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## Implementation of the Open Defecation Free Study Program in Sungai Dua Village Rambutan District Banyuasin Regency

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### ABSTRACT

This research is motivated by the fact that there are still many Latrine Villagers who do not comply with Community-Based Total Sanitation Criteria. This study aims to determine the implementation of the Open Defecation Free Program in Sungai Dua Village, Rambutan District, Banyuasin Regency. This research uses descriptive qualitative research methods with the type of descriptive research. The type of data used is primary data and secondary data. Data collection techniques are done through observation, in-depth interviews and documentation. This study uses the Policy Implementation Theory of Ripley and Franklin, where the success of policy implementation is influenced by three dimensions namely (1) the level of compliance, (2) the smoothness of routine routines and (3) the desired performance and implementation impact. Based on the results of field research, it shows that the level of compliance in the implementation of the program is not yet optimal, the smoothness of routine functions has not run smoothly, and the desired performance and impact of implementation have not been maximized and not yet achieved. The conclusion of this research is that the implementation of the Open Defecation Free Program in Sungai Dua Village, Rambutan District, Banyuasin Regency has not been successful. This research suggests that all rules are obeyed and implemented, it is necessary to increase monitoring and coordination on a regular basis.

### 1. Introduction

In Indonesia, there are still many population health problems that have not been overcome by the Government of Indonesia. Starting from the low government budget for health to the low level of awareness of Indonesians about cleanliness and health is thought to be the main trigger. There are various health problems that seem dominant in Indonesia, one of which is the state of environmental health in Indonesia that still needs attention, because it causes public health status to change, such as: clean water supply, waste management, disposal of pesticides, wastewater disposal, population explosion, nutritional problems, settlement problems, environmental hygiene problems, health services, availability of drugs, air pollution, coastal abrasion,

deforestation and many other problems. Environmental problems have actually existed since long ago, this situation turned out to cause that knowledge about the relationship between these types of environment is very important in order to tackle environmental problems in an integrated and complete manner.

This is in line with the activities launched by the government in the form of Community-Based Total Sanitation (STBM). Thus the public health problems faced by Indonesia in relation to health development, particularly in the field of hygiene and sanitation, are still very large and complex and are an effort to solve public health problems. In this case the government seeks to stipulate it with Decree of the Minister of Health Number 852 /



Menkes / SK / IX / 2008 dated September 8, 2008 concerning the National Strategy for Community-Based Total Sanitation (STBM) after four years of rolling and then the Regulation of the Minister of Health of the Republic of Indonesia Number 3 of 2014 was formed. About Community Based Total Sanitation (STBM).

Community Based Total Sanitation (STBM) is one of the National programs in cross- sectoral clean sanitation. This program was launched in August 2008 by the Indonesian Minister of Health. STBM is an approach to change hygiene and sanitation behavior through community empowerment with the triggering method. In the Strategic Plan (Renstra) of the Ministry of Health 2010-2014 health development is determined. Community-based Total Sanitation, hereinafter

referred to as STBM, is an approach to change hygiene and sanitation behavior through community empowerment with the triggering method.

STBM itself is a strategy with 5 pillars developed and includes five important aspects, namely:

1. Stop Open Defecation (SBS)
2. Wash Hands With Soap (CTPS)
3. Management of Drinking Water and Household Food (PAMM-RT)
4. Safeguarding Household Waste
5. Safeguarding Household Liquid Waste

The following is a list of villages implementing the Open Defecation Free Program in Rambutan District, the work area of the Sungai Dua Public Health Center in 2014-2018:

Table 1. List of Villages implementing the Open Defecation Free Program in the Sungai Dua Public Health Center working area in 2014-2018

No	Village	Total of souls	Total of Hamlets
1	Sungai Pinang	1815	4
2	Sungai Dua	2406	4
3	Menten	1492	2
4	Pangkalan Glebek	1965	2
5	Sako	1963	3
6	Glebek Dalam	1965	3

Source: Processed by the author based on the 2018 Sungai Dua Puskesmas Latrine Data

Actually this program has been evenly run by the Sungai Dua Health Center, Rambutan District, the Sungai Dua Health Center has tried to conduct socialization, approach to preparation, triggering, stimulation of attention regarding the STBM Program. One of the work programs that must be implemented is that all villages must be verified as Open Defecation Free Villages.

Seeing the problem above, there are still many people who do not know the origin of the disease that often occurs due to poor sanitation aspects, due to the high number of environmentally-based diseases that are less healthy due to many unmet needs for clean water, low latrine utilization, water and soil pollution, waste due to household,

transportation facilities, dust and due to environmental problems that are not clean and unhealthy.

