Application ETOSST (Etnology Based Self-Assessment) Concept On Sanitation As Trigger Instrument Of Human Behaviour Change To Public Health

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Abstract— Sanitation is an effort to control all the factors of human physical environment, which will have detrimental impact to their physical, health, and survival of human being. If sanitation in a country can be run properly, then the welfare of public health on that country can be achieved. However in reality, until now the level of sanitation in developing countries including Indonesia does not go well. This can be caused by inadequate access and unfulfilled sanitation requirements. In addition, the unhealthy life as part of behaviour patterns also have contribution. Under these conditions, the rate of occurrence of diseases caused by poor sanitation such as polio, diarrhea, and thypoid are increasing. The onset of these diseases can be allows if the community still has unhealthy behavior like Open Defecation Free (ODF). Based on the sanitation problems that used ODF behavior as main point of view, to find the innovative ways to change people’s behavior become the main research question. Therefore, researchers made ETOSST (Ethnology Based Self-Assessment) concept that allows peoples to assess the error behavior, and later was the one who will handle their own problems. Technically it is implemented in the program of people empowerment via : (1) introduction (2) mapping (3) transect walk (4) oral fecal (5) simulating water, and the last FGD. These method is applicable in ethnology, namely it’s focus on human behavior and it’s interpretation direct use of the subject to be researched. For result from ETOSST concept, community will leave their unhealthy behavior and change it becomes healthy behaviour. On the other hand, community that has behavior ODF can claim as ODF resistant community so diseases caused by poor sanitation such as polio, diarrhea, etc. are decreasing. In the future, the application of ETOSST program is expected to be the bases. Especially to developing countries like Indonesia and some other ASEAN countries. So that all health program not only as government desire, but the needs of the community. Therefore the concept of self-assessment is needed to support the achievement of the welfare of public health.

Keywords— Sanitation, Defecate, Self-assessment, Etnology

1. Introduction

1.1 Background

Communities is one of the main constituents in the establishment of a country. A very wealthy, is a sign that the country has a society that also prosperous. This prosperity is supported by numerous factors. One of these is the environmental health of the community in a the country. ( J.L. SAMBA: 1997 ) contributions environment in manifesting of health care is something we essensial in addition to the issue of the behavior of the people, health services and heredity. The environment provide the largest contribution to the emergence of signs of public health problems. (Pirenaningtyas, 2007). One of the factors in the environment causing human health aspects interrupted and the emergence of a disease is the education level of community in an area in which they live.

This program for the community led total sanitation (CLTS) from the government. And empowerment education program that aims to improve efforts to clean and healthy life, prevent the spread of disease, improve the ability of the community, as well as implement the government commitment to improve basic sanitation sustainable in the achievements of the MDGS (the Millennium Development Goals). Minister of health decision in 852/IX/2008 number of community led total sanitation (CLTS) that includes free (ODF) Open Defecation, managing a source of drinking water, and managing household waste safely, so that environmental factors can be controlled to create a state of healthy. (the Department of Health, 2008)

The condition of healthy environment can be seen from style hisup the community. But this condition cannot be found in the community who become target. These communities are the people in the village district Sidorukun, Gresik, East Java. The village was in the control of central public health services “Alon-Alon”. From the data obtained, there were 229 house that not having privy, residents who Open Defecation (OD) increased from 43 be 73 from 2012-2013 year. A lot of reasons for the increases. Among them namely: lack of funds for the construction of a privy, ignorance of the community about the dangers of Open Defecation (OD),
and the problem of concern and awareness which is still very low. So lifting this topic is very important to find an alternative solutions for odf rate can be increased or can even 100 percent. So that a healthy lifestyle capable of creating a healthy condition. Hence penelitian based Community Led Total Sanitation (CLTS) needs to be done. To further discuss the researcher will discuss the empowerment work that has been given the title “Application ETOSST (Etymology Based Self-Assessment) Concept On Sanitation As Triger Instrument Of Human Behaviour Change To Public Health”. Hopefully this research useful.

