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IMPLEMENTATION OF THE OPEN DEFECATION FREE PROGRAM IN EAST KUTAI REGENCY

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Abstract

Community-Based Total Sanitation (STBM) is a national policy oriented towards promotive and preventive public health efforts, particularly in the Open Defecation Free (ODF) pillar. This study aims to analyze the implementation of the STBM policy in Karangan Dalam Village, Karangan District, East Kutai Regency. It aims to identify supporting and inhibiting factors in its implementation. This study uses a qualitative, descriptive approach. Data collection through in-depth interviews, observation, and documentation of the village government, community leaders, and health workers. Data analysis uses the interactive model of Miles and Huberman through data condensation, data presentation, and the drawing and verification of conclusions. The results of this study illustrate that the commitment of internal actors, the role of health workers, and sectoral synergy have supported the implementation of the STBM program in Karangan Dalam Village. However, its implementation still faces obstacles, including limited resources, suboptimal village budgets, unequal community participation, and ingrained habits that are difficult to break. This study concludes that the successful implementation of STBM requires strengthening institutional capacity, sustainable funding, and consistent community behavior change strategies.

Keywords: Policy Implementation, Community-Based Total Sanitation, Open Defecation Free

1. Introduction

Environmental health problems often arise due to low public awareness of the importance of healthy living. Diseases often arise from interactions between humans and their environments. Environmental factors are significant determinants of disease and health disorders, influencing mortality rates. Therefore, understanding the relationship between environmental conditions and health is crucial for addressing environmental issues in an integrated and comprehensive manner (Mulyadi, 2015).

Such environmental health issues require systematic efforts that focus not only on disease management but also on prevention through behavioral changes. One intervention is the Community-Based Total Sanitation (STBM) policy, which

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employs a community empowerment approach to create a healthy environment free of pollution. Through this program, the community is encouraged to develop awareness, responsibility, and independence in adopting clean, healthy living behaviors. This effort is expected to stop the practice of open defecation, which has the potential to pollute the environment and increase the risk of environmentally based diseases. This approach demonstrates that improving environmental health cannot be separated from the community's role as the primary subject in health development.

To address these issues, one strategic approach is environmental health-based disease control. The Indonesian government has set a national target of implementing the Community-Based Total Sanitation (STBM) program in 2014. In this program, community health centers (Puskesmas) act as facilitators in the development of norms, standards, guidelines, advocacy, outreach, monitoring, evaluation, and community education related to sanitation (Regulation of the Minister of Health of the Republic of Indonesia Number 6 of 2014 concerning Community-Based Total Sanitation, 2014).

Open Defecation Free (ODF) is one of the main pillars of the STBM program. Its goal is to eliminate open defecation and improve sanitation, thereby reducing the risk of environmental diseases such as diarrhea. The program also encourages clean and healthy living behaviors in both rural and urban communities (Regulation of the Minister of Health of the Republic of Indonesia Number 6 of 2014 concerning Community-Based Total Sanitation, 2014).

The implementation of the ODF pillar is not only focused on providing adequate latrines but also on promoting sustainable behavioral changes. The success of ODF is primarily determined by community awareness, participation, and commitment to maintaining environmental cleanliness, as well as government support for health workers through outreach, mentoring, and monitoring activities. Therefore, the ODF program is a crucial indicator of STBM implementation success, reflecting the community's ability to independently manage sanitation and prevent environmental pollution that impacts public health.

However, the challenges of sanitation development in Indonesia are not only technical but also socio-cultural. Ironically, amid the digital era, with advances in information, health education, and increasingly accessible technology, the phenomenon of open defecation (ODB) remains prevalent in various regions, including rivers. While people can easily access health information through social media and digital applications, sanitation behavior has not yet entirely changed. This demonstrates a digital divide between the availability of information and the implementation of clean and healthy living in the community.

These conditions demonstrate that sanitation issues are not simply about providing information; in practice, they also require a sustainable approach to behavior change. Values, habits, and community perceptions of health risks continue to hinder the adoption of proper sanitation practices. STBM program interventions require more than just increasing information; they also require community-based empowerment, the role of community leaders, and communication strategies that can bridge the gap between knowledge and practice.

