

# Community Behavior about the Utilization of Family Latrines in the Work Area of Panei Tengah Puskesmas, Panei District, Simalungun Regency

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**ABSTRACT**

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**Keywords:**

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One of the targets of health development is to increase healthy living behavior and a healthy environment. This study aims to obtain a description of community behavior which includes community knowledge, attitudes and actions regarding the use of family latrines in the Panei Tengah Health Center Work Area, Panei District, Simalungun Regency which has been carried out in July - September 2020. The type of research is a descriptive survey research with an observational approach. The population in this study included all families in the Panei Tengah Health Center working area, Panei District, amounting to 6939 families and spread over 17 sub-districts/villages, namely Panei Tengah Village, Bah Bolon Tengah Village, Simpang Raya Dasma Village, Simpang Raya Village, Mekar Sari Raya Village, Sipoldas Village, Bangun Dasmariah Village, Bangun Rakyat Village, Bangun Sitolubah Village, Simantin Pane Dame Village, Sigodang Village, West Sigodang Village, Rawang Pardomuan Nauli Village, Janggir Leto Village, Siborna Village, Nauli Baru Village, Bahliran Siborna Village. So the number of samples in this study was 378 families. Sampling was done randomly. Respondents' actions regarding the use of family latrines 68.5% had positive actions while 31.5% had negative actions. Respondents who used family latrines were only 44.7% and 55.3% did not. Respondents who use family latrines are 37.3% while those who do not use latrines are 62.7%. So that intensive counseling and guidance is needed that is adjusted to the level of knowledge possessed by respondents, both in groups and individually in order to increase efforts to implement appropriate community attitudes and actions regarding the use of family latrines.

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## 1. Introduction

In line with the healthy paradigm, health development is now more emphasized on preventive and promotive efforts including environmental health efforts and improving clean and healthy living behavior for the community who have great leverage in improving public health status. By not abandoning treatment and rehabilitation efforts. To carry out these efforts, it is in the health development policies and strategies towards Healthy Indonesia 2010. The government directs the increase of awareness, willingness and ability to live a healthy life for everyone in order to realize an optimal degree of public health through the creation of an Indonesian society, nation and state marked by its population. live in a healthy environment and behavior, have the ability to reach quality health services fairly and equitably, and have optimal health degrees. Based on the National Socio-Economic Survey (Susenas) in 2008 by BPS, the percentage of households that have their own defecation facilities is 61.68%, households that have shared defecation are 13.38%, general are 3.79% and none are 21.14%. The percentage of households that have their own toilet facilities in urban and rural areas shows a significant difference. The percentage in urban areas is 71.92%, while in rural areas it is 52.00%. According to Soekidjo Notoatmodjo, 2003, the problem of lack of use of latrines and high cases of diarrheal disease is strongly influenced by the existence of environmental health behavior in the form of knowledge and actions on environmental health that are still lacking. Meanwhile, according to Anwar

Daud, 2001 that the benefits of family latrines are not fully known by the community so that they just throw their feces in any place and the problem of using family latrines is also influenced by the level of education, knowledge, habits and income levels of the community. In response to this, prevention and promotive factors play an important role, which means that health development does not rely on "treatment" of a case when a disease has occurred but instead emphasizes how a case should not occur through preventive and promotive efforts so that the population avoid diseases caused by an unhealthy environment such as diarrhea and other infectious diseases. (Budiman Chandra, 2006). As mentioned above, if access to family latrines is associated with the final disposal of their faeces, it can be said that only 53.33% of families in Indonesia have access to family latrines, whereas to realize a Healthy Indonesia in 2010 it is expected that all residents have used family latrines.

## 2. Methods

### 2.1 Location and Time of Research

The location of the research was in the Panei Tengah Health Center Work Area, Panei District, Simalungun Regency. Time of Research conducted July – September 2020

### 2.2 Samples The sample in this study was 378KK.

Sampling was done randomly. So the sampling technique in this study used the proportionate random sampling method, which aims to make the sample representative of all sub-districts/villages in the Panei Tengah Health Center Work Area.

### 2.3 Data Collection Method

The types of data used in the study are:

#### a. Data Type

##### 1) Primary Data

Primary data were obtained from interviews and observations in villages in Panei District, Simalungun Regency.

##### 2) Secondary Data

Secondary data in this study were obtained through document reports from the Panei Tengah Health Center, Panei District, Simalungun Regency.

#### b. Data collection technique

- 1) Interview
- 2) Observation
- 3) Documentation

## 3. Results and Discussion

This research was conducted in the Panei Tengah Public Health Center, Panei District, Simalungun Regency using a questionnaire containing questions to 378 respondent households as samples. The results of the study are presented in tabular form accompanied by the following narrative:

### 3.1 Characteristics of Respondents

#### a. Age

According to the age group of 378 respondents, the majority were in the 46-50 age group as much as 19.6%. This can be seen in more detail in table 2.

**Table 2**

Distribution of Respondents by Age Group in the Panei Tengah Health Center Working Area

No.	Golongan Umur (Tahun)	Jumlah	Persentase (%)
1.	< 25	2	0,5
2.	25-30	30	7,9
3.	31-35	26	6,9
4.	36-40	40	10,6
5.	41-45	48	12,7
6.	46-50	74	19,6
7.	51-55	40	10,6
8.	56-60	69	18,3
9.	61-65	39	10,3
10.	>= 66	10	2,6
Jumlah		378	100 %

*Sumber : Data Primer***b. Gender**

Based on the distribution of respondents by gender, it can be seen that of the 378 research respondents, the majority were male respondents as much as 74.9%. This can be seen in more detail in table 3.