In this case the Sungai Dua Health Center has conducted socialization, triggering as well as in Sungai Dua Village so that the community is aware of healthy living according to the criteria for a healthy and proper toilet, but so far there are still many residents who have not made healthy latrines. In this case the STBM Program was established Republic of Indonesia Health No. 3 of 2014 concerning STBM is an approach to change hygienic and sanitary behavior through community empowerment by means of triggering. The program is made without coercion, not binding or there are



no sanctions that apply to residents who have not made latrines, therefore many residents make latrines and residents continue to choose to defecate in the river. So that Sungai Dua Village has not been verified as a village that has successfully implemented the ODF Program.

## 2. Literature Review

According to Thomas R Dye, (In Alfatih, 2010: 2) "Public policy is whatever the government chooses to do or not to do". (public policy is whatever the government chooses to do or not to do). According to H. Hugh Helco (In Alfatih, 2010; 2) "public policy is a course of actions intended to accompany the same ends. (public policy is a series of actions taken intended to achieve predetermined goals).

Daniel A. Mazmanian and Paul Sabatier in his book *Implementation Public Policy* (1983: 61) in the book Leo Agustino (2008: 139), defines policy implementation as: "Implementing basic policy decisions are usually in the form of laws but can also take the form of orders. or decisions of execution that are important for judicial decisions. Typically, the decision identifies the problem to be addressed, states explicitly the goals or objectives to be achieved and various ways to structure or regulate the implementation process".

According to Ripley and Franklin (in Winarno, 2016: 134) states that implementation is what happens after a law is established that gives program authority, policy, benefits, or a tangible output type.

The success of implementation according to Merilee S. Grindle in Nugroho (2006) is influenced by the content of policy and the content of implementation. The basic idea is that after the policy is transformed, the policy is implemented.

Donald Van Meter and Carl Van Horn 1975 (in Agustino, 2016: 133), put forward the theory of the implementation of educational policies called the "model of the policy implementation process". Both theories move from an argument that both assert that change, control and obedience act. The Van Meter Don Don Horn model is the most classic

model.

The policy theory advocated by Ripley and Franklin is one of the models often used in modern implementation studies. This is because there are comprehensive dimensions and aspects that are still compatible in the problems of policy implementation. The success of the policy or program if assessed based on the process perspective and results perspective. In the perspective of the process of government programs said to be successful if the implementation is in accordance with the instructions and conditions of implementation made by the program maker which includes, among other ways, the implementation agent, the target group and the benefits of the program. while the perspective of program results can be considered successful when the program has the impact as desired a program might succeed if viewed from the process but may fail in terms of the impact produced or vice versa.

From some of the theories outlined, this study uses the theory conveyed by Ripley and Franklin, in Alfatih (2010: 51-52):

### **The level of compliance with applicable regulations**

Successful implementation is as a compliance / obedience of the implementors in implementing the policies contained in policy documents (in the form of laws, government regulations, or programs).

### **Smooth implementation of routine functions**

Successful implementation is characterized by smooth functioning routines and the absence of problems encountered. The smooth functioning of the routine, namely the Socialization and Triggering program for defecation, then the Village STBM Facilitator Team / village midwives who must routinely carry out regular data collection every month are reported to the Community Health Center STBM Facilitator Team.

### **The realization of the desired performance and impact**

Akib, Haedar. *Journal of Public Administration*: Volume 1 Number 1 of 2010 that, the success of an implementation refers to and leads to the



implementation / implementation and the desired impact (benefits) of all the desired programs. In this case the Program runs smoothly and the Village is verified as Open Defecation Free Village.

Ripley and Franklin's opinion shows that the success of an implementation will be determined how the level of compliance, smooth functioning of the institution, and the results of policies in accordance with the plan of the policy.

### 3. Methods

In the research of the Open Defecation Free Program in Sungai Dua Village, the party most aware of the success of the program is Sungai Dua Health Center, Rambutan District, Banyuasin District and Sungai Dua Village Residents, because those who accept the program are those who feel the most results or impact of program implementation.

The main data sources in this study were the Head of Sungai Dua Health Center, Community Health Services (Sanitation) Community Health Center, Village Head, Village Midwife and Sungai Dua Village Community. To in-depth interviewees will be conducted (In- Depth Interview), in connection with that the method used in this research is descriptive qualitative research method, meaning that the research is intended to describe the phenomena that are not based on statistical calculations (numbers) but derived from interview scripts, personal documents, and other documents. This research is expected to provide an overview of the Implementation of the Open Defecation Free Program.

