from various environmental health problems, and create access to sanitation and clean water suitable for drinking.

This STBM program is carried out in each region by developing a health system to improve health- oriented development . To create a healthy society and environment in each region, several pillars have been formed which are part of this program, namely:

1. Stop Open Defecation/Open Defecation Free (Stop BABS/ODF)
2. Wash your hands with soap (CTPS)
3. Household Drinking Water and Food Management (PAMMRT)
4. Management of household waste
5. Safeguarding household liquid waste (Ministry of Health, 2021)

If all pillars of the STBM program have been implemented thoroughly, then the quality and access to sanitation in the community will increase and maintaining the sustainability of clean and healthy living behavior in the community will be much easier. Changes in clean and healthy living behavior carried out through the STBM program are carried out using a special method called STBM triggering. This method focuses on changing the community's mindset to carry out the STBM program continuously and encouraging the community to build sanitation facilities independently according to the community's abilities. However, not all regions and regions in Indonesia implement this STBM program, this program can only be implemented in areas or regions such as villages, villages and sub-districts with certain criteria (Sulistiono et al, 2021)

All pillars in this program need to be carried out optimally to create a clean and healthy environment for the community. Of all the existing pillars, one of the important efforts made to create a clean and healthy environment is Stop Defecation (open defecation free). By making efforts to increase public awareness to stop defecating, it is an important step to prevent the environment from being contaminated by human waste and overcome sanitation problems in the surrounding community (Ruba & Budiyo, 2021)

This STBM program has been launched in various regions, including Lampung province. One of the villages that is the location of the STBM program to stop defecation is Tanjung Anom Pekon, Tanggamus Regency. The program launched by the government has succeeded in increasing public awareness to stop defecating. Even the Tanjung Anom community has declared itself an open defecation free area. This is reinforced by the following data

Table 3. Decrease in the number of families practicing defecation before and after STBM in Pekon Tanjung Anom

Name of village /district	Amount K.K	Number of families defecating before STBM	Number of families defecating after STBM	Percentage of KK <i>Stop</i> Defecating
Tanjung Anom	745	30	0	100%

Source: 2021 STBM Evaluation Monitoring Site (Ministry of Health, 2021)

Based on the data above, it can be seen that the program launched has succeeded in reducing the number of people who practice open defecation and has even achieved the achievement of making the Tanjung Anom area of Tanggamus Regency a community that is completely free from the behavior of people who defecate in the open.

The success of this program in increasing public awareness of Stop Defecation is due to the collaboration between the Pekon government and various parties such as the private sector, in this case the NGO/NGO Way Seputih Conservation Foundation (YKWS), local health officials, sub-districts, and various components of the local community. Therefore, based on the facts and data above, this research wants to examine in more depth the STBM program, especially the Stop Defecation (ODF) pillar in Tanjung Anom Pekon, Agung Timur District, Tanggamus Regency in changing people's behavior not to practice open defecation (ODF behavior). It is hoped that this research can reduce the number of people who practice open defecation (ODF) in various regions through the STBM program with one of its pillars related to Stop Open Defecation.

Research related to the STBM program in various regions has been carried out, including research conducted by Entianopa et al (2017) which focuses more on the factors inhibiting the implementation of the STBM program in Ampelu village, Batanghari Regency, namely due to low levels of knowledge, inadequate road access, low education, poor conditions. geographical, as well as low knowledge. Research conducted by Fatonah (2016) focused more on community participation in implementing the STBM program in Purwosari village, Demak Regency, the result of which was that the STBM program with the first pillar was not successful due to lack of community participation and lack of support from local stakeholders. Research conducted by Ruba et al (2021) regarding the supporting and inhibiting factors for Stop Defecation in community health centers in the Maronggela community health center working area, West Riung District, Ngada Regency. Herniwanti et al.'s research (2022) concerns outreach strategies in implementing the STBM program with the Stop Defecation pillar in Bengkalis sub-district, Riau Regency, and Sulistiono et al.'s (2021) research concerns the implementation of the STBM program with the Stop Defecation pillar in Gresik Regency.

