

Success Analysis of Open Defecation Free (ODF) Program in Bangeran Kecamatan Village, Dawarblandong Mojokerto District

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ABSTRACT

The results of the 2013 Riskesdas show that households in Indonesia that do not have BAB facilities make defecating openly, which is 12.9%. The difficulty of removing this habit is also influenced by knowledge / understanding of BABS hazards, problems of poverty (unable to make toilets), landlessness, living in homes that do not have toilets, or in environments that strongly support the practice of BABS, such as riverside, bushes, bush, and lack of awareness, so that the practice of BABS is normal. The purpose of this study was to analyze the factors that influence the success of the Open Defecation Free (ODF) Program in Bangeran Village, Dawarblandong District, Mojokerto Regency. The study design used a quantitative cross sectional. The study sample was 276 families after triggering STBM "Yuk Jum Berseri" which was taken using cluster sampling. Sources of data use primary data obtained by distributing questionnaires and interviews. Data analysis using multiple logistic regression tests. The results showed jointly Knowledge (X1), Attitudes (X2), Availability of family latrines (X3), distance of houses other than latrines (X4) and regulations (X5) related to Open Defecation (OD) (Y) behavior. Partially only the variable distance of the house with the defecation place other than the toilet (X4) which does not affect the behavior of Open Defecation (OD) (Y).

Keywords: Knowledge, attitude, availability of family latrines, distance of houses other than latrines and regulations related to open defecation behavior

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PRELIMINARY

The results of the 2013 Riskesdas show that households in Indonesia use their own BAB facilities (76.2%), shared property (6.7%), and public facilities (4.2%). Households that do not have BAB facilities make defecating openly, which is 12.9% (RI Ministry of Health, 2013). Based on data from the East Java Provincial Health Office, the achievement of STBM activities showed an increase in 2012 that healthy latrine access reached 68.80%, in 2013 it reached 71.12%, in 2014 it reached 72.40% and in 2015 it reached 72.93%. (Kemenkes RI, 2016)

STBM trips in Mojokerto Regency still need special attention. From the Mojokerto District Health Office Profile data, the number of villages in Mojokerto Regency is 304 villages (299 villages, 5 villages) with 22 ODF villages (7.3%), 17 villages almost ODF (5.3%), and 265 BABS villages (87.4%), among them are Bangeran village, Dawarblandong sub-district with a population of 2,599 people with 892 families, there are still 207 families (25%) with BABS as follows; 1) Banger 0

Hamlet, 2) Ngemplak Hamlet 46 HHs (22%), 3) Garung Hamlets 51 HHs (25%), and 3) Gempol Hamlets 110 HHs (53%).

In Bangeran Village, Dawarblandong Subdistrict, Mojokerto Regency, there was a STBM program with the "Yuk Jum Berseri" Innovation (Jumbleng Clean and Neat and Clean) that began with triggering in April 2017. STBM triggered STBM with Innovation "in Bangeran Village, Mojokerto District" Yuk Fri Berseri ", but the results are not optimal. The results of a preliminary study in Bangeran Village, Dawarblandong District, Mojokerto Regency, in 10 communities, found 6 people who sometimes defecate carelessly, usually they do it in fields, rivers or forests. Whereas 4 people do not defecate carelessly.

From the data above, the Regional Government of Mojokerto Regency tries to take seriously the problems of this STBM trip. Mojokerto District Health Office carries out many innovations in order to overcome BABS village problems through the Puskesmas UPT, as well as in the Dawarblandong Health Center UPT which innovates in the form of "Yuk Jum Berseri" (Swing Make Jumbleng Clean and Beautiful).

There are many factors underlying the community doing open defecation (BABS). According to the theory (Lawrance Green) and friends (1980), states that human behavior is influenced by two main factors, namely behavioral factors (behavioral causes) and factors outside of behavior (non-behavioral causes). Furthermore, the behavior itself is determined or formed from 3 factors, namely predisposing factors, which include knowledge and attitudes. Enabling factors, which include the physical environment, available or unavailability of work safety facilities or facilities, such as the availability of PPE, training and so on. Strengthening factor (reinforcement factor), these factors include laws, regulations and so on (Notoatmodjo, 2012).