The focus of research is the limitation of the problem and the topic in qualitative research is based more on the level of novelty of information obtained from the field situation. Limiting research is carried out because of the breadth of the problem, this is an effort to limit the dimensions of the problem or symptoms so that the scope and limitations of the study will be clear (Sugiyono 2015: 32-34). The focus of research in the

Implementation of the Open Defecation Stop Program in Sungai Dua Village is how the implementation dimensions developed by Ripley and Franklin can influence the implementation of the regulation.

This research uses qualitative type data. Qualitative data is data related to the implementation of the Open Defecation Free Program at Sungai Dua Health Center, Rambutan District, Banyuasin Regency in the form of a description or explanation, such as interview data.

### 4. Results and Discussion

From the results of research in the field regarding the Implementation of the Open Defecation Free Program in Sungai Dua Village in 2018. This research will be analyzed according to the research focus that has been set. This discussion is based on data collected by researchers, both directly through interviews with several research informants and also documentation. This study uses the Ripley and Franklin Implementation theory as a reference in seeing and knowing the Implementation of the Open Defecation Free Program in Sungai Dua Village in 2018. According to Ripley and Franklin shows that the success of an implementation will be determined how the level of compliance, smoothness routine functions of the institution, and the results of policies in accordance with the plans of the policy.

The first dimension is Compliance Level, which has 2 indicators. All residents must make healthy and appropriate latrines according to the STBM criteria as a reference for the Open Defecation Free Program, and the Puskesmas form village-level working teams / committees. The Second Dimension of Routine Function has 3 indicators, namely STBM Socialization and Triggering, especially the Open Defecation Free program in the village by the Puskesmas, reports from the village midwife to the ODF Verification Team every



month. there is coordination between the Puskesmas and the village head, village officials and villagers regarding the Open Defecation Free program. The third dimension has 2 indicators: Desired Performance and Impacts All residents have Latrine / Wc at their own home and all residents do not defecate into the river or into the forest anymore, and are verified as Open Defecation Free Village in Sungai Dua Village. The impact is the residents apply hygienic and sanitary behavior, a healthy environment and a clean and beautiful river. Puskesmas and residents adhere to existing regulations.

Based on Minister of Health Regulation No. 3 of 2014 concerning Community-Based Total Sanitation (STBM). STBM can be said to be

successful if when the community as a whole has behaved in a hygienic and sanitary manner then the community is said to have reached the condition of the Village / district one of the pillars namely the Open Defecation Free Village can be said to be 100% successful if the community no longer defecates carelessly which has the potential to spread disease. In this case, the implementation of the Open Defecation Free Village in Sungai Dua Village, Rambutan Subdistrict, Banyuasin District, has been running since 2010, but the village cannot be verified as an Open Defecation Free Village because there are still many residents of Sungai Dua Village that do not have a healthy and proper toilet. STBM criteria.

Table 2. Data on Latrine Status of residents in Sungai Dua Village, Banyuasin District, South Sumatra Province in 2018

No	Hamlet	Latrine Status			
		Goose neck	Cemplung	Forest	River
1	Hamlet 1	61	0	9	87
2	Hamlet 2	124	8	0	34
3	Hamlet 3	158	15	0	18
4	Hamlet 4	76	19	4	74
<b>Total</b>		<b>419</b>	<b>42</b>	<b>13</b>	<b>213</b>

Source: Processed by the Author Based on Data of Latrine Puskesmas Sungai Dua 2018

The smooth functioning of the routine is the absence of problems encountered is one indicator that can indicate the success of the implementation of a policy. This is shown from the implementation of the policy seen from the implementation that is carried out routinely or continuously in accordance with predetermined procedures and there are no problems or obstacles that are faced because everything is routinely done. Based on Permenkes No. 3 of 2014 concerning STBM containing Chapter II articles 3 and 4 it is regulated about the implementation of the Open Defecation Free Program in Sungai Dua Village, then it is seen from the Dimension of the Smoothness of the Routine Function

whether it has run well. The Dimension of Smooth Routine Function has 3 indicators, namely STBM Socialization and Triggering Particularly the Open Defecation Free Program in the Village by the Puskesmas, Reports from the Village Midwife to the ODF Verification Team every month.

Based on the Appendix to the Minister of Health Regulation No. 3 of 2014 concerning Community-Based Total Sanitation written on the principals of triggering one of which is the Village Midwife. The Sungai Dua Midwife has the task of recording and reporting every village resident making the Jamban if it meets the STBM criteria, then reporting to the ODF Verification Team at the Sungai Dua



Community Health Center at last month.

In this indicator, the Implementation of the Open Defecation Stop Program will be successful if all residents have latrines / wc at their own home and all residents do not defecate into the river or into the forest anymore, but from 2010 to 2018 there are still very few residents who have latrines / Wc in each home. Based on observations in the field there are still two river villagers who still defecate openly.