1.2 Problem Formulation
Based on the above can be taken formulation of the problem:
1. What alternative ways to change the human behaviour?
2. How the advantages from the ways that was chosen in changing human behaviour?

1.3 Research Objectives
The purpose of this study, carried out as:
1. Knowing how to find alternative ways to change human behaviour.
2. Knowing the benefits derived from the ways in changing human behaviour.

1.4 Benefits Research
This research was conducted in order to be useful to various parties including:
For Student:
1. Can broaden knowledge to conduct further research about sanitation.
2. Being materials for various experience literature mainly on sanitation and community.
3. Be able to apply around the area as a form of community empowerment.

For Citizens:
1. Making an independent village with their own solution about problem in their environment.
2. Making the healthy behaviour in the community and their environment.
3. Build awareness from community about their own health and their environment.

For Government:
1. Can be applied throughout Indonesia as an community empowerment.
2. Can increase the productivity on Indonesian society.
3. Making the Indonesian state independent and innovative with their own solution as local community based on their heathy behaviour.

According to WHO, the definition of sanitation is the monitoring of public water supply, discharge of defecation and solid waste, discharge of trash, vector of disease, settlement condition, food supply and control, atmosphere condition, and workplace safety. Meanwhile, according to general definition, sanitation is disease prevention and reducing or controlling physical environment factors which associate with transmission of disease.

Environment sanitation is controlling physical, biological, social and economic environment that influence human health. In the principle sanitation aim isto eliminate food presence, breeding places which is very needed by vector and destroyer animals Environment sanitation is the controlling effort to human physical environment factors that give bad effects to health or health effort to maintain and protect the environment cleanness from the subject, such as clean water supply for washing hand, prepare ash can to throw the trash away, build the toilet to throw the defeication in the aim to maintain environment cleanness and supply drinking water which fulfill health classification in the effort of maintaining and increasing the public health (Etjang, 2000)

Basic sanitation is household sanitation facility that conclude defecation facility, trash and household waste management.

Total sanitation is a condition where a community:
1. Not doing open defecation (OD)
2. Washing hand with soap
3. Manage drinking water and food safety
4. Manage the trash properly
5. Manage liquid household waste safety

Healthy privy is facility of defeication to cut the transmission chain of disease (Republic Indonesia HealthMinister Decision, 2008)

2.1.2 CLTS (Community Led Total Sanitation)
This approach method is positioning community as a subject, and stimulates them to do self assessment to their sanitation condition in their community. The next step is stimulating them to change their bad habit to health habit in better sanitation condition. CLTS Method is hygiene and sanitation changing approach collectively through community empowerment with stimulating method. The first step of behavior changingwith stimulate to improve access of sanitation facility which prepared by external side of community. So that the community can take a decision to improve access
of sanitary privy based on domicile environmental condition and risks analysis. Development focus is attainment outcome of behavior changing collectively. This matter is in the same way with society belief to achieve outcome purpose is open defecation environment.

Principles of CLTS:
1. There is no subsidy given to the community, not except for poor community one in supplying basic sanitation facility.
2. Improve the availability of sanitation facility that appropriate with community targeted ability and need
3. Create hygiene and sanitary community behavior to support the total sanitation created.
4. Community as the leader, and all of communities involve in problem analysis, planning, implementation, utility, and maintenance.

Main characteristic of this approach there is no subsidy for infrastructure (family toilet) and not determine the toilet that will be built by community. CLTS pointed in community behavior change to build basic sanitation tools though sanitation effort, including Open Defecation Free, washing hand with soap, manage drinking water and food safety, manage trash properly, and manage household water waste safety.

Empowerment community method (with CLTS method) as the core of CLTS action which is aimed to stimulate the community to repair their sanitation tool, with this stimulation, main target can reach, such as: changing sanitation behavior from community that still have bad habit, open defecation. Factors that must be stimulated are disgusted, embarrassed, awaken the fear of sick taste, and religion touch. Meanwhile, method used to awake the community conditions are transect walk with open defecation as the objective, water defecation contaminated demonstration, measure the number of defecation with community surrounding, mapping the citizen house who open defecation, studying process and design defecation contamination.