However, although many similar studies have been carried out, there is something that differentiates this research from previous research, namely that this research focuses more on several STBM program strategies, especially the stop defecation pillar, involving various components of society in carrying out the program, including the local government, sub-district government, hamlet heads, private sector, health cadres, babinsa and babinkamtibmas, as well as other community components so that the results of this program have been successful in reducing the number of people who practice open defecation behavior in Pekon Tanjung Anom, Tanggamus Regency.

Community Based Total Sanitation (STBM)

The STBM program has been regulated in the Regulation of the Minister of Health (Permenkes) of the Republic of Indonesia Number 3 of 2014 concerning STBM. The regulation states that the STBM program is an approach to changing community behavior to become hygienic and sanitary through community empowerment using the trigger method. In line with this, the STBM program is also explained in the 2012 STBM Handbook which explains that STBM is an approach used to change people's behavior to become hygienic and sanitary through empowerment using triggering methods.

The aim of STBM is also stated in the Republic of Indonesia Minister of Health regulation which states that the aim of STBM is to create a high degree of health among the community by creating public awareness to behave in a healthy and clean manner and to have independence in creating healthy environmental conditions by creating three main elements. namely creating an environment that supports the creation of people who behave in a clean and healthy way of life, there is support for clean environmental sanitation and there are innovations created to change people's mindset towards awareness of clean and healthy

living (Ministry of Health, 2021). From the description above, it can be stated that the STBM program is one of the programs issued by the government to create or change society into healthy and clean behavior so that the level of public health is created.

Five Pillars of STBM

There are five pillars in the STBM program. The five pillars of STBM in supporting community life and a clean and healthy environment are guidelines for implementing the STBM program so that to achieve the expected goals all existing pillars must be realized optimally and the five pillars are:

1. Stop Open Defecation/Open Defecation Free (Stop BABS/ODF)

ODF is the first pillar in the STBM program. ODF is a situation where all people, both individuals and families in a society, no longer practice open defecation (defecation) in open spaces or in random places that can pollute the environment and spread various diseases.

2. Wash your hands with soap (CTPS)

CTPS is a condition in a society where individuals and families who are part of the community already have the concern to wash their hands properly, namely by using soap in running water to avoid the spread of germs and bacteria that cause disease.

3. Household Drinking Water and Food Management (PAMMRT)

PAMMRT is a condition where all people, both individuals and families in a community, have managed drinking water and food well by prioritizing hygienic principles to maintain and maintain the healthy quality of food and drinks.

4. Management of household waste

Household waste management is a condition where all people, both individuals and families in a community, have carried out good waste management in the household by prioritizing the sustainable 3R principle, namely Reduce, Reuse, Recycle or reduce, reuse and recycle waste.

5. Safeguarding household liquid waste

Securing household liquid waste is a situation where all people, both individuals and families in a community, have carried out good household liquid waste management, such as kitchen, washing and bathroom wastewater, which is managed by prioritizing environmental health quality standards in order to stop the spread of disease. (Ministry of Health 2014;2021)

Based on the five pillars in the STBM program, the first pillar, namely Open Defecation Free behavior, is the behavior that most directly influences health and sanitation in the community. This first pillar is the main door in stopping the influence of contamination of human waste, both food and clean water and others (Foeh et al, 2019)

STBM Triggering

In implementing the STBM program there is a special method used, namely STBM Triggering. This triggering method has been regulated in the Republic of Indonesia Minister of Health Regulation Number 3 of 2014 concerning STBM. The regulation explains that STBM triggering is a method used in the STBM program to change community behavior and increase community awareness in building sanitation facilities needed to create a clean and healthy life. In applying the STBM triggering method, there are several stages that must be carried out, namely:

1. Trigger target

When running the existing program, the trigger targets are:

- a. Family environment that has never implemented an STBM program or one of the STBM pillars
- b. Families that don't have any toilet facilities at all
- c. A family environment where there is absolutely no toilet for healthy and adequate waste disposal

2. Trigger Executor

The trigger implementer is someone who carries out the trigger, namely:

- a. Village/village/district STBM facilitator gas unit . This task force consists of various community components such as volunteers, village officials, traditional, community and religious leaders, village officials and other community components both internal and external who assist in implementing the triggering strategy .
- b. Health workers consisting of village midwives, posyandu cadres and environmental health cadres. They are tasked with assisting the community, it is very important that if people ask questions regarding health, they are also tasked with carrying out monitoring and evaluation
- c. Posyandu functions as a place used to carry out health checks for parents and children under five as well as a place to hold socialization and education as well as carry out monitoring and evaluation related to public health.
- d. Natural leaders function as leaders of community groups tasked with inviting the community to make changes. Apart from that, natural leaders can also serve as members of the village/village/district STBM facilitator task force to help make the STBM program a success.