A 2016 study by the Indonesia Sanitation Sector Development Program (ISSDP) found that 27% of Indonesians defecate in rivers, rice fields, gardens, and open spaces. This phenomenon demonstrates the urgency of the ODF Village program, including in Karangan Dalam Village, Karangan District, East Kutai Regency, which still faces significant challenges in changing sanitation behavior by 2024.

Achieving Open Defecation Free (ODF) status is not only about sanitation availability but also about community behavior, awareness, and collective commitment. In Karangan Dalam Village, sanitation behavior is influenced by long-standing, ingrained habits, low perceptions of health, and limited ongoing support. Therefore, program implementation requires a comprehensive strategy that empowers local actors. Intensive outreach and cross-sector integration are essential for the program's success and consistency.

Based on observations, Karangan Dalam Village has not been implementing the ODF program optimally. This is evident from several indicators, including the high rate of environmentally based diseases such as diarrhea, skin diseases, and digestive tract infections caused by open defecation (ODF). The village government's lack of education on the use of healthy latrines has led some residents not to understand the link between poor sanitation practices and health risks. The limited STBM sanitation facilities in the village also pose a barrier, as not all households have access to safe latrines or adequate handwashing facilities.

Environmental health problems are often encountered because of low public awareness of maintaining environmental cleanliness, despite easy access to information. In an effort to reduce the number of environmentally related diseases, the government implemented the STBM program. However, this change in sanitation behavior cannot be implemented quickly due to entrenched cultural factors and limited sanitation facilities and infrastructure. This condition is reflected in Karangan Dalam Village, where the program has not been running optimally due to minimal public education, unequal access to toilets, and the habit of defecating in open spaces. Therefore, continuous intervention is needed to strengthen the roles of village governments, community health centers, and health offices, both to increase public awareness and to provide healthy sanitation facilities, to realize a healthy and sustainable environment.

The purpose of this study is to generally describe and analyze the implementation of the Open Defecation-Free (ODF) program in Karangan Dalam Village, Karangan District, East Kutai Regency. Specifically, it is to identify, describe, and analyze the implementation, supporting, and inhibiting factors of the ODF program in Karangan Dalam Village.

This research is expected to provide valuable benefits. Theoretically, this research is expected to make a valuable contribution to the development of science, especially to the implementation of policies based on the Minister of Health Regulation No. 3 of 2014 on Community-Based Total Sanitation (2014). In addition, it is expected to serve as a reference for researchers conducting similar research. In practice, it provides data-based input to improve the implementation strategy of the ODF program, making it more effective and sustainable. Increase awareness of the importance of clean and healthy living behaviors and the use of healthy latrines. Become a reference for further research on sanitation policies and environmental health in rural areas.

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2. Literature Review

From a public administration perspective, policy is the result of a decision-making process involving multiple actors, interests, and public considerations that requires state intervention to achieve the common good. Thus, policy is not limited to formulation but also encompasses implementation and evaluation to ensure that established objectives are effectively achieved. The success of a policy is primarily determined by the extent to which it is translated into concrete actions by implementers and accepted and supported by the community as the target group.

Based on this definition, public policy can be understood as an instrument used by the government to direct, regulate, and influence public behavior to achieve specific, collective goals. Therefore, public policy is always related to the allocation of resources, authority, and state legitimacy in implementing and resolving public problems. In this context, public policy requires an effective implementation process so that normative policy formulations can be realized in real practice and have a direct impact on public welfare.

According to Agustino (2008:141), there are two main approaches to studying policy implementation. The top-down approach assumes that policy implementation begins with central-level actors, and decisions made at the central level are translated down to lower levels. George C. Edward III is one of the scholars who supports this approach.

According to Kismartini et al. (2005: 21-23), several models of policy implementation exist. According to Merily S. Grindle, the translation and implementation of policies in a political context determine their success. The central concept is that policies must be implemented after being well understood. This includes the policy's benefits to be implemented, the types and levels of benefits generated, the required changes, and the necessary resources. Therefore, the intended environment, which comprises the implementation content, must accommodate the various forces, goals, and tactics of the actors involved. In addition, the success of policy implementation is influenced by elements such as institutional character, dominant power, and compliance and responsiveness.

According to Agustino (2008:141), George C. Edward III's model for policy implementation is called "Direct and Indirect Impact on Implementation." This model explains that four main factors determine the success of policy implementation: resources, communication, attitudes or dispositions, and bureaucratic structure.

