

# Pidie District Government Responsibility for Improving Odf (Open Defecation Free) Gampong Coverage

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## ABSTRACT

Responsiveness is a sort of accountability on the part of the person or community who gets the service. How sensitive the service delivery is to the community's issues, needs, and expectations, as seen by the community. This research necessitates collaboration between the federal government and local governments as a means of responding to the phenomena of community needs identified by policymakers in order to respond to what is in the public interest. It is linked to the rise of open defecation or ODF (Open Defecation Free) in Pidie Regency, which can interrupt children's physical growth and is not optimal at their age. The goal of this research was to see how receptive the Pidie Regency Government was to reducing open defecation. And the community's difficulties, which cause them to continue to defecate openly. This research takes a qualitative approach while doing descriptive research. Data collecting techniques include observation, interviews, and documenting. The study's findings demonstrate that the government's responsiveness in expanding the coverage of ODF villages has been good in terms of counseling and triggering, as well as verification. However, because there are no regulations that specifically regulate defecation, there are no programs that can be run to help change people's behavior to be healthier due to a lack of budget and no special allocation of funds designed by the government, resulting in a long time being required to reduce the number of defecations. In the Pidie Regency, the big indiscriminately. The difficulty of changing people's behavior owing to a lack of information of how to live a healthy life and economic circumstances is an impediment in reducing the ODF number in Pidie Regency.

**Keywords:** *Responsiveness, Open Defecation, Gampong*

## 1. INTRODUCTION

According to WHO data from 2020, the difficulty of accessing clean water and poor sanitation facilities are responsible for 88 percent of child death due to diarrhea. Children's physical growth is disrupted and not optimal at their age due to poor sanitation and open defecation. Meanwhile, some individuals continue to underestimate open defecation, often known as ODF (Open Defecation Free), despite the fact that it is a huge global issue [1].

The National Community-Based Total Sanitation (STBM) program is one of the government's efforts to promote public health. Stop Open Defecation (BABS) is a condition in which every individual in a community no longer practices open defecation, which has the potential to spread illness, according to the Minister of Health of the Republic of Indonesia's Regulation No. 3 of 2014

concerning Community-Based Total Sanitation [2].

Open feces can contaminate water, soil, air, and food, as well as generate flies. When a lousy environment causes disease, sanitation and hygiene are linked to the spread of various infectious diseases such as diarrhea, cholera, dysentery, hookworm disease, hepatitis A and E, skin disorders, nutritional difficulties (malnutrition), and diseases connected to malnutrition. Personal hygiene and the environment are both inadequate.

People living in rural areas, particularly those near rivers, continue to defecate in rivers, yards, ditches or ditches, and other inappropriate locations. This change in defecation habit is challenging; for example, persons who are used to defecating in rivers with their feet submerged in water, viewing the scenery, and feeling chilly will find it difficult to switch to defecating in a toilet with

a little space and no ventilation. Several variables influence open defecation behavior, including cost, because constructing a septic tank is expensive, public septic tanks are unavailable, and effective service takes a long time to modify this tendency. Only 64 villages out of a total of 731 villages in Pidie District have Open Defecation Free or Open Defecation Free, according to statistics received from the Pidie District Health Office. This suggests that just roughly 9% of villages are free of open defecation; yet, 667 villages continue to practice open defecation, which is a significant number. Simpang Tiga, Sakti, Pidie, Peukan Baro, Padang Tiji, Mutiara Timur sub-districts, Sigli City, Kembang Tanjong, Indrajaya, and Glumpang Tiga sub-districts all have 64 villages free of open defecation; however, the researchers primarily focused on Mutira sub-district. East.

Only four of Mutiara Timur District's 48 gampongs are ODF-free. Many villages continue to practice open defecation, which is a significant problem in the community, as well as a source of health issues and stunting. People defecate in rivers, gardens, and plastic or "flying toilets" in the field, especially those whose homes are adjacent to the river. Simbee Village, Mutiara Timur District, is home to one of them.

Because they regard open defecation in the river as a convenience, many people engage in this conduct. The results of the initial interview with Geuchik Gampong Simbee, Mutiara Timur District, show that this viewpoint is influenced by public awareness and lack of understanding.

This occurrence has been going on for a long time, and it has become ingrained in the local community's culture. In this regard, the government should be sensitive or responsive when observing this phenomenon in order to reduce the number of cases of open defecation in Pidie Regency, as this habit is very harmful to public health because many residents use river water for activities such as washing clothes and some residents drink river water. drink.