3. Stages of STBM triggering

STBM triggering activities are only carried out in one meeting with a predetermined time duration. STBM triggering can be done in as little as 1 hour and the maximum implementation time is 3 hours. The stipulation on the duration of STBM triggering time is useful for maintaining the public's focus so that the information conveyed can be understood and understood carefully. The time duration also functions to avoid misinformation which can make the public confused and incomprehensible. In triggering STBM there are stages that must be considered as follows.

- a. Meeting opener. Before the STBM triggering activity begins, it begins with an opening ceremony, namely introducing yourself and all the facilitator members involved, then creating an equal relationship with the triggering target community group, then informing the facilitator of the aim and purpose of holding the triggering activity, namely to learn about the activities and habits of the related community. with environmental health.
- b. Create a fluid atmosphere. When the triggering activity begins, don't forget to create a fluid atmosphere between the facilitator and the community group, this is useful so that the triggering target community does not feel tense so that they are willing to be open to telling about activities and habits related to environmental health in the village.
- c. Define sanitation terms. Before entering the core of the triggering activity, both the facilitator and the community must agree together on the use of the vocabulary for defecation and human waste in accordance with harsh local language, for example "mising" or "berak" which means defecation and "tokai" or "tai". for human feces.
- d. Sanitary mapping. When entering the core of the triggering activity, the facilitator facilitates the community to make a simple map of the village area using tools and materials that are easy to find or have already been prepared, such as stones, rope, wooden twigs, sand, and so on. These tools are used as symbols to determine the location of houses, sanitation facilities and infrastructure, rivers, roads, rice fields, gardens, and so on. In line with that, so that people want to discuss mapping, it must be done in a spacious place, either closed or open, so as not to limit the space for discussion and mapping.
- e. Explore the region. After mapping, the next stage is to explore the village area. In this step, the facilitator together with the community group explores all areas of the village. Exploring the area was accompanied by observing, asking, listening and marking several places where people usually defecate, rubbish dumps and household liquid waste disposal channels. In line with that, exploring the area also visits the homes of residents who practice defecation.
- f. Interactive discussion. After the area exploration was carried out, the facilitator then facilitated the community to discuss and ask questions regarding the results of observations of the area exploration that had been carried out and the facilitator also invited the community to discuss the flow of human waste contamination to the environment. In this case, the

facilitator is not allowed to make any comments, the facilitator only gives the community space to think and convey back the results of the discussion when making a summary at the end of the discussion process.

- g. Preparation of sanitation activity plans. The final stage is to prepare a sanitation activity plan. If the community is triggered and wants to change, the facilitator must facilitate them in holding a meeting to plan activities, don't forget to invite these people to become group leaders or natural leaders to encourage others to change their behavior (Ministry of Health, 2021)

Open Defecation

Defecation or defecation is a person's activity of disposing of feces in a waste disposal site that complies with health standards so that it does not have an impact on environmental pollution that can harm human health. Meanwhile, open defecation is a human activity of disposing of feces in places that are not intended for the disposal of human feces, such as in rivers, gardens, bushes and other random places so that the resulting impact will pollute the environment and have an impact on human health (Chandrarini, 2020)