According to Republic Indonesia’s Decision of Health Minister No. 852 year 2008, Community Led Total Sanitation (CLTS) stated successful when a community fulfill these condition:
1. Everybody and community has access to basic sanitation tool so they can create their community free from Open Defecation (OD)
2. Every household have apply drinking water and food safety management in household
3. Every household and public service utilities in a community such as school, office, restaurant, public health center, market, station, etc supply hand washing facility (water, soap, hand washing tool) so that everybody can wash their hand properly
4. Every household manage their waste properly
5. Every household manage their trash properly.

Meanwhile, outcome of CLTS is decreasing diarrhea and environmental based disease which is associate with sanitation and behavior.

2.1.3 Open Defecation Free (ODF)

is a condition when an individual in community not do the defecation freely. They already use health and sanitary privy (Republic Indonesia Health Minister Decision, 2008)

2.1.4 Sanitary Privy

Based on MDG’s 2010 report, the qualification of access to the proper sanitations are the using of own or general defecation facility, using proper privy type and using septic tank for last defecation discharge. Meanwhile, based on Joint Monitoring Program (JMP) WHO-UNICEF 2008, sanitation divided into four criteria, they are improved, shared, unimproved, and open defecation. Categorized as improved if the they use their own

Figure 1. Condition the community behaviour

Figure 2. OD Behaviour in the Community
defecation discharge facility, the type of privy is latrine, and the last defecation discharge is septic tank. Other definition says that family’s privy is a construction that use to discharge and collect the human defecation wastes, so that defecation waste saved in a certain place and not cause or spread disease and also not contaminated the settlement environment. In daily practice, discharge of human waste mixed with water, so basically human waste processing same as water waste processing. On that score, basically, qualifications of human waste processing are same with qualifications of water waste processing.

Sanitary privy is defecation discharge facility that have characteristics (WSP, 2008):
1. Not contaminated water body
2. Keep human not contact with defecation waste
3. Throw the defecation waste away safety so that there is no fly and other vector attack
4. Keep the waste not in bad fragrance
5. Keep privy seats are in good condition and safety

Based on Health Department of Republic Indonesia, qualifications of health or sanitary privy for family are :
1. Not contaminated dinking water source, for that the location of defecation waste collecting hole’s distance is 10 meters minimum from well. For exception, distance will be further in clay or calcium –rich soil condition. This condition is interrelated with soil porosity. It will be difference too in topographic condition that makes toilet position on surface.
2. Odorless and impossible to insect can enter to the waste collecting place. It means that, the privy hole can be closed or using swan neck system.
3. Urine and cleaner water not contaminated the soil around. It can be implemented by making the toilet floor 1x1 meters minimum, with enough of angel slope to the toilet hole orientation
4. Easy to clean, safety to use. It must be made by strong and safety materials. To make it cheaper, it can be made with local materials.
5. Completed with wall and roof protection, waterproof wall and bright color
6. Enough of lighting
7. Waterproof floor

Based on the shape and name, there are types of privy (Azwar, 1983) :
1. Pit privy
   This privy made with digging a hole in soil 2.5 meters- 8 meters deep with diameter 80-120 centimeters. The walls powered with or without bricks depend on the village region. It may be made by bamboo, bamboo wall, and coconut leaf roof. Distance from drinking water source 15 meters minimum.
2. Improved pit latrine ventilation
   This privy is near same with pit privy, the difference is using of ventilation pipe. In the village region, this ventilation pipe can be made from bamboo
3. Fish pond latrine
   Fish pond latrine is privy that built above fish pond. Fish pond latrine system is possible to recycling process. Waste defecation eaten by fish directly. Then fish eaten by human and human defecate waste, it happen in that way continuously
4. The compost privy
   Principally, this privy is like pit privy, but the graving is shallower. Compost privy use to discharge animal wastes, trash, and also leafs.
5. Septic tank
   Septic tank type is the most required privy. Septic tank consist of water proof sedimentation tank, where defecation and water waste will through decomposition process. Defecation waste will stay in this tank during days. During those times, waste through two processes, they are chemical and biological process. In chemical process, 60-70% of defecation waste will be destroyed and reduced. Most of solid substances will precipitate in tank as sludge. Non-dissolving substances with lipid and foam are floating and composing a layer cover water surface in tank. This layer called scum that has function to maintain anaerob condition from liquid below that possible the anaerob and facultative anaerob bacteria to grow fast. These bacteria will be useful in the next process