Minister of Health Regulation (Permenkes) Number 6 of 2014 concerning Community-Based Total Sanitation (STBM) is a policy that aims to empower communities to independently achieve a healthier environment by changing hygienic and sanitation behavior. This program is based on five main pillars: Stop Open Defecation (SBABS), Washing Hands with Soap (CTPS), Household Drinking Water and Food Management (PAMMRT), Household Waste Management (PSRT), and Household Liquid Waste Management (PLCRT).

The main objectives of STMB include: preventing environmentally transmitted diseases, such as diarrhea; increasing community access to sustainable drinking water and basic sanitation; and empowering communities to live cleaner and healthier lives. There are Five Pillars of STBM in its implementation, including: Stop Open Defecation (SBABS): Communities have access to and use healthy latrines to create an Open Defecation Free (ODF) community. Washing Hands with Soap (CTPS): Availability of handwashing facilities with water, soap, and other facilities in households and public facilities, so that everyone washes their hands properly. Household Drinking Water and Food Management (PAMMRT): Every household implements safe drinking water and food management practices.

3. Method

3. 1 Types of research

The research method chosen for this study is descriptive, qualitative research. According to Irwan (2018), "Descriptive research is research that aims to describe or explain something as it is."

3. 2 Research Location

The research location is Karangan Dalam Village, Karangan District, East Kutai Regency. The Open Defecation-Free (ODF) program is being implemented in accordance with the Minister of Health Regulation Number 6 of 2014 concerning Community-Based Total Sanitation.

3. 3 Data source

In this study, the researchers used primary data, including interviews and direct observations of informants. Meanwhile, secondary data is data that can provide information indirectly.

3. 4 Research Instruments

Several instruments were used in this study: an observation sheet for observation, an interview guide for interviews, and a camera for documentation.

3. 5 Data collection technique

According to Sugiyono (2019), in principle, "research is measuring existing social and natural phenomena." The planned field data collection techniques are interviews, observation, and documentation.

3. 6 Research Informant

Some of the informants in this study were the Head of Karangan Dalam Village as a decision maker and policy implementer at the village level; the Head of the local Community Health Center (Puskesmas) - who plays a role in public health aspects and the implementation of the sanitation program; the Village Midwife - who provides support in maternal and child health and education about sanitation; the Hamlet Head - as a representative of the local community who helps in the socialization of the program; and Community Leaders - who influence educating and motivating the community to participate in the ODF program.

3. 7 Research Focus

This research focuses on the implementation of the Open Defecation-Free (ODF) Program in Karangan Dalam Village based on the Community-Based Total Sanitation (STBM) Policy. This research covers the policy's implementation, the supporting factors, and the inhibiting factors.

3. 8 Data analysis

Miles Huberman, AM, & Saldaña, J. (2014) stated that activities in qualitative research data analysis can be carried out repeatedly until the data obtained are considered saturated. Activities in the analysis include data condensation, data display, and conclusion drawing and verification. Data condensation refers to the process of selecting and focusing.

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The first stage is condensation, which involves selecting, focusing, and simplifying data from interviews, observations, and documentation. At this stage, the data are grouped by themes related to the research. The second stage is data presentation, which involves organizing the transformed data into a narrative. This presentation facilitates the identification of patterns, relationships between categories, and emerging trends. The third stage is concluding and verifying them, a process of continuously interpreting the data's meaning through comparisons of field findings, applicable theories, and triangulation. The conclusions drawn are not final but are repeatedly verified until credible data is found.

4. Results & Discussion

4.1 Result

4.1.1 Implementation of Policy Based on Minister of Health Regulation Number 6 of 2014 Concerning Community-Based Total Sanitation

In this study, the Implementation of Policy Based on the Regulation of the Minister of Health Number 6 of 2014 Concerning Community-Based Total Sanitation in Karangan Dalam Village, Karangan District, Kutai Tidmur Regency will be seen from the perspective of communication, resources, disposition, and bureaucracy.

The communication variable described includes indicators for information transmission and clarity. The distribution indicator shows that information about the STBM (Integrated Village-Based Disaster Management) program, specifically the ODF (Oil-Free Disaster Management) program, has been distributed from the government to the village level through vertical and horizontal channels. The policy is disseminated by community health centers (Puskesmas) through outreach to village governments, hamlet heads, neighborhood associations (RT), village midwives, and the community at large. This outreach has been ongoing since 2015, strengthened in 2018, and intensified again in 2023. However, in the early stages of implementation, the policy's distribution has been uneven, as evidenced by areas that are not yet ready for ODF declaration.