II. RESEARCH METHODOLOGY

This research method is descriptive qualitative because it wants to analyze in depth the STBM program as an innovation in changing the Open Defecation Free (ODF) behavior of the community in Pekon Tanjung Anom, East Agumg City District, Tanggamus Regency. Determining informants in this research was carried out purposively, namely determining informants based on certain considerations or criteria. In this case, 7 people were informants, consisting of the Tanjung Anom pekon head and pekon officials, the hamlet head or pamong, the Way Seputih conservation foundation (YKWS), Pekon environmental health cadres, b idan village health center Pasar Simpang, and m the Pekon Tanjung Anom community. To answer research problems, the initial stage carried out was collecting data. Data collection was carried out by means of observation, in-depth interviews and documentation. Interviews were conducted by conducting in-depth questions and answers with relevant informants about the STBM program carried out at that location. Meanwhile, observations were carried out by observing the continuity of the STBM program and documentation related to written archives and photo documentation both obtained from informants and obtained by researchers in the field. Then the next stage is to carry out data analysis , namely by using the concept of Miles & Huberman (1992) where data analysis is carried out by means of data reduction, data display as well as conclusions and data verification. To produce valid data in qualitative research, data validity techniques are then carried out by carrying out triangulation of sources, methods and time.

III. RESULT AND DISCUSSION

Based on the findings in the field, it was found that there were several strategies from the STBM program in the Tanjung Anom area, Tanggamus Regency in changing *Open Defecation Free (ODF) behavior* , namely:

3.1. Carrying Out Checks

In implementing the STBM program, the first step taken by the Tanjung Anom Pekon government together with YKWS was to carry out checks. In this case, checks are carried out at every house and location that people usually use for open defecation. The purpose of this check is to find out what the condition of the latrines is in each house and to find out how many people in Pekon Tanjung Anom practice open defecation free (ODF).

The Pekon government, in this case the Pekon head and hamlet head together with YKWS, immediately carried out joint checks with stakeholders including the sub-district head, environmental health cadres and village midwives and accompanied by the Babinsa and Bhabinkamtibmas. This check was carried out because at that time the Tanjung Anom Pekon government did not have data and did not know how many people did and did not have healthy latrines. This check was carried out by visiting every community house in Pekon Tanjung Anom. The purpose of this check is to find out the number of heads of families who defecate in the open and to analyze the condition of household latrines. In fact, checks are also carried out at locations that are often used by people to defecate in the open, namely river ravines or riverbanks. In line with this, checks were also carried out on all household sewer pipes used by the community for open defecation.



Figure 1. Checking residents' houses for latrine construction

(Source: Documentation of the 2017 Pekon Tanjung Anom STBM program)



Figure 2 . Checking drain pipes homes used for open defecation

(Source: documentation of the 2017 Pekon Tanjung Anom STBM program)

The checking activities carried out by the Tanjung Anom Pekon government together with YKWS and other related parties are in line with the results of research conducted by Herniawati., et al. (2022) regarding the implementation of the STBM program in Parapat Tunggal Village, Bengkalis District, Riau, that the implementation of the STBM program there was successfully carried out by direct checks in the field, triggering, outreach, discussions with the community and STBM cadres. Initial checks are carried out to find problems that occur at the location so that the program implemented can run effectively to overcome these problems.

3.2. Conducting STBM Triggering

After checking, the next strategy carried out by the Pekon Tanjung Anom government, in this case the pekan head and hamlet head together with YKWS and local health cadres in implementing the STBM program, was to carry out STBM triggering activities. This activity was carried out to trigger the public to be aware of the dangers of open defecation so that people can think and change their open defecation behavior. In carrying out the STBM triggering, several stages were carried out as follows. In the first stage, the Pekon Tanjung Anom government together with the hamlet head invited and gathered all residents, both those who did not have or already had latrine facilities, to the Balai Pekon hall to take part in the triggering activity which was guided directly by health cadres from Pasar Simpang Community Health Center and the facilitator team from YKWS and involving other stakeholders, secondly, after all the residents were gathered, the facilitator team introduced themselves, their goals and objectives to all residents so that they could know and create a fluid atmosphere so that all residents wanted to interact openly, third, after all residents know the aims and objectives of the facilitator team, they carry out triggering, then the facilitator team invites all residents to think and identify what problems related to sanitation exist and are felt by residents in the Tanjung Anom area, fourth, after carrying out the identification, the facilitator team together with all residents make sanitation mapping. This mapping was