From this approach there is also an awareness that sanitation (the habit of defecating in places) is a shared problem because it can have implications for all communities so that the solution must also be done and solved together (Ministry of Health, 2014)

The purpose of this study is to analyze the factors that influence the success of the Open Defecation Free (ODF) Program in Bangeran Village, Dawarblandong District, Mojokerto Regency.

METHOD

The study design was used cross-sectional with epidemiological studies that studied the prevalence, distribution, and relationship of disease and exposure by observing exposure status, disease or other outcomes simultaneously in individuals of a population at a time (Notoatmodjo, 2010). The independent variables in this study are Knowledge, Attitude, Availability of latrines, Distance of the house to the point of defecation in addition to latrines and Regulations. Whereas for the dependent variable Open Defecation Behavior after triggering STBM "Yuk Jum Berseri" in Bangeran Village, Dawarblandong Subdistrict, Mojokerto Regency. The population in this study is the Head of the family who has "Yuk Jum Berseri" triggered in 892 families. The sample used is cluster random sampling technique. (Sugiyono, 2013). With a total sample of 276 families after triggering STBM "Yuk Jum Berseri". The study was carried out in the village of Bangeran, Dawarblandong District, Mojokerto Regency. Research is planned for November 2018. The data used in this study are primary data data obtained by visiting respondents, conveying the intent and purpose of the research, giving informed consent and giving questionnaires.

RESULTS

A. Data Analysis

1. Logistic Regression Knowledge Variables (X1), Attitudes (X2), Availability of family latrines (X3), distance of houses other than latrines (X4) and regulations (X5) with open defecation (OD) behavior (Y)
 - a. Simultaneous Correlation / Knowledge Variables (X1), Attitudes (X2), Availability of family latrines (X3), distance of houses other than latrines (X4) and regulations (X5) with open defecation (OD) (Y) behavior

Table 4.12 Logistic regression simultaneous test results

Variables in the Equation

	B	S.E.	Wald	df	Sig.	Exp(B)
Step 0 Constant	,102	,121	,710	1	,004	1,345

Correlation together with x1, x2, x3, x4 and x5 □ Y (Concurrent correlation) with variables in equation, the Sig value of 0.004 < 0.05 means Knowledge (X1), Attitude (X2), Family toilet availability (X3), distance houses other than latrines (X4) and regulations (X5) are associated with open defecation (OD) behavior (Y).

- b. The coefficient of logistic regression determinant

Table 4.13 Test results coefficient of logistic regression determinant

Model Summary			
Step	-2 Log likelihood	Cox & Snell R Square	Nagelkerke R Square
1	215,286 ^a	,453	,605

- a. Estimation terminated at iteration number 6 because parameter estimates changed by less than ,001.

The table above shows a logistic regression determinant coefficient of 0.120 so that it can be said that the contribution of variables x1, x2, x3, x4 and x5 to Y1 is equal to 60.5%.

- c. Partial Correlation of Knowledge Variables (X1), Attitudes (X2), Availability of family latrines (X3), distance of houses other than latrines (X4) and regulations (X5) with open defecation (OD) behavior (Y1)

Table 4.14 Partial test results of logistic regression

		Variables in the Equation					95% C.I. for EXP(B)		
		B	S.E.	Wald	df	Sig.	Exp(B)	Lower	Upper
Step 1 ^a	Pengetahuan	,694	,287	5,841	1	,016	2,001	1,140	3,513
	Sikap	1,574	,378	17,355	1	,000	4,827	2,302	10,124
	Ketersediaan Jamban	3,296	,400	67,929	1	,000	27,011	12,334	59,153
	Jarak Rumah	,445	,453	,967	1	,326	1,561	,642	3,795
	Peraturan	,778	,345	5,089	1	,024	2,178	1,107	4,283
	Constant	-10,394	1,336	60,566	1	,000	,000		

a. Variable(s) entered on step 1: Pengetahuan, Sikap, Ketersediaan Jamban, Jarak Rumah, Peraturan.