Regarding the clarity indicator, the research results indicate that STBM policy information has been disseminated clearly and transparently to the public. This clarity is demonstrated by the explanation of the program's objectives, implementation mechanisms, and support for facilities such as toilet construction. The planning and implementation process was conducted openly and involved many parties. Furthermore, transparency is demonstrated in the dissemination of budget information and reporting of ODF achievements to the community and the Health Office. From these findings, it can be concluded that, in implementing the STBM policy, the communication aspect has been running quite well. Although information was initially uneven, it has gradually become understandable and encouraged community participation.

In the resource variable, the indicators analyzed were policy implementer resources and budget resources. The research results indicate that, in terms of human resources, program implementers' capacity is relatively adequate, despite several implementation limitations. The village head stated that village officials, cadres, and health workers play an active role in the program. This indicates that, institutionally, policy implementers are available and fulfilling their roles.

Regarding budget resources, research results indicate that the STBM program receives support from the Karangan Community Health Center. The budget for the ODF program evaluation is included in the 2025 Budget Plan (RAB) and the 2026 Strategic Plan. For the village government, this program is not included in the Village Fund Budget. However, the village provides operational support to ensure the program runs smoothly.

Based on the findings, human resources and budget are essentially available and support program implementation. However, differences in community understanding and budget constraints remain challenges. Therefore, increasing human resource capacity through ongoing outreach and strengthening cross-sectoral funding support are key efforts to ensure the program's effectiveness and sustainability.

Implementing the ODF policy requires a clear division of responsibilities between units to ensure the program runs in an organized manner. Research shows that implementation at the village level relies not only on formal regulations but also on the attitudes, commitment, and willingness of implementers to fulfill their respective roles. Interviews revealed a clear division of tasks. This demonstrates the commitment of the community health centers, acting as supervisors, to conduct regular monitoring to ensure the sustainability of ODF implementation.

In line with this, the village government has divided tasks within their respective areas, starting with the hamlet head, the neighborhood unit head, and the village midwife. Furthermore, community leaders also play a role in mobilizing the community. These findings indicate that policy implementers' disposition or attitude demonstrates a strong commitment. A clear division of tasks and each actor's willingness to carry out their role are supporting factors in driving the policy's success.

Regarding the program's bureaucratic structure, it is complex and requires cross-sector collaboration. Therefore, a conducive bureaucratic structure and clear regulations are essential prerequisites for effective policy implementation. The study results indicate that inter-unit coordination has been quite effective. The head of the Community Health Center regularly coordinates with village governments and cadres through cross-sector meetings, data collection on houses without latrines, and monitoring of achievements. This demonstrates the existence of a structured work mechanism in program implementation.

From these findings, the bureaucratic structure has been operating quite effectively. Clarity of roles, division of authority, and cross-sector coordination are supporting factors in avoiding bureaucratic obstacles and supporting program success.

4.1.2 Supporting Factors in the Implementation of the Community-Based Total Sanitation (STBM) Policy in Karangan Dalam Village

These internal factors originate within the implementing structure and directly influence the program's success. In the context of STBM policy, internal factors serve as the foundation for ensuring the program runs smoothly, consistently, and sustainably. The results of this study demonstrate strong support and commitment from internal actors. Village heads and village officials have prioritized the program. This support strengthens STBM's position as a key agenda item in village development. At the hamlet level, hamlet heads play an active role in mobilizing the community. Furthermore, village midwives play a strategic role in supporting

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the program through strong relationships with mothers and children.

The involvement of internal actors reflects alignment of goals and a shared understanding of the importance of STBM in improving environmental health. The role of the Village Head is crucial in directing policy and encouraging collaboration among village officials across sectors. The Hamlet Head serves as a liaison between village policies and community practices. Village midwives hold a strategic position due to their close relationships with mothers and children, enabling them to convey persuasive messages.

Internal synergy can strengthen village institutions in the sustainable implementation of the STBM program and serve as a crucial asset in encouraging behavioral changes related to community sanitation. Based on the existing findings, internal factors play a significant role, particularly through the commitment of village officials and health workers, and the support of community leaders, in strengthening the program's implementation.