carried out by making a simple pekon map using floor media which contained symbols such as pekon roads, rice fields, clean water sources, rivers, and so on. In line with that, on the map all residents must also indicate the location of their respective houses and be marked to differentiate between residents' houses that do not and do not have latrine facilities. Fifth, after the mapping has been completed, the facilitator team then invites all residents to visit one house belongs to a resident who defecates. During the visit, the facilitator team asked the homeowner to show where the homeowner usually defecated and where the drain pipe was, it turned out that the house did not have a septic tank and the drain pipe went straight to the river, thus polluting the surrounding environment. After that, the facilitator team immediately invited the homeowner and all residents to discuss and explain the flow of human waste contamination. Sixth, after carrying out the search, the facilitator team and all residents returned to the Balai Pekon hall to make a joint commitment as a form of seriousness and follow-up to the STBM triggering. . This commitment contains the names of house owners who do not yet have a toilet, a deadline for building a healthy toilet, and is signed jointly. After that, the facilitator team together with all residents also prepared the next sanitation action plan.



Figure 3. Preparations for triggering STBM for environmental health cadres

(Source: Documentation of the 2017 Pekon Tanjung Anom STBM program)

The STBM triggering strategy that has been carried out in Pekon Tanjung Anom is also in line with the STBM triggering strategy from the results of research conducted by Sulistiono, E., et al. (2021). The results of this research show that the triggering strategy is one of the first steps to develop the STBM program through persuasive efforts made by the government as the implementer and facilitator running the program. In carrying out persuasive efforts, the Pekon government is assisted by various parties in implementing it so that it is more effective in achieving the goals of the program.

3.3. Conducting Socialization

Apart from the STBM triggering that has been carried out, the Tanjung Anom Pekon government together with YKWS and local health cadres accompanied by babinsa or bhabinkamtibmas also carried out socialization activities to stop open defecation in the community. This socialization is carried out during yasinan events, kendurian events and community gatherings. The aim of this outreach is to provide understanding and encourage the public not to defecate in the open and the importance of using healthy latrines. The socialization activities carried out are in the form of lectures about the dangers of open defecation which are delivered at every recitation event, yasinan event, kendurian event, and religious event or other community gatherings. The aim and purpose of conducting socialization during this event is to provide insight and understanding to the public regarding open defecation behavior from a religious perspective and values so that it can raise awareness in the community that open defecation behavior is not in accordance with these values. religious.

The socialization activities that have been carried out by the Tanjung Anom Pekon government together with YKWS and local health cadres are in line with the socialization strategy in the results of research conducted by Herniawati., et al. (2022). The results of this research indicate that the implementation of the STBM program in Prapat Tunggal Village, Bengkalis District, Riau, was successful by carrying out socialization and dialogue strategies between the pekon government, program facilitators,

stakeholders related to the local community, the aim of the socialization was to increase the community's knowledge and understanding so that want to carry out clean and healthy living habits in order to create a healthy environment.

3.4. Conducting Counseling

Apart from conducting outreach, the Pekon Tanjung Anom government together with YKWS and local health cadres also conducted outreach. This counseling is carried out by visiting every house in the community that does not yet have a healthy latrine, or in other words, door to door or one day one house. In carrying out this outreach, related stakeholders were involved and accompanied by Babinsa and Bhabinkamtibmas. This counseling is carried out by visiting every house in the community or in other words door to door or one day one house, especially to houses that still defecate in the open and do not have healthy latrines. In line with this, outreach is carried out to provide insight and understanding to the community so that they do not defecate in the open and to encourage people who do not have toilets to build healthy toilets.



Figure 4. STBM program outreach activities

(Sources: Documentation of the 2017 Pekon Tanjung Anom STBM program)

The extension activities that have been carried out by the Pekon Tanjung Anom government together with YKWS and local health cadres are in line with the extension strategy from the results of research conducted by Hasibuan, R. (2021) The STBM program implemented in Sibolga has experienced success through outreach activities carried out by the Pekon government and various related parties to invite and sensitize the public to adopt clean and healthy living behavior by not defecating in the open in order to create a healthy life

3.5. Provide Material Assistance for Latrine Construction

After checking, triggering STBM, outreach and counseling, the next strategy carried out by the Pekon Tanjung Anom government in implementing the STBM program to change people's habits to stop defecating in the open is by providing material assistance for building healthy latrines. This material assistance was provided by the Head of Pekon Tanjung Anom to village residents, especially those who were truly unable to build healthy latrines due to cost constraints. This assistance was provided from existing village funds as well as assistance from several private companies through CSR funds, which were assisted by YKWS in managing the CSR funds. In line with this, the Pekon Tanjung Anom government together with YKWS and local community components are jointly building healthy latrines