The results of the logistic regression analysis show the probability values as follows:

- 1) Knowledge variable (X1) obtained p-value of 0.016 $< \alpha = 0.05$, so that H0 is rejected and H1 is accepted. This means that the knowledge variable influences the behavior of open defecation (OD) in Bangeran Village, Dawarblandong District, Mojokerto Regency.
- 2) Attitude variable (X2) obtained p-value of 0,000 $< \alpha = 0.05$, so that H0 is rejected and H1 is accepted. This means that attitude variables influence the behavior of open defecation (OD) in Bangeran Village, Dawarblandong District, Mojokerto Regency.
- 3) Variable availability of family toilet (X3) obtained p-value of 0,000 $< \alpha = 0.05$, so H0 is rejected and H1 is accepted. This means that the variable availability of family latrines influences the behavior of open defecation (OD) in Bangeran Village, Dawarblandong District, Mojokerto Regency.
- 4) Variable distance of house with defecation place other than toilet (X4) obtained p-value of 0.326 $> \alpha = 0.05$, so H0 is accepted and H1 is rejected. This means that the variable distance of the house to the place of defecation other than the toilet does not affect the behavior of open defecation (OD) in Bangeran Village, Dawarblandong District, Mojokerto Regency.
- 5) Regulatory variable (X5) obtained p-value of 0.024 $< \alpha = 0.05$, so that H0 is rejected and H1 is accepted. This means that the regulatory variables affect the behavior of open defecation (OD) in Bangeran Village, Dawarblandong District, Mojokerto Regency

d. Interpretation of Odds Ratio

This Odds ratio value is also provided by the "Variables in The Equation" table in the Exp (B) column. Based on the results above we can interpret the Odds ratio as follows:

- 1) If the respondent's knowledge is getting better, the respondent has a 2 times chance of not doing open defecation (OD)
- 2) Respondents who have a positive attitude have a 4,827 chance to not open defecation (OD)
- 3) Respondents who have family latrines have a chance of 27,011 times not going to open defecation (OD)
- 4) Respondents whose houses are far away have a 1.5 times chance that they will not open defecation (OD)
- 5) Respondents who have a positive view of the regulation have a chance of 4,827 times not going to open defecation (OD)

DISCUSSION

A. Knowledge in Bangeran Village, Dawarblandong District, Mojokerto Regency

From the results of the study showed that of the 276 respondents most of them had insufficient knowledge about open defecation in the amount of 156 respondents (56.5%) and a small proportion of respondents had good knowledge of 17 respondents (6.2%).

According to Notoatmojo (2007), cognitive knowledge is a domain that is very important for the formation of an action. Action based on knowledge will be more lasting than behavior that is not based on respondents' knowledge of the importance of Open Defecation Free (ODF) programs. Knowledge is closely related to one's actions in this case knowledge about the Open Defecation Free (ODF) program will greatly influence the behavior in choosing. Kamria et al. (2013) stated that the level of public knowledge about environmental health is very important, because it will affect the behavior of the next community in terms of the provision of family toilets or facilities and in terms of utilization to maintenance of family latrines.

Knowledge of respondents about defecation is still low, it is seen that respondents who have more or less dominant knowledge. This lack of knowledge is most about the means of defecation and the effects or diseases caused by open defecation. Ignorance of respondents is a problem, because respondents who have less knowledge, they will have a low awareness of the dangers of open defecation as hosts of many diseases and cause the environment to range from experiencing diseases. Therefore, health workers must always provide education about the dangers of defecation by involving health cadres as well as local religion.

B. Attitude in Bangeran Village, Dawarblandong District, Mojokerto Regency

From the results of the study showed that of the 276 respondents most of them had unfavorable attitudes about open defecation as many as 171 respondents (62%) and a small number had a positive attitude as many as 105 respondents (38%).