External factors in the STBM program originate outside the structure and play a crucial role in its success. These factors include cross-sectoral support, community socio-cultural support, and the participation of various parties outside the village government. Research shows local government support through the regional budget (APBD), regional sanitation programs, and Corporate Social Responsibility (CSR). Furthermore, collaboration with community organizations, non-governmental organizations (NGOs), and universities provides support through cadre training and technical assistance.

Furthermore, cross-sector coordination accelerates the handling and fulfillment of sanitation needs. In the public health sector, support from the Family Welfare Movement (PKK), integrated health posts (Posyandu), and toddler cadres can increase family participation in program implementation. Based on the findings, external factors have a significant impact. Cross-sector synergy, funding support, and community organization involvement are crucial to achieving program goals.

4.1.3 Inhibiting Factors in the Implementation of the Community-Based Total Sanitation (STBM) Policy in Karangan Dalam Village

Inhibiting factors in this program include limited implementation capacity, resource availability, and inconsistent implementation. The results of this study indicate that budget constraints are a barrier. Furthermore, the Head of the Community Health Center assessed limited human resources as an internal barrier. A similar view was expressed by the Village Midwife, who stated that limited time and coverage prevented optimal outreach activities. Internal barriers also stemmed from uneven levels of community participation. The Hamlet Head stated that although some residents were active, many remained reluctant to change. This situation illustrates that internal barriers stem not only from the apparatus but also from community dynamics.

This indicates that internal barriers to implementing the STBM program are interconnected with various institutional, resource, and social aspects of the community. Budget constraints directly affect the intensity of mentoring activities and the provision of sanitation facilities, while limitations in human resources and the time available to implementers limit the reach and sustainability of outreach. On the other hand, low community participation requires communication and empowerment strategies that are adaptive to community conditions. Therefore, strengthening implementers' capacity, increasing resource allocation, and adopting a participatory approach are necessary to prevent these obstacles from disrupting the program's implementation.

External inhibiting factors relate to socio-cultural conditions, limited cross-sectoral support, and the availability of facilities and infrastructure. Furthermore, the Village Midwife reported limited logistical support that did not meet needs. Furthermore, the Hamlet Head stated that external parties, such as NGOs and corporate social responsibility (CSR) programs, were not always available. From the perspective of community leaders, cultural factors remain a barrier. Old habits that are difficult to break and minimal campaigning contribute to slow behavioral change. Thus, external factors indicate structural and cultural challenges.

This demonstrates that external inhibiting factors in the implementation of the STBM program are inextricably linked to social structures, institutions, and cultural conditions. Limited cross-sectoral support and unsustainable external support have led to inconsistent efforts to develop sanitation facilities and community capacity. Furthermore, deeply rooted cultural conditions demonstrate that behavioral change takes time and requires a comprehensive approach. Therefore, active and strong collaboration between stakeholders and a strengthened campaign for change are essential.

4.2 Discussion

4.2.1 Analysis of the Implementation of the Community-Based Total Sanitation (STBM) Policy in Karangan Dalam Village Based on the Theory of George C. Edwards III

According to George C. Edwards III, communication is a key prerequisite for successful policy implementation. It must encompass transmission, clarity, and consistency. Research shows that STBM policy communication occurs through both vertical and horizontal channels, from community health centers and village governments to the community at large.

The gradual socialization process, conducted from 2015 to 2023, demonstrates a continuous transmission process. However, in the initial stages of implementation, communication was not entirely equitable, leaving some regions unprepared for the program. In terms of clarity, program objectives, mechanisms, and support, the program has been communicated openly and transparently, encouraging public understanding and participation. Therefore, the communication aspect has been quite successful, although it still requires strengthening to ensure equitable and sustainable information delivery.

Edwards III emphasized that the success of a policy is primarily determined by the availability of resources, both human and budgetary. Research findings indicate that human resources are relatively available for implementing STBM in Karangan Dalam Village, with village officials, health cadres, midwives, and community leaders actively participating in outreach and mentoring activities. However, variations in community education and understanding mean that the change process has not yet occurred evenly, necessitating more extensive, sustainable, and easily understood outreach.

From a budget perspective, the primary support comes from community health centers (Puskesmas) through program planning and budget allocations in the Budget (RAB) and strategic plan.