During the implementation of the STBM program in Pekon Tanjung Anom, the Pekon government and YKWS provided assistance in the form of building materials to help the community build healthy latrines. This assistance was given to speed up the construction of latrines, because at that time it was nearing the time for the verification and declaration of the Stop BABS pekon, but there were still 20 heads of families who did not have latrines, so the head of Pekon Tanjung Anom immediately provided assistance with building materials to each head of family who was especially correct. -It really doesn't cost much to

build a healthy toilet. Even though the Pekon Tanjung Anom government and YKWS have provided assistance with building materials, the latrine construction process cannot be separated from the supervision of the Pekon government. In fact, the Pekon government together with stakeholders including Pekon officials and environmental health cadres and accompanied by Babinsa and Bhabinkamtibmas are working hand in hand to dig and build healthy latrines for the community, with the hope that after the construction of healthy latrines they can be used properly and there will be no more heads of families or people who return to open defecation.



Figure 5. Construction of toilets from existing aid

(Source: Documentation of the 2017 Pekon Tanjung Anom STBM program)

The provision of material assistance to build latrines has been carried out by the Tanjung Anom Pekon government in line with the results of research conducted by Ekasulistiyawati & Hafid (2021). The results of this research revealed that the implementation of the STBM program in Cempaka Putih Village, North Gorontalo Regency was successful in reducing the community's open defecation behavior by providing material donations for the construction of healthy latrine facilities in various families that did not have healthy latrines so that by building and owning Healthy latrines can increase public awareness about disposing of waste in the places provided.

The STBM program carried out by the Pekon Tanjung Anom government together with YKWS and other stakeholders is related to functional structural theory. According to functional structural theory, Merton states that society consists of various elements or parts that are interconnected to create balance (Adibah, 2017). Likewise, the implementation of the STBM program in increasing public awareness to stop defecating requires the involvement of various parties in carrying out the program so that it is on target and achieves the expected goals. Various parties synergize with each other to carry out their duties and functions together in carrying out the existing program, so that the existing cooperation makes the program run effectively and can achieve success in reducing the behavior of stopping defecation among the community.

IV. CONCLUSION

Based on the discussion presented above, it can be concluded that in implementing the STBM program, the Pekon government collaborates with various parties including the private sector (YKWS), local health cadres, sub-districts, hamlet heads, babinsa and babinkamtibmas as well as the local community to carry out various strategies to reduce the number of people who practice open defecation. Various strategies are carried out, namely by checking various latrines and places where human waste is disposed of around the location, mapping existing environmental problems, developing strategies, carrying out triggering strategies, conducting outreach and counseling as well as providing assistance with latrine disposal facilities as well as cooperation and mutual cooperation. cooperate with the residents in carrying out the construction of the latrine. It is hoped that this research can provide input for various parties to implement the STBM program as well as possible in order to reduce the number of people who practice open defecation in various places, so that the efforts made can create a clean and healthy environment for the lives of local communities. cooperation in Lampung Province and West Lampung Regency in particular, so

as not to appear that tourism development in Lampung Province is running independently and does not yet have a proper central theme sell.