The existence of a positive attitude and negative attitude depends on people's perceptions through the advantages and disadvantages of open defecation. Someone defecates carelessly this is influenced by conditions such as when they are in the fields or in the garden can be faster and more practical if they urinate in the river. Changes in open defecation behavior depend on one's awareness to use facilities, access to latrines and one's attitude about feces and their relationship to disease (Qudsiyah et al, 2013).

Community attitudes about open defecation are still dominantly negative. The most common attitude in the community is defecation in rivers, rice fields, forests is common and commonplace carried out by the surrounding community and has been done since long ago so there is no problem. The attitude of the community is of course wrong, this attitude becomes a justification or justification for their open defecation, even though it has a negative impact on environmental health. To make people aware of negative attitudes, it is necessary to have an intense and continuous education or counseling effort as well as the enforcement of strict rules produced through village deliberations with commitments with residents starting from RT, RW, Dusun, and Desa.

C. Availability of family latrines in Bangeran Village, Dawarblandong District, Mojokerto Regency

The results of the study show that of the 276 respondents, the majority of respondents had private latrines for families, namely 156 respondents (56.5%) and the rest did not have family latrines as many as 120 respondents (43.5%).

STBM facilities are toilet ownership and as an indicator of the success of STBM. Based on the results of the research Qudsiyah states that the factors that have the most close relationship with the high number OD (Open defecation) (Qudsiyah A W, 2014).

The results showed that most people already have family latrines, but there are still many people who do not have family latrines. Even though ideally every house must have at least 1 proper toilet. The absence of latrines for families can use public latrines, but public toilets also cannot be relied upon if many are queuing at the same time and in the end they defecate in rivers, rice fields or

other places. Therefore, assistance is needed for families that do not have family latrines through partnerships with activities such as privatization of the TNI and utilization of Village Funds.

D. The distance of the house to the defecation area besides the toilet in Bangeran Village, Dawarblandong District, Mojokerto Regency

The results of the study show that out of 276 respondents most of the respondents claimed that the distance to defecation in addition to latrines was close (<100 meters) as many as 227 respondents (82.2%) and a small number said far (> 100 meters) which was 52 respondent (17.8%).

The distance to the defecation site other than the latrine in the near-medium category has a chance of 20,250 greater than the high OD number compared to the distance of the house to the place of defecation in addition to the toilet of the remote category. The behavior of a person or society about health is determined by various factors, namely knowledge, attitudes, habits, culture, availability of facilities, support of health workers, environmental factors and others. Environmental or geographical factors are very influential on health behavior where the closer the community is to the river, the greater the use of river water for household needs. (Mazaya, G.I, 2016).

The distance to the defecation site other than this toilet can be interpreted as the distance between their places to open defecation at their favorite places or places they usually do. Many claim that their place is close to open defecation. The proximity of the access can be taken with a quick time to make defecation activities become commonplace and usually done from time to time. Therefore the village must collect data on places that are used by residents for open defecation, if it is feasible to build it as a public toilet, it must be built otherwise it must be closed and to remind residents to install banners on Open Defecation (BABS).) in BABS-prone places.

E. Regulations regarding defecation in Bangeran Village, Dawarblandong District, Mojokerto Regency

From the results of the study showed that of the 276 respondents most of the respondents had negative views on village regulations regarding defecation, namely as many as 145 respondents (52.5%) and a small portion had a positive outlook as many as 131 respondents (47.5%).

One of the government's efforts to improve public health is through the National Community Based Total Sanitation (STBM) program. Based on the Republic of Indonesia Minister of Health Regulation Number 3 of 2014 concerning Community Based Total Sanitation, that in order to strengthen efforts to clean and healthy behavior, prevent the spread of environmental-based diseases, improve community capacity, and improve access to drinking water and basic sanitation, STBM is required.