As a result of the aforementioned occurrence, the bureaucratic apparatus' attitude toward community conditions and how the bureaucratic apparatus responds to community requirements must be quick, accurate, careful, and timely. In this regard, the author believes it is necessary to undertake research on the government's response in reducing the number of open defecation villages in Pidie Regency and boosting the coverage of ODF (Open Defecation Free) villages.

## **2. RESEARCH METHODS**

This study was undertaken in Pidie District, with a focus on Mutiara Timur Health Center and the Health Service, which serves as one of the district government bureaucracy's functional hubs for public health and the environment. The choice of this place was based on a scenario that occurred in Simbee Village, Mutiara Timur District, where many people still defecate in the open and lack access to a latrine[3]. The Puskesmas and the Pidie District Health Office are bureaucratic units that deal with and are directly accountable for the Community-Based Total Sanitation program's administration and supervision. Also, have correct facts that the author will need for study.

This research took a descriptive research approach with a qualitative approach. Descriptive research is fact-gathering that is properly interpreted. "Descriptive research is research that explains what happens during the research process" [4]. The researcher employs a qualitative technique because it intends to get a more detailed picture of what the Pidie Regency government is doing to reduce open defecation and how responsive it is. The employment of qualitative methods is supposed to yield descriptive data from the item to be observed, both in writing and orally [5]. The informants in this study included the head of the service, the head of the health center, the head of health care, and numerous others who were associated to the research object and believed capable of supplying the information requested by researchers.

### **2.1. Responsiveness Concept**

Responsiveness, according to [6], is an organization's ability to perceive community needs, define service agendas and goals, and develop public service programs in response to those needs and aspirations.

According to [7], the bureaucracy's low responsiveness may be demonstrated in the apparatus's inability to respond to the community. The lack of true external communication development by service bureaucracies, the lack of maximal service implementation tasks, and the discrepancy between current services and community demands all contribute to the bureaucracy's low responsiveness. According to Lenvinne in Ratminto and [8], public service organizations have various performance metrics, including:

- a) Responsiveness, which assesses how well a company responds to customer/societal expectations, needs, aspirations, and demands.

- b) Accountability is a metric that demonstrates how far the process of providing public services is carried out without breaching the rules.
- c) Accountability is a metric that indicates the degree of conformance between service providers and community-wide external measurements that are held by stakeholders, such as societal values and standards.

### 3. DISCUSSION

#### 3.1 Government Responsiveness in Increasing ODF Village Coverage

Open defecation is a harmful practice that causes contamination of drinking water supplies, soil, air, and breeding flies, as well as re-pollution of water and food sources taken directly or indirectly, as well as terrible scents and aesthetics. When a terrible environment causes disease, such as diarrhea, typhus, vomiting, dysentery, hookworm disease, hepatitis A and E, skin infections, and nutritional difficulties (malnutrition) such as stunting, a bad environment is created. This is due to a lack of sanitation, as well as an unsanitary atmosphere and personal hygiene.

Due to harmful defecation behavior, it is still difficult to dispose of feces that match the requirements in numerous regions, particularly in Pidie Regency. Defecating in open yards, ditches, or ditches is an example of this unhealthy behavior. The latrine is a suitable spot to defecate so that flies don't infest the dirt, contaminating water and food with bacteria carried by flies.

According to data from the Pidie District Health Office, the number of villages with ODF is scattered among multiple sub-districts, as shown in the table above. In 2020, 11 villages in Glumpang sub-district have validated ODF. Three of 34 villages, one village in the Grong-Grong sub-district of 15 gampongs, six gampongs in the Indraajaya sub-district of 49 gampongs, three gampongs in the Kembang Tanjung sub-district of 45 gampongs, three gampongs in the Kota Sigli sub-district of 15 gampongs, four gampongs in the Mutiara Timur sub

According to field research, the most common reason for people not changing their open defecation habits is a lack of financial resources to install latrines at home. However, part of it stems from the general impression that defecating in the river is easier for a variety of reasons, including the fact that it is cold since the feet are in direct contact with the water, there is no need to flush, it is not stuffy, and it does not smell like a toilet. The distance between the house and the river/forest

is another factor that influences the level of open defecation; the closer the house is to the river, the more people prefer to defecate in the river. The number of family members also influences the community's behavior, attitudes, and perceptions. Residents should be discouraged from defecating in the latrine.

People who have not received an equal amount of socialization are nonetheless unconcerned about their own health and the environment. It is easier to alter the behavior of people who are still relatively young than it is to change the behavior of those who are older. Changing habits that have been for a long time might become a separate challenge for community assistants in socializing a healthy living.