In the biological process, there is a decomposition through anaerob and facultative anaerob bacteria activities. These bacteria eat organic substance in sludge and scum. The results are gas and other liquid substance, reduce of sludge volume. So it possibly make the septic tank not full in short time. Influent liquid already not contain part of defecation waste. And it has low BOD relatively. Influent liquid flowed through pipe, then the absorption process in soil or flowed through drain pipe city.

2.1.5 Environment-based Disease

Human waste is infectious, it cause some environmental-based disease, such as diarrhea, typhoid, dysentery, cholera, and helminthes infections. These diseases are many occur in
Diarrhea becomes one of important public health problem. Because diarrhea is third major contributer for illness and children mortality in some countries include Indonesia. Estimated more than 1.3 billion onsets and 3.2 million deaths each year in baby under five years caused by diarrhea. Mostly, diarrhea sufferer death caused by liquid and electrolyte loose through defecation. Diarrhea most suffered is children because they have limited immunity. diarrhea Mortality in baby under five years is 6,6‰ each years in 1980, then 3,7‰ in years 1985, 2,1‰ in years 1992 and 1,0‰ in years 1995(Household health survey data)

Diarrhea cause of children malnutrition. Diarrhea causes anorexia (loose appetite) so it can diminish nutrition intake, and can reduce intestine bioavailability to nutrition. In infection case, nutrition need of children with diarrhea is increase, so every diarrhea onset will cause malnutrition. If this condition happens continuously, it will cause children growth disorder.

Diarrhea influenced by many factors such as :
1. Environment condition
2. Community behavior
3. Community service
4. Nutrition
5. Demography
6. Education
7. Social economic condition

Diarrhea is changing feces frequency and consistency. It called diarrhea when someone defecates three times or more liquid defecation in a day (24 hours). Community may have their own definition such as soft, liquid, hemorrhagic, salivary, or with vomit. Based on time of onset there are two kinds of diarrhea (WHO, 1984) :
1. Acute diarrhea (less than 2 weeks)
2. Chronic diarrhea (more than 2 weeks)

Diarrhea outbreaks still often happen, so that eradication strategy become very important thing. In Indonesia, diarrhea outbreaks still happen mostly along years. Cause of diarrhea classified into (Widoyo, 2008):

1. Virus : Retrovirus (40-60%), Adenovirus
2. Bacteria : Escherichia coli (20-30%), Shigella sp. (1-2%), Vibrio cholera, etc.
3. Parasite : Entamoebahistolytica (<1%), Giardialambia, cryptosporidium (4-11%)
4. Ptomaine poisoning
5. Malabsorption of carbohydrate, lipid, and protein
6. Allergy of food, and cow’s milk
7. Immunodeficiency : AIDS

Mostly, diarrhea(75%) caused by micro bacterial like virus and bacteria. Transmission of diarrhea is fecal-oral with mechanism (Widoyo, 2008):

1. Water as main transmission medium. Diarrhea can happen if someone consumes contaminated drinking water. Even it is contaminated from source, contaminated during the way to household, or contaminated during saved in house. Contamination in house happen if saving place not close or if contaminated hand touch water when take water from saving place
2. It can be from contaminated defecation waste. Infectious defecation waste contains virus or bacteria in great number. If that defecation waste attacked by animal (insect usually) then that animal attack to the food, so that food can infect diarrhea to the people that eat those foods.
3. Factors that increase the risk factors of diarrhea :
   a. Baby already not given mother’s milk exclusively when in 4 month. This case can increase illness and mortality risk caused by diarrhea. It happen because mother’s milk contain immunity substance to infection.
   b. Give formulation milk to baby. Using of bottle will increase the contamination risk from bacteria. Milk will contaminated by bacteria from bottle. Bacteria will grow fast, if milk is not drunk immediately
   c. Saving food in room temperature. That condition will make food surface have direct contact with dish tool which is a good place for bacteria growth
   d. Not washing hand when cook and eat after defecation.