Open defecation behavior Residents of Sungai Dua Village are one example of unhealthy behavior, because it spreads and allows to contaminate the air environment of the motherland. Because the villagers continue to defecate in a river. Interviews were then conducted with river villagers 5 People who did not have a healthy latrine: with the same answer Practical and easy, no fees, habits from the past, not forced. Because the behavior of some residents who are accustomed to defecating (BAB) in any place. Especially to the river body so that the water that is also used for washing, bathing, and other hygienic needs is contaminated with dirt and feces. The impact if all residents of Sungai Dua Village defecate no more carelessly are residents will live healthy. hygienic behavior, healthy environment and the river becomes clean and beautiful because on the river there are no more people's toilets. So the conclusion that can be drawn from the impact dimension on this indicator is that residents have not healthy behavior and the environment of the two river villages is not all healthy. Residents continue to defecate in the river, the river is not clean because there are still feces of residents flowing in the river hygienic behavior of some residents who are used to defecate (BAB) in any place.

## 5. Conclusion

Based on the discussion on indicators of

Compliance Free Open Defecation Free Program in Sungai Village, it has not been successful because it has been proven the level of compliance is still very low, because not all residents have to make healthy and proper latrines in accordance with the STBM criteria and the Puskesmas has formed a Working Team / Committee at the Village Level that has not run smoothly because it still has few obstacles in carrying out their duties as an Open Defecation Free Work Team.

Based on the discussion on the Routine Smoothness Function of the STBM Socialization and Triggering Indicator indicators, especially the Open Defecation Free program in the village by the Puskesmas and the reports from the village midwife to the ODF Verification Team have been going well every month as evidenced by reports every month and the lack of coordination between the Puskesmas and the village head related to the Open Defecation Free Program is not good enough because it is proven because the Village Head's report to the Public health center is different.

Based on the discussion on the Indicators of Realizing Performance and Impacts All residents have Latrine / Wc at their own home and all residents do not defecate into the river or into the forest again have not been successful because it is proven that there are still many people's latrines above the river, Verified as an Open Defecation Free Village in Sungai Dua Village low performance. The impact is still negative because there are still many people adopting less hygienic and sanitary behavior. The river is clean and beautiful because there are still many Latrine Buildings above the river body and there are still feces and dirt that can be seen around the river. The Puskesmas is sufficient in the Open Defecation free Program and the residents of Sungai Dua Village have not obeyed the existing regulations, as evidenced by not being



verified as a Free Defecation Village.

## 6. References

Subarsono, AG.2011. Analisis Kebijakan Publik. Yogyakarta Pustaka Pelajar.

Agustino, Leo. 2008. Dasar-dasar Kebijakan Publik. Bandung: Alfabeta.

Al Fatih, Andy. 2010. Implementasi Kebijakan dan Pemberdayaan Masyarakat. Bandung:UNPAD Press.

Bandung:UNPAD Press.

H.Tachan.2008. Implementasi Kebijakan Publik. Bandung. Asosiasi Ilmu Politik Indonesia (AIPi).

Purwanto, dan Sulistyastuti. 2012. Implementasi Kebijakan Publik Konsep dan Aplikasinya di Indonesia. Yogyakarta: Gava Media.

Basrowi, dan Suwandi. 2008. Memahami Penelitian Kualitatif. Jakarta: Rineka Cipta.

Bungin, Burhan. 2011. Metodologi Penelitian Kualitatif. Jakarta: Kencana

Predana Media. Creswell, John W. 2013. Research Design Penelitian Kualitatif, Kuantitatif dan Mixed.

Yogyakarta: Pustaka Pelajar

Sugiyono. 2016. Metode Penelitian Kuantitatif, Kualitatif, dan R&D. Bandung: Alfabeta.

Winarno, Budi. 2016. Kebijakan Publik Era Globalisasi Teori, Proses, dan Studi Kasus

Komparatif. Yogyakarta: Center of Academic Publishing Service (CAPS).

<http://warungbidan.blogspot.com/2016/05/konsep-dasar-open-defecation-free-odf.html>

(diakses tanggal 05 Maret 2018)

<http://blogkesehatanlingkungan.blogspot.com/2010/12/odf-open-defecation-free.html>

(diakses tanggal 05 Maret 2018)

<http://www.indonesian-publichealth.com/permenkes-32014-tentang-stbm/> (diakses tanggal 04 Maret 2018)

Peraturan Menteri Kesehatan Republik Indonesia Nomor 3 Tahun 2014 Tentang Sanitasi Total Berbasis Masyarakat Data Jamban UPT Puskesmas Sungai Dua Tahun 2018.