To support the government's program on STBM, the village government also made its own rules regarding open defecation which included prohibition provisions, community rights and obligations, sanctions and sanctions. Agree or disagree that the whole community must obey these regulations. What happened at the research site, all communities accepted the rule but it was not fully implemented so that people who were used to defecating carelessly were still doing it because the rules did not go well and so far there had never been sanctions in accordance with these rules. Therefore, the public may be able to change sanctions that do not burden materially but provide a deterrent effect. For this reason, Village regulations must begin with the commitment of all sari residents, RT, RW, Dusun and Desa.

F. Behavior of open defecation (OD) in Bangeran Village, Dawarblandong District, Mojokerto Regency

From the results of the study showed that of the 276 respondents most of the respondents still practiced open defecation or defecation in the amount of 145 respondents (52.5%) and a small percentage did not defecate carelessly as many as 131 respondents (47%).

Open defecation free (ODF) is a condition when every individual in a community no longer performs any defecation behavior that has the potential to spread disease. Verification is a series of activities to determine the truth of the information on the report submitted and provide a statement of the validity of the report. Verification is not done by the community in the community that declares open defecation free (ODF), but it should be done by other communities to do and or other parties outside the community (Permenkes, 2014).

Notoatmodjo (2007), to behave in a healthy manner the community needs facilities and infrastructure or health facilities such as clean water, landfills, feces disposal sites. Practice or action can be realized by the existence of supporting factors or a possible condition, among others, is the facility or infrastructure. This means that facilities and infrastructures are very supportive for someone to behave in a healthy life.

The results showed that there were still many people who defecated carelessly. The results of the survey, observations and interviews with respondents were many things such as the presence of people whose houses had tiled floors but did not have toilets, there were houses on the ground floor but had toilets, there were those who had toilets but rarely used and used to defecate on the river. who have a toilet but the flow of feces is directed to the river. Seeing the facts in the field shows that defecation behavior is based on low awareness about environmental health so they still defecate carelessly and their favorite place is in the river, then an approach can be taken by inviting religious shops (ulama) to participate in providing information about Open Defecation (OD) and its impact.

G. Effect of Knowledge with Open Defecation Behavior (OD)

The results of the study show that out of 276 respondents the most data are respondents who have less knowledge and do open defecation (OD), namely as many as 102 respondents (37%) and the least are respondents who have good knowledge and do open defecation (OD) which is 5 respondent (1.8%).

Knowledge variable (X1) obtained a p-value of $0.016 < \alpha = 0.05$, so that H0 is rejected and H1 is accepted. This means that the knowledge variable influences the behavior of open defecation (OD) in Bangeran Village, Dawarblandong District, Mojokerto Regency. If the respondent's knowledge is getting better, the respondent has a 2 times chance of not doing open defecation (OD).

According to Widaryoto in Siregar (2011), shows that good health knowledge is directly proportional to health behavior. The better the level of one's knowledge, the better the level of understanding and attitude of a person, so that with good knowledge, understanding and attitude, it will be applied with good behavior as well. This states that the better one's health knowledge, the health behavior will be better too. The results of the study are in accordance with the opinion of Azwar in Wawan et al (2011), attitudes influence behavior through careful and reasoned decision making so that a person will do an act when he sees the action as positive and if he believes that someone else wants him to do it.

This result is supported by research from Kamria et al. (2013) stating that the level of public knowledge about environmental health is very important, because it will affect the behavior of the next community in the provision of family latrines or facilities and in terms of utilization of family toilet maintenance.

H. Effect of attitude with open defecation behavior (OD)

From the results of the study showed that of the 276 respondents the most data were respondents who had a negative attitude and did open defecation (OD) that is as many as 112 respondents (40.6%) and the least were respondents who had a positive attitude and did open defecation (OD) that is as much as 33 respondents (12%).

The attitude variable (X2) obtained a p-value of $0,000 < \alpha = 0.05$, so that H0 was rejected and H1 was accepted. This means that attitude variables influence the behavior of open defecation (OD) in

Bangeran Village, Dawarblandong District, Mojokerto Regency. Respondents who have a positive attitude have the opportunity to 4.827 times not to open defecation (OD).