b. Typhoid

Typhoid fever is infection disease caused by Salmonella typhii or salmonella paratyphi A, B or C. this disease has specific symptom, is very fast disease during 3 weeks with fever, toksemia, gastric disorders, largement of lymph, and skin eruption. Cause of typhoid fever is bacteria in group of Salmonella that enter the human body through digestive tract. The main problem is human always excrete infectious micro organism even when they are in sick condition or in healing period. In healing
period, generally the sufferer still contain disease cause in biles or renal. 5% typhoid sufferer will be temporary carrier, 2% among is intermediate, and then will be chronic carrier. Majority from that carrier is intestinal carrier (intestinal type) and others are urinary type. Mild relapse happen to typhoid fever carrier, especially intestinal carrier because it has not specific symptoms

c. Dysentery

Dysentery mostly happen in developed countries, and it is a third cause of bacterial diarrhea. In tropic country, endemic dysentery mostly caused by S. flexneri, and S. sonnei. The transmission is fecal-oral from diarrhea. It can be infected by water and food or oro-anal sex contact. In tropic country, flies become main vector of infection disease. Generally, this infection suffer the children. Crowded settlement and personal hygiene are very influenced the natural history and transmission of disease. Number of bacteria need to infect is low (10-100 micro organisms) so it infect easily from one man to other man.

d. Cholera

Cholera is acute disease, it can heal by it self. Often cause of death, and very infectious. Cholera caused by Vibrio comma or Vibrio cholera. It cause symptoms like liquid diarrhea in serious condition, muscle spasm, dehydratin in bad condition that can effected to vascular collapse and other complications especially urinary and acute uremia. This bacteria grow in the intestine but it not spread in blood stream or tissue. Cholera organism is Vibrio comma or Spirillium cholera, a micro organism with coma shape, have long flagel, and mobile actively.

e. Worm Infection

Worm infections disease many happen in tropic country. There are many kind of worm that can infect human by fecal-oral transmission such as ankilostomiasis (mining worm), ascariasis (tapeworm), enterobiasis, trichuriasis (whip worm)

2.2 Methodology

2.2.1 Method

It is a method of research on human behavior by giving full responsibility to the community, so they awareness of self-related changes in behavior of sanitation and hygiene collectively through community empowerment. This method makes the approach to the subject, community as to their stimulation to perform a self-assessment of the sanitary conditions in their communities with the aim of analyzing the sanitary conditions of the area capable of resulting in a change in conditions better sanitation. This process is carried out by several phases including:

1. Introduction

This first step contain how the facilitator introduce their self and the purpose also benefits about the program to the community.

2. Mapping

Grouping areas to identify and view a map of the place, especially related to sanitation and defeation of community, also as a monitoring tool development latrine access post-triggering. Community describes the condition of the region by using tools such as sand (for boundaries), the green paper (houses), blue paper (source water), white paper (healthy laterine), and yellow paper (location defeation).
3. Transect Walk
To see and know the location of people's habits in defecation. Facilitator and community sharing and discussing in place is, in the hope there will be a sense of disgust and shame triggered on themselves.

4. Fecal Oral
To be together with the community to learn and know how to process the feces can get into the food community, and the impact that we have on the health of the family.

5. Simulation Water
To trigger of community related to their perception of how is considered clean, can potentially contaminated without them knowing it.

6. Forum Group Discussion (FGD)
Discussions with the community related to local environmental health conditions, the output of the public are able to formulate their own actions and their plan to get out of the bad sanitary conditions in their area. Furthermore, this community becomes grip facilitators in monitoring and evaluation of community action plan.