**Table 3**

Distribution of Respondents by Gender in the Work Area of the Panei Tongah Health Center in 2020

No.	Jenis Kelamin	Jumlah	Persentase (%)
1.	Laki-laki	283	74,9
2.	Perempuan	95	25,1
Jumlah		378	100 %

*Sumber : Data Primer***c. Education**

The education level of respondents varies from elementary school level to academy/university (PT) level, of which 378 respondents generally have primary school education, which is 70.1%. This can be seen in more detail in table 4.

**Table 4**

Distribution of Respondents by Education in the Work Area Panei Tongah Health Center

No.	Tingkat Pendidikan	Jumlah	Persentase (%)
1.	PT	22	5,8
2.	SMA	46	12,2
3.	SMP	45	11,9
4.	SD	265	70,1
Jumlah		378	100%

*Sumber : Data Primer***d. Work**

Most of the respondents' occupations are farmers, namely 52.1%. This can be seen in more detail in table 5.

**Table 5**

Distribution of Respondents by Occupation in the Work Area of the Health Center Panei Tongah

No	Pekerjaan	Jumlah	Persentase (%)
1.	PNS	31	8,2
2.	Swasta	66	17,5
3.	Tani	197	52,1
4.	IRT	84	22,2
Jumlah		378	100 %

Knowledge is very important in providing insight into one's attitudes and actions (deeds). Of the 378 respondents studied, 40.2% of respondents have sufficient knowledge and 59.8% of respondents have less knowledge. Information about family latrines in general, respondents know from health workers, environmental sanitation employees and cadres. The knowledge component about family latrines is one of the most important factors to be known by the community in forming an attitude and action towards the use of family latrines. According to Soekidjo Notoatmodjo, 2003 that if the acceptance of behavior or adoption of behavior is based on knowledge, it will not last long.

Because before someone adopts a behavior, he must know in advance what the meaning or benefit of the behavior is for himself or his family. Public knowledge about the use of latrines is the extent to which people know about latrines, the benefits of latrines, latrines that meet health requirements, the consequences and diseases caused if they do not use latrines. Understanding an object is not just knowing about the object, not just being able to mention it, but the person must be able to interpret correctly about the known object. For example, people who understand the importance of using latrines properly and correctly, then that person must be able to explain why the use of latrines is important. Knowledge is the result of human sensing, or the result of knowing someone about a particular object. So knowledge can be known by each individual after sensing occurs through the five human senses, namely the senses of sight, hearing, smell, touch and touch. Most of a person's knowledge is acquired through the eyes and ears.

The distribution of latrine ownership according to the respondent's level of knowledge about family latrines is only 118 (31.2%) who have latrines and 34 (9.0%) who do not have sufficient knowledge of

latrines. Meanwhile, 51 (13.5%) respondents who have latrines and 175 (46.3%) do not have latrines with less knowledge. The distribution of latrine use according to the level of knowledge of respondents, only 101 (26.7%) used latrines and 51 (13.5%) did not use latrines and already had sufficient knowledge. Meanwhile, respondents who use latrines 40 (10.6%) and do not use latrines 186 (49.2%) still have less knowledge.

**e. Attitude**

In this case, the attitude in question is the respondent's response or perception of the state of the latrine and the use of the latrine. Attitudes clearly show the connotation of a suitability of reactions to certain stimuli which in everyday life are emotional reactions to social stimuli. From the results of the study, it was found that respondents' attitudes about the use of family latrines from 378 respondents showed that most of the 71.7% respondents had good attitudes and 28.3% had bad attitudes. The distribution of latrine ownership according to respondents' attitudes shows that 162 (42.9%) have a latrine and 109 (28.8%) do not have a latrine already have a good attitude. Meanwhile, respondents who have 7 latrines (1.9%) and do not have 100 latrines (26.4%) still behave badly. The distribution of latrine use according to respondents' attitudes shows that most 127 (33.6%) use latrines and 144 (38.1%) do not have good attitudes. Meanwhile, respondents who used latrine 14 (3.7%) and did not use latrine 93 (24.6%) had a bad attitude.

**f. Action**

Actions are what the organism does, whether it is observed directly or indirectly. Action from a biological perspective is an activity or activity of the organism in question. In this case, what is meant by action is the act/habits of the respondent's defecation area. those who take positive actions while those who act negatively 31.5%. The distribution of latrine ownership according to respondents' actions shows that 155 (41.0%) have a latrine and 104 (27.5%) do not have a positive latrine. While respondents who have latrines 14 (3.7%) and do not have latrines 105 (27.8%) still have negative actions. The distribution of latrine use according to respondents' actions shows that 128 (33.9%) using latrines and 131 (34.7%) not using latrines have positive actions. Meanwhile, respondents who used latrine 13 (3.4%) and did not use latrine 106 (28.0%) still had negative actions.

**4. Conclusion**

Based on the results of the research conducted, the community's behavior regarding the use of family latrines in the Panei Tengah Health Center Work Area can be concluded as follows:

- a. Public knowledge about the use of family latrines in the Panei Tengah Puskesmas Working Area is generally still lacking, namely 59.8%, while those who have sufficient knowledge only reach 40.2%.
- b. Public Attitudes about the Utilization of Family Latrine in the Work Area of the Panei Tengah Health Center behaved well by 71.7%, while those who behaved badly were 28.3%.
- c. Community actions regarding the use of family latrines in the Panei Tengah Community Health Center working area, which amounted to 68.5% had positive actions, while those who took negative actions were 31.5%.
- d. Respondents who have a family latrine are only 44.7% and most of the respondents do not have a latrine, namely 55.3%.
- e. Respondents who use family latrines as a place to dispose of feces are 37.3% while those who do not use latrines are 62.7%.

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