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Meanwhile, village governments have not allocated funds for the STBM program, but continue to provide limited operational support. This situation illustrates that resource structures are in place. However, their utilization is not yet fully optimal, particularly in ensuring the sustainability or continuity of funding and increasing community capacity as policy targets. The involvement of various local actors is indeed a crucial asset, but without budgetary support and integration, such efforts may be suboptimal.

In Edwards III's theory, disposition is related to the commitment, attitude, and willingness of implementers to implement the policy. The study's results indicate a positive disposition among STBM policy implementers. The Community Health Center (Puskesmas) demonstrated commitment through routine coaching and monitoring. In contrast, the village government, hamlet heads, village midwives, and community leaders demonstrated a willingness to fulfill their respective roles and responsibilities. This support and willingness to collaborate are important factors driving STBM implementation. Therefore, the disposition of implementers in Karangan Dalam Village is quite strong and contributes positively to the policy's success.

According to Edwards III, a clear and coordinated bureaucracy will minimize obstacles to policy implementation. Research results show that the bureaucratic structure for implementing STBM in Karangan Dalam Village operates functionally through cross-sector coordination. The division of roles among the community health center (Puskesmas), the village government, the hamlet head, the village midwife, and cadres is clearly delineated. Coordination mechanisms through deliberation, data collection, and monitoring of program achievements demonstrate a fairly effective work structure. However, cross-sector dynamics still require strengthening technical regulations and consistent coordination to ensure effective and sustainable policy implementation.

4.2.2 Supporting Factors in the Implementation of the Community-Based Total Sanitation (STBM) Policy in Karangan Dalam Village

These internal factors include the disposition of implementers, internal communication, and human resource capacity. The research results indicate that internal actors' commitment is quite strong. The village head and village officials prioritize the STBM program in village development. This positive attitude and support demonstrate a strong disposition among policy implementers, which, according to Edwards III, is a crucial prerequisite for consistent policy implementation.

At the hamlet level, the hamlet head plays a crucial role in mobilizing the community and acting as a liaison between technical policies and adaptation to the community's socio-cultural conditions. Furthermore, the village midwife plays a strategic role in providing program support with a maternal and child health approach through integrated health posts (Posyandu) and other health services. This role can strengthen policy communication through interpersonal engagement, ultimately ensuring that the community accepts messages on the importance of ODF. A closer look, from the perspective of George C. Edwards III, reveals that the internal supporting factors of the STBM policy are closely linked to implementation variables, particularly the disposition of implementers, communication, and human resource capacity.

Based on the existing findings, internal factors significantly support the implementation of STBM in Karangan Dalam Village. The commitment of village officials, the involvement of community leaders, and the active role of health workers create a conducive internal environment for the program's implementation. While internal factors can demonstrate strong support, this study's results also indicate the need to sustainably strengthen internal conditions. Consistency of implementer attitudes, communication between actors, and increased human resource capacity must be maintained to prevent decline over time. Strengthening internal factors through routine coordination, capacity building of implementers, and strengthening commitment are crucial steps in ensuring the effective implementation of the STBM policy.

External factors originate outside the village's policy implementation structure. However, they also play a crucial role in supporting the success of STBM implementation. Within the Edwards III framework, these factors are linked to resources, policies, and cross-sectoral coordination. This study illustrates the support of local governments through regional budget (APBD) funding and regional sanitation programs, as well as the involvement of corporate social responsibility (CSR) companies in sanitation facility development. This support strengthens the availability of budgetary resources, which significantly determines the policy's implementation.

Furthermore, collaborations with community organizations, non-governmental organizations, and universities provide support through cadre training and technical assistance. This collaboration can increase human resource capacity and have a broader impact on community-level policy implementation. Cross-sectoral coordination among village governments, community health centers, and relevant agencies has accelerated the provision of sanitation facilities. In the public health sector, support from the Family Welfare Movement (PKK), integrated health posts (Posyandu), and toddler cadres has encouraged increased community participation in implementing clean and healthy living.

Thus, external factors also significantly support the implementation of the STBM policy in Karangan Dala Village. Cross-sector collaboration, budget support, and community organization involvement strengthen the program's sustainability.