2.2.2 Time Frame
Researcher take sampling village that has high Open Defecation (OD), it is Sukorejo Village in Gresik regency, East Java province, Indonesia, doing with several stages including:

<table>
<thead>
<tr>
<th>Time</th>
<th>Place</th>
<th>Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>January 23rd 2015</td>
<td>Gresik Health Government</td>
<td>As volunteer in P3 Healthy Environment Department</td>
</tr>
<tr>
<td>January 25th 2015</td>
<td>Gresik Health Government</td>
<td>Study and collecting data about health sanitation in all of village in Gresik</td>
</tr>
<tr>
<td>February 3rd 2015</td>
<td>Sukorejo Village</td>
<td>Implementation Gresik Health Government program about health sanitation especially about ODF in that village</td>
</tr>
<tr>
<td>February 5th 2015</td>
<td>Sukorejo Village</td>
<td>Monitoring and evaluating program and do the next step based method of the program</td>
</tr>
<tr>
<td>February 10th 2015</td>
<td>Mojoklangru street, Surabaya (researcher home stay)</td>
<td>Arrange the data based program implementation</td>
</tr>
</tbody>
</table>

2.3 Data and Information Sources
2.3.1 Data Analysis Technique
Data analysis is the process of arranging the order of the data, organize them into a pattern, category, and description of the basic unit (Patton). The analysis technique used by the authors is the descriptive and qualitative data analysis techniques that the authors analyze and use data taken from the source of research data, then the author gives interpretations based review of the literature. The author also use the results of data from field.
observation as supporting material authors interpretation of research data. The author describes the result of observations using the book theory review of the literature.

Then the authors conclude that the study is the result of research or an answer to the question and research issues. The author presents the results of research using words, tables, and graphs, because the author is explaining the presentation of data using qualitative and implementation methods. Of an investigation will be collected primary data and also the data enhancements. The main data sources in qualitative research are the words and actions. While the written data, photos, and statistics are additional data (Moleong, 2007: 157).

2.3.2 Data Collection
The data collection technique is a structured process of data collection on the subject of research. Research retrieval of data by using collect data from Health government, observation, and also interview with some of the community when the program is implementing to them. Continuously around the observation area. Collecting data in Health Government mean the author have study literature and only take the data then input them in a note. Observation is a direct observation of the activities being carried out, and the interview is a conversation directly with a specific objectives using a question and answer format while the plan observation.

2.3.3 Sources of Data Research
The data source of this research is the result of interviews the author conducted direct observation and implementation program to the community that has OD behaviour in Sukorejo Village, Gresik Regency, East Java Province, Indonesia. Because from Gresik Health Government, Sukorejo village has higher OD behaviour than the other village in Gresik Regency. So based the condition, researcher with Gresik Health Government doing implementation a program that has purpose to change their unhealthy behaviour on sanitation until they can ODF (Open Defecation Free), so they can avoid from disease that caused by unhealthy sanitation. The program use ETOSST (Etology Based Self-Assessment) concept. Etology is one of kind in research method, this method mean that researchers focus in change unhealthy human behaviour, because it becomes the main purpose in the program. Besides etology, self-assessment is branch from the etology concept. This concept mean that the community has awareness about their healthy and their environment based on sanitation. From the data of observation and research literature methods, researchers makes two formulation of problem, namely : (1) What alternative ways to change the human behaviour ? (2) How the advantages from the ways that was choosen in changing human behaviour ? Researchers hopefully from the concept can build independent community to solve their own problem through trigger instrument from facilitator.

The concept through some of step, such as introduction, mapping, transect walk, fecal oral, simulation water, and the last is Forum Group Discussion (FGD).