REFERENCES

- [1] Adibah, IZ (2017). Structural Functional Robert K. Merton. *Journal of Inspiration* .1(1),171 - 184
- [2] BPS Republic of Indonesia. (2020). Indonesia in Numbers. Jakarta: BPS Republic of Indonesia.
- [3] *CNN Indonesia* . (2020, November 14). Terawan Wants Indonesia to be Free of Open Defecation by 2024. Retrieved on 10 December 2021, from <https://www.cnnindonesia.com/nasional/20201113235127-20-569655/terawan-ingin-indonesia-bebas-bab-sembarangan-pada-2024>.
- [4] Chandrarini, MR (2020). The Role of Community Health Centers in Implementing the Stop Open Defecation Pilar Sanitation Program. *HIGELA (Journal of Public Health Research and Development)* . 4(1), 100-111. Doi: [org/10.15294/higeia.v4i1.32958](https://doi.org/10.15294/higeia.v4i1.32958)
- [5] Ekasulistyawaty, E., & Hafid, I. (2021). Changes in Behavior of Stop Defecation Through STBM Program in Cempaka Putih Village, North Gorontalo Regency. Changes in Behavior of Stop Defecation Through STBM Program in Cempaka Putih Village, North Gorontalo Regency. *BBPK Makassar Journal of Health Andragogy* . 1(1), 30-39.
- [6] Entianopa, M., Marisdayana, R., Andriani, L., & Hendriyani, V. (2017). Analysis of the Implementation of the First Pillar STBM Program to Stop Open Defecation in Ampelu Village, Batanghari Regency. *Journal of Integrated Health* , 1(2).
- [7] Fatonah, N.S. (2016). Community Participation in Implementing the First Pillar Community-Based Total Sanitation Program (Stop Babs) in Purwosari Village, Sayung District, Demak Regency in 2015 (Doctoral dissertation, Semarang State University).
- [8] Foeh, C., Joko, T., & Darundiati, YH (2019). Evaluation of the Implementation of the First Pillar of Stop Open Defecation in the Community-Based Total Sanitation Program in Nagekeo Regency. *Journal of Public Health (Undip)* . 7(4), 749-748. Doi: [org/10.14710/jkm.v7i4.25072](https://doi.org/10.14710/jkm.v7i4.25072)
- [9] Herniwanti, H., Sudarto, E., & Ardiana, A. (2022). Community Based Total Sanitation (STBM) Extension Pillar 1 Stop Open Defecation (BABS) in Bengkalis District, Riau. *Abdidas Journal* . 3(3), 465-473. Doi:[org/10.31004/abdidas.v3i3.612](https://doi.org/10.31004/abdidas.v3i3.612)
- [10] Hasibuan, R., Susilawati, S., & Nanda, M. (2021). Triggering Community-Based Total Sanitation (STBM) for the BABS Pillar in Sibolga City. Shihatuna: *Journal of Community Health Service* , 1(1), 1-7.
- [11] Indonesian Ministry of Health. (2021). *STBM Technical Implementation Guidelines* . Central Jakarta: National STBM Secretariat
- [12] Republic of Indonesia Ministry of Health . (2021). *Ministry of Health's STBM Monitoring and Evaluation*. Retrieved on 18 November 2021, from <http://monev.stbm.kemkes.go.id/monev/>
- [13] Republic of Indonesia Ministry of Health. (2014). Minister of Health Regulation Number 3 of 2014 concerning Community Based Total Sanitation . Jakarta: Ministry of Health.
- [14] Republic of Indonesia Ministry of Health. (2014). Government Regulation Number 66 of 2014 concerning Health Environment. Jakarta: President of the Republic of Indonesia.
- [15] Miles, M. B. & Huberman, M. (1992). *Qualitative Data Analysis* . Jakarta: Publisher. University of Indonesia
- [16] Sulistiono, E., Ningsih, ES, & Fazira, E. (2021). Implementation of the Stop Defecation (Open Defecation) Program in Community-Based Total Sanitation (STBM) in Dukun District, Gresik Regency. *EnviScience (Environment Science) Journal* . 5(1), 1-7. Doi: [org/10.30736/5ijev.v5iss1.223](https://doi.org/10.30736/5ijev.v5iss1.223)
- [17] Ruba, YE, Joko, T., & Budiyo, B. (2021). Supporting and Inhibiting Factors for the Stop Open Defecation (BABS) Program in the Maronggela Community Health Center Working Area, West Riung District, Ngada Regency. *Journal of Public Health Research* . 1(2), 1-11. Doi: [org/10.14710/jekk.v%vi%i.13315](https://doi.org/10.14710/jekk.v%vi%i.13315)

- [18] Republic of Indonesia Ministry of Health. (2014). Minister of Health Regulation Number 3 of 2014 concerning Community Based Total Sanitation . Jakarta: Ministry of Health.
- [19] Republic of Indonesia Ministry of Health. (2014). Government Regulation Number 66 of 2014 concerning Health *Environment* . Jakarta: President of the Republic of Indonesia.