Figure. 1. Dinas Kesehatan Kab. Pidie

The government's inadequate budget makes it difficult for sanitation staff to reduce the number of cases of open defecation. People's lack of self-awareness causes them to just wait for official assistance, despite the fact that the government's budget is not only focused on the Stop Open Defecation pillar. The government allocates around Rp. 7,500,000 (seven million five hundred thousand rupiah) per village to the five pillars of STBM, which are: Stopping Open Defecation, Handwashing with Soap, Managing Drinking Water and Household Food, Safeguarding Household Waste, and Securing Household Liquid Waste.

The government's budget does not go to every hamlet in Pidie Regency; instead, it goes to the areas that are the focus of STBM. Villages closer to the sub-district headquarters tend to be more aware of the dangers of open defecation.

#### 3.2. Obstacles in Increasing ODF Village Coverage

The Pidie Regency government's program to reduce open defecation, particularly the Health Office's implementation of Minister of Health Regulation Number 3 of 2014 concerning Community-Based Total Sanitation carried out by the Health Office and puskesmas officers,

has not gone smoothly, and there are still many obstacles to overcome. occurs in the field during counseling and triggering, notably difficult-to-change community behavior. People with little self-awareness find it difficult to eliminate open defecation from their lives, especially if they live near rivers or irrigation.

According to [9], there are various markers of public service responsiveness, including:

- a) Have there been any public complaints?
- b) The attitude of the bureaucratic system in responding to public criticisms
- c) Using public complaints as a benchmark for improving service performance in the future.
- d) The bureaucratic apparatus's many actions to ensure community service satisfaction.

Another stumbling block is the lack of a legislative framework that governs the prohibition of open defecation. The lack of a budget and government aid makes it impossible to prevent open defecation. So far, support with latrine access has been limited to villages with high stunting rates. Meanwhile, villages with greater rates of open defecation but lower rates of stunting do not receive government aid, relying only on Village Budget and Revenue (APBG) money to establish public latrine facilities.

Sanitation workers have challenges in expanding coverage in ODF villages due to attitudes and family size. A response that is still closed after a stimulation or stimuli, but does not include action, is referred to as attitude. The number of family members living in one house has an impact on a head of household's ability to use the latrine, because the more family members living in one house, the more primary requirements such as food and education are prioritized, while the need for health is progressively ignored.

Officers' ability to reduce open defecation rates is also limited by their age. The more sophisticated a person's thinking becomes, the more they understand how to implement good behavior and are encouraged to use/use the latrine. However, it has been discovered in the area that changing the behavior of an older person is more difficult than changing the behavior of a young person.

Perception is a subjective picture of the willingness and ability of the individual involved or someone's observation of the surrounding environment using their senses, and it is the most difficult challenge for

officers in influencing people's behavior. Changing behavior is extremely difficult if each individual lacks self-awareness.

The presence of a family latrine at home is one of the most important variables in the development of healthy living habits; households with latrines are 27 times more likely than families without latrines to utilize the latrine as a place to defecate. However, it is bad for the government when a family receives government aid but is unable to make the best use of it. The offered latrine help was not used, and the latrine was converted into a warehouse for storing products.

#### **4. CONCLUSION**

The Pidie District Government, particularly the Health Service through the puskesmas, has been responsive in increasing the coverage of ODF villages by conducting counseling and triggering, as well as in verification, as evidenced by the progress in several villages after triggering the open defecation rate has decreased. However, because there are no regulations that specifically regulate the reduction of open defecation, there are no programs that can be run to help people change their behavior to become healthier due to a lack of budget and no special allocation of funds designed by the government, which results in a long time being required. to be able to reduce the number of open defecation in Pidie Regency.

The difficulty of changing people's habits that have become habits, as well as a lack of public awareness and comprehension of the consequences of open defecation, are obstacles in reducing open defecation rates in Pidie Regency. The sanitariat's invitation to the community to create modest latrines is also hampered by financial constraints. Furthermore, there is no explicit law that governs the pattern of open defecation. This is significant because it puts public pressure on people to modify behaviors or habits that have been passed down from generation to generation in the community.

#### **5. SUGGESTIONS**

1. The community health center reaches out to people from all walks of life. To limit the number of cases of open defecation, the government should create a solid legislative framework. And it is believed that by distributing aid more equally to each hamlet, the attention will not be solely on the stunting locus gampong. Continue to provide guidance and triggers to the community in order to encourage

- behavioural adjustments and hasten the reduction of open defecation.
2. The government is required to be able to apply the above idea, which includes recognizing community needs, creating service agendas and priorities, and developing service programs that are tailored to the needs and aspirations of the community. As a result, the local government will be able to address the requirements of the community and attain community welfare. Furthermore, it improves the village apparatus' coordination in encouraging people to live healthier lives. For the community to be more engaged in seeking information and knowledge, and to modify their own behavior with awareness from inside, without the need for outside interference.
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