The existence of a positive attitude and negative attitude depends on people's perceptions through the advantages and disadvantages of open defecation. Someone defecates carelessly this is influenced by conditions such as when they are in the fields or in the garden can be faster and more practical if they urinate in the river. This is in accordance with Nielsen's research stating that most people have high knowledge and attitudes in maintaining health and hygiene. But this high level of knowledge is useless if the application of high knowledge on the importance of maintaining environmental health and hygiene is not implemented optimally, so it would be natural for sanitation conditions in some areas to still not work well (Qudsiyah A W, 2014).

The results of this study indicate that negative attitudes will form a low awareness of the importance of environmental health that has an impact on individual health. Open defecation, especially in rivers, is seen as common because it has been done for generations.

I. Effect of availability of family latrines with open defecation behavior (OD)

From the results of the study showed that of the 276 respondents the most data were respondents who did not have family latrines and did open defecation (OD), which were 108 respondents (40.6%) and the least were respondents who had family latrines and did open defecation that is as many as 37 respondents (13.4%).

The variable availability of family latrines (X3) obtained a p-value of $0,000 < \alpha = 0.05$, so that H_0 was rejected and H_1 was accepted. This means that the variable availability of family latrines influences the behavior of open defecation (OD) in Bangeran Village, Dawarblandong District, Mojokerto Regency. Respondents who have family latrines have a 4,827 chance to not open defecation (OD).

The results of this study are supported by the Qudsiyah A W (2014) study. The results of the analysis show that there is a relationship between toilet ownership and the high OD rate. Latrine ownership has an opportunity 1,700 times greater than the high OD figure compared to respondents who do not have a toilet. This study is in accordance with the theory of Notoatmodjo (2007), to behave in a healthy manner the community needs facilities and infrastructure or health facilities such as clean water, landfills, places for disposal of feces. Practices or actions can be realized by the existence of supporting factors or an enabling condition, among others, facilities or infrastructure. This means that facilities and infrastructures are very supportive for someone to behave in a healthy life.

J. Effect of the distance of the house to the defecation area other than the toilet With open defecation (OD) behavior.

From the results of the study showed that from 276 respondents the most data were respondents whose houses were close to defecation areas other than latrines and did not open open defecation in the amount of 125 respondents (45.3%) and at least the respondents were far away and did open defecation as many as 20 respondents (7.2%).

Variable distance of house with defecation place other than toilet (X4) obtained p-value of $0.326 > \alpha = 0.05$, so that H_0 is accepted and H_1 is rejected. This means that the variable distance of the house to the place of defecation other than the toilet does not affect the behavior of open defecation (OD) in Bangeran Village, Dawarblandong District, Mojokerto Regency. Respondents whose houses were far apart were 1.5 times more likely to not open defecation (OD).

The distance to the defecation site other than the latrine in the near-medium category has a chance of 20,250 greater than the high OD number compared to the distance of the house to the place of defecation in addition to the toilet of the remote category. The behavior of a person or society about health is determined by various factors, namely knowledge, attitudes, habits, culture, availability of facilities, support of health workers, environmental factors and others. Environmental or geographical factors are very influential on health behavior where the closer the community is to the river, the greater the use of river water for household needs. (Qudsiyah et al, 2013).

The research findings can be concluded that the distance traveled is determined by the shortest travel time possible so that people determine spot spots for open defecation not far from their homes as long as they can be reached quickly.

K. Effects of regulations on BABS Open defecation behavior (OD)

From the results of the study showed that from 276 respondents the most data were respondents who had negative views about village regulations regarding BABS and did open defecation (OD), namely as many as 93 respondents (93%) and the least were respondents who had positive views about regulations and made open defecation (OD) as many as 52 respondents (18.8%).