In the first, the community is invited to public hall and there are leader of the village also many cadres form the there. Then the facilitator from researchers and Gresik Health Government introducing the main of the program and explain how the program work. After the community can accept facilitator presence, the facilitator can pass to the next step, that is mapping. In mapping step, one of the community is asked to draw their village location. Then all of them are gave one paper and one rock from the facilitator. After that, the facilitator will give instruction to the community to put a paper that
they have to the map of their village location. The paper will put in their home location in their village. Then they are asked to put a rock that they have in the paper. If the community still have OD behaviour, so the community will put the rock in out of the paper, and also if the community have ODF behaviour, so they will put the rock on the paper. From this method, the facilitator, cadres, and leader of the village know the condition their community. Because of that, the facilitator can pass to the next step using trigger instrument, that is transect walk. Doing transect walk hopefully the community have awareness about their healthy environment, because this step facilitator use trigger instrument that can make build sense of disgust and shame on own their behaviour. Transect walk use sharing and discussing method to close with the community that hopefullt they can open to the ather about their condition.

Next step is fecal oral, it means that the community, cadres, and leader of the village with facilitator together to learn how to process the feces can get into the food community, and the impact that we have on the health of the family. Then next step is simulating water, this step using trigger method to related the community perception of how is considered clean and can potentially contaminated without them knowing it. And the last step is Forum Group Discussion (FGD). This step the facilitator and the community have discussions about local environmental health conditions, the output of the public are able to formulate their own actions and their plan to get out of the bad sanitary conditions in their area. Furthermore, this community becomes grip facilitators in monitoring and evaluation of community action plan. Because of this step, leader of the village can take policy to help their community in solve their own problems.

![Figure 7. Steps of ETOSST concept](image)

<table>
<thead>
<tr>
<th>Sum of House</th>
<th>Sum of KK</th>
<th>Have health privy</th>
<th>Have unhealthy privy</th>
<th>Do not have privy</th>
</tr>
</thead>
<tbody>
<tr>
<td>419</td>
<td>473</td>
<td>243</td>
<td>360</td>
<td>15</td>
</tr>
<tr>
<td>18</td>
<td>161</td>
<td>95</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

From the Gresik Health Government data shows that Sukorejo village have 419 sum of house, and there are 473 sum of KK. But from the data, researchers find 161 sum of house do not have privy and 95 sum of KK access, also there are 243 sum of house have health privy and 360 sum of KK access, and there are 15 sum of house have unhealthy privy and 18 sum of KK access. After researchers and Gresik Health Governement implementing the program concept in the ommunity, Sukorejo village that have 164 sum of OD in the first, becomes have 76 sum of OD in the last with spesific data such as : (1) 1st RW = have 97 sum of OD becomes 59 sum of OD after implementing the program concept, (2) 2nd RW = have 67 sum of OD becomes 17 sum of OD after implementing the concept program. So can get the result that the program concept can reduce the unhealthy behaviour of OD is 14.8% in 1st RW and 19.5% in 2nd RW. Besides that can get other result that the program concept can increase utilize health privy such as 16.4% in 1st RW and 10.5% in 2nd RW.

![Table 3. OD development after and before implementing ETOSST concept program](image)

From the reality phenomenon, the concept program have advantage such as ; (1) know the sanitation problem in the community, (2) can implementing direct the concept program to change unhealthy behaviour, (3) can build independent community to solve their own problems.

### III. Conclusion and Implication

#### 3.1 Conclusion

Based on information and explanations that have been done, thus some conclusions can be drawn from this study are:
1. ETOSST concept contain some step such as introduction, mapping, ransect walk, feal oral, water simulation, anf FGD.
2. ETOSST concept can reduce unhealthy behaviour on sanitation
3. ETOSST concept can reduce OD behaviour in the community.
4. After implementation ETOSST concept in Sukorejo Village, OD behaviour in the community can reduce 20%.
5. ETOSST concept can build the independent community to solve their own problems in their environment based unhealthy sanitation

3.2 Implication
After doing some research, the researchers suggest some suggestions as follows:
1. To support government program in order to reduce OD behaviour, maybe utilize ETOSST concept program can provide enormous benefits to society.
2. It is expected to create a small scale as a friendly method to close with community that utilizes ETOSST program to change the unhealthy behaviour.

IV. Acknowledgment
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V. Reference