4.2.3 Inhibiting Factors in the Implementation of the Community-Based Total Sanitation (STBM) Policy in Karangan Dalam Village

Internal inhibiting factors relate to limitations within the policy implementation structure, particularly those related to human resources, budget availability, and consistency of program implementation. This study shows that budget constraints remain an internal obstacle. The STBM program does not yet have a specific allocation in the village budget, so it relies solely on community health centers and assistance from other parties. This situation limits policy implementation in expanding the scope of activities and maintaining program sustainability.

Furthermore, the Head of the Community Health Center (Puskesmas) expressed limited human resources, particularly due to the relatively high workload. A similar view was expressed by the Village Midwife, who also stated that time constraints and the vast area covered prevented activities from being maximized. This indicates that despite a strong commitment to implementation, limited operational capacity hampers the program's effectiveness. Another obstacle arises from unequal community participation. As the Hamlet Head noted, some residents are reluctant to change and still cling to old habits.

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The low participation of some communities that still adhere to old habits illustrates that internal barriers also impact policy objectives. This reflects limitations in bridging policy communication with community social conditions. When mentoring intensity is not optimal due to limited resources, behavioral change, the goal of STBM, will be slow. Thus, internal barriers do not exist in isolation but are interconnected and influence the effectiveness of policy implementation.

Such conditions illustrate internal barriers that are not only administrative and technical in nature, but also related to social dynamics and policy objectives. Budgetary and human resource limitations hinder effective mentoring, monitoring, and evaluation efforts, resulting in slow progress of change. Furthermore, the low level of community participation demonstrates a gap between policy planning and reality on the ground, where the community's readiness as beneficiaries does not fully match the commitment of implementers. Internal barriers require strengthening implementers' capacity, managing a balanced workload, and employing a persuasive approach.

External factors relate to conditions outside the village policy implementation structure. Research results indicate that limited cross-sectoral support remains a barrier. The village midwife reported that logistical support and educational materials did not fully meet community needs. Meanwhile, the hamlet head stated that support from external parties, such as non-governmental organizations (NGOs) and corporate social responsibility (CSR), was not always available sustainably, impacting the sustainability of sanitation facility development.

From the perspective of community leaders, cultural factors pose a significant obstacle. Hard-to-break habits, such as open defecation, and the lack of public campaigns have resulted in relatively slow behavioral change. This situation suggests that external factors are not only structural but also cultural. Therefore, the inhibiting factors in this program reflect interconnected internal and external challenges.

In the face of external obstacles, implementing the STBM program requires a comprehensive strategy that can adapt to the community's environmental and social conditions. Strengthening intersectoral cooperation, both through the private sector through CSR, is crucial in ensuring the continuity of support for facilities, infrastructure, and outreach. On the other hand, a cultural approach that aligns with local values, customs, and norms needs to be developed to ensure that messages about behavior change are more effectively accepted. Good government structures must also involve many local elements within the community. Therefore, efforts to overcome external obstacles depend not only on increasing resources but also on the ability to implement policies by building networks, intensifying community campaigns, and adjusting intervention strategies to suit the community's socio-cultural characteristics.

5. Conclusion

This study concludes that the implementation of the Open Defecation Free (ODF) Program as part of the Community-Based Total Sanitation (STBM) policy in Karangan Dalam Village, Karangan District, East Kutai Regency, has been running but has not been fully optimal in achieving the goal of changing community sanitation behavior. Based on the analysis of policy implementation using the Edward III model, aspects of communication, the disposition of implementers, and the bureaucratic structure have been functioning relatively well through the active roles of the village government, health workers, and cross-sector coordination. The commitment of implementing actors is an important factor supporting the sustainability of the ODF program at the village level.

However, effective implementation still faces several structural and social obstacles. Limited resources, particularly funding and the availability of adequate sanitation facilities, are key obstacles to equitable access to healthy latrines for all communities. Furthermore, low community participation and the persistence of ingrained socio-cultural practices of open defecation demonstrate that changes in sanitation behavior cannot be achieved through technical approaches and formal outreach alone.

The findings of this study confirm that the success of the ODF program is not solely determined by the presence of regulations and institutional structures, but also depends heavily on the sustainability of community empowerment strategies, the strengthening of local institutional capacity, and consistent community-based mentoring and education. Therefore, implementing STBM requires a more comprehensive, adaptive approach to the local social context to ensure sustainable achievement of ODF status and tangible improvements in community environmental health.

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