Regulatory variable (X5) obtained p-value of $0.024 < \alpha = 0.05$, so that H_0 is rejected and H_1 is accepted. This means that regulatory variables influence the behavior of open defecation (OD) in Bangeran Village, Dawarblandong District, Mojokerto Regency. Respondents who have a positive view of the rules have the opportunity to 4.827 times will not do open defecation (OD).

In conducting STBM triggering is carried out by workers, cadres, volunteers, and communities who have successfully developed STBM. Triggering is directed at providing the ability to plan behavior changes, monitor behavior changes, and evaluate behavior changes. After triggering, assistance is provided to the community (Regulation of the Minister of Health of the Republic of Indonesia Number 3. 2014. Community Based Total Sanitation).

Although the central government has issued a regulation on STBM, the policy at the local village community store has made village regulations about stopping open defecation, but not all communities respond to these rules positively. The results of the study showed that people who viewed the regulation positively tended not to defecate miserably.

CONCLUSION

1. Most have insufficient knowledge about open defecation as many as 156 respondents (56.5%) and a small proportion of respondents have good knowledge, which is 17 respondents (6.2%).
2. Most have a bad attitude about open defecation, namely 171 respondents (62%) and a small number have positive attitudes as many as 105 respondents (38%).
3. Most respondents have private latrines for families, which are 156 respondents (56.5%) and the rest do not have family latrines as many as 120 respondents (43.5%).
4. Most of the respondents claimed that the distance to the defecation area other than the toilet was close (< 100 meters), which was 227 respondents (82.2%) and a small number said that it was far (> 100 meters) as many as 52 respondents (17.8%)
5. Most respondents have a negative view of village regulations regarding defecation, namely 145 respondents (52.5%) and a small percentage have a positive view of 131 respondents (47.5%).
6. Most respondents still practice open defecation or open defecation in the amount of 145 respondents (52.5%) and a small percentage do not defecate carelessly as many as 131 respondents (47.5%).
7. Together Knowledge (X1), Attitude (X2), Availability of family latrines (X3), distance of houses other than latrines (X4) and regulations (X5) related to open defecation (OD) behavior (Y)
8. Knowledge variable (X1) obtained p-value of $0.016 < \alpha = 0.05$, so that H_0 is rejected and H_1 is accepted. This means that the knowledge variable influences the behavior of open defecation (OD) in Bangeran Village, Dawarblandong District, Mojokerto Regency. If the respondent's knowledge is getting better, the respondent has a 2 times chance of not doing open defecation (OD).
9. Attitude variable (X2) obtained a p-value of $0,000 < \alpha = 0.05$, so that H_0 is rejected and H_1 is accepted. This means that attitude variables influence the behavior of open defecation (OD) in Bangeran Village, Dawarblandong District, Mojokerto Regency. Respondents who have a positive attitude have the opportunity to 4.827 times not to open defecation (OD).
10. Variable availability of family toilet (X3) obtained p-value of $0,000 < \alpha = 0.05$, so that H_0 is rejected and H_1 is accepted. This means that the variable availability of family latrines influences the behavior of open defecation (OD) in Bangeran Village, Dawarblandong District, Mojokerto Regency.

Respondents who have family latrines have a chance of 27,011 times not going to open defecation (OD).

11. Variable distance of house with defecation place other than toilet (X4) obtained p-value of $0.326 > \alpha = 0.05$, so H_0 is accepted and H_1 is rejected. This means that the variable distance of the house to the place of defecation other than the toilet does not affect the behavior of open defecation (OD) in Bangeran Village, Dawarblandong District, Mojokerto Regency. Respondents whose houses were far apart were 1.5 times more likely to not open defecation (OD).

12. Regulatory variable (X5) obtained p-value of $0.024 < \alpha = 0.05$, so that H_0 is rejected and H_1 is accepted. This means that regulatory variables influence the behavior of open defecation (OD) in Bangeran Village, Dawarblandong District, Mojokerto Regency. Respondents who have a positive view of the rules have the opportunity to 4.827 times will not do open defecation (OD).

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