Proceeding Paper

DETERMINANTS OF TOILET OWNERSHIP IN SUKA MAJU VILLAGE FORWARD WORKING AREA OF PUSKESMAS PALAK BENGKERUNG

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Abstract

The 10 villages in the working area of the Palak Bengkerung Community Health Center, there are still many that have not declared ODF, one of which is a progressive village, many of which still do not have family latrines. Due to low public knowledge, low education, unsupportive attitudes and low income. The aim of the research is to determine the description and relationship of knowledge, education, attitudes and income with ownership of a healthy toilet. This research is a quantitative analytical research design with a cross sectional design where the dependent and independent variables are looked at simultaneously. The total sample was 84 respondents using proportional random sampling technique. There was a relationship between knowledge and ownership of healthy latrines, with a ρ value of 0.006 - 0.05, with an OR of 13.316 (CI 95% 1.681 – 105.507). There is no relationship between education and ownership of a healthy toilet, with a ρ value of 0.109 - 0.05, with an OR of 2.538 (CI 95% 0.980 –6.853). There is a relationship between attitude and ownership of a healthy toilet, with a ρ value of 0.003 - 0.05, with an OR of 7000 (CI 95% 1.886 – 25.977). There is a relationship between knowledge and ownership of healthy toilets, with a ρ value of 0.021-0.05, with an OR of 3.545 (CI 95% 1.313 –9.571)

Keywords: Toilets, knowledge, education, attitudes, income

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INTRODUCTION

Environmental sanitation is the health status of an environment which includes housing, waste disposal, provision of clean water, etc. Environmental sanitation can reflect the way of life of this community. Good environmental sanitation conditions really depend on how society maintains the quality of its environmental sanitation. (Sa'ban eit al., 2020)

According to the World Health Organization (WHO) 2020, Indonesia is the second largest country in the world that still spreads defecation with 9.36%, or around 25 million people. In addition, data collected from the current STBM monitoring site which was uploaded to the Indonesian Ministry of Health website in January 2020 shows that 8.6 million households in Indonesia are still defecating. Causes the death of approximately 150,000 children in Indonesia due to diarrhea and poor sanitation. (Masalah eit al., 2023)

According to the 2018 Regency/City Basic Health Research (Riskesdas) presentation in Bengkulu Province, the prevalence of defecation behavior in correct toilets in South Bengkulu Regency was 88.06% compared to the 2013 Riskesdas. Previously, the prevalence of defecation with final disposal was not higher. septic tanks (SPAL, ponds/rice fields, directly into rivers/lakes/sea, directly into holes in the ground, or into gardens) range in South Bengkulu (50,4 %). (Riskesdas, 2018)

The problems faced by the Bengkulu City Health Service include the low level of community participation in implementing Clean and Healthy Living Behavior (PHBS). The cause of this problem is the low quality of sanitation in the family environment and the unequal distribution of public awareness about clean and healthy lifestyles. (Bengkulu, 2023)

The PHBS program in households is an effort to empower household members to know, want and be able to instill clean and healthy living behavior and play an active role in the health movement in the community. (Natsir, 2019)

Based on data from the Bengkulu Health Office, the working area of the Palak Bengkerung Community Health Center, Air Nipis District in 2023 will oversee 10 villages, namely Suka Bandung, Maras, Penandingan, Keban Jati, Tanjung Beringin, Palak Bengkerung, Suka Negeri, Suka Maju, Pino Baru, and Suka Rami , only 2 villages have declared ODF, namely Suka Bandung and Penandingan villages, where sanitation access has reached 100% prevalence. Meanwhile, 8 of these villages are not yet included in the ODF category because they do not have adequate toilets and access to sanitation. One of them is Suka Maju village which has just achieved a prevalence of access and sanitation of 69,20%.

One of the impacts of open defecation behavior is diarrhea which occurs in toddlers and adults. One of the prevention efforts is to stop open defecation and provide healthy latrines so that it can improve the level of public health. Waste material in the form of feces must receive special attention because most problems in the health sector in the form of various disease germs initially originate from feces.

Based on these explanations and descriptions, researchers are interested in further research regarding the determinants of latrine ownership in Suka Maju village, the working area of the Palak Bengkerung Health Center, Air Nipis District, South Bengkulu in 2024. The factors studied are predisposing and enabling factors which include: level of knowledge about healthy latrines, level of education, attitudes towards healthy latrines, and family income.

MATERIALS AND METHODS

This research is a quantitative analytical research design with a cross-sectional plan, where related and independent variables are looked at simultaneously to determine the determinants of latrine ownership in

Suka Maju village, the working area of the Palak Bengkerung Community Health Center in 2024.

The population of this study were heads of families from Suka Maju village, Palak Bengkerung Health Center working area, Air Nipis District, South Bengkulu Regency, with a total of 530 heads of families (KK).

The sample for this research is the head of the family (KK). The criteria for respondents as research samples were the head of the family in the village, and the mother if the head of the family was difficult to find because he worked outside the city or had not returned home for a long time.

RESULTS

Table 1: Distribution of Respondent Knowledge Frequency in Suka Maju Village Working Area of Puskesmas Palak Bengkerung

No	Knowledge	N	%
1	Not Good	23	27,4
2	Good	61	72,6
3	Total	84	100

Based on table 1, it is known that of the 84 respondents, the majority (72.6%) had good knowledge.

Table 2: Distribution of Respondents Education in Suka Maju Village,Working Area of Puskesmas Palak Bengkerung

No	Education	N	%
1	Lower	58	69,0
2	Higher	26	31,0
3	Total	84	100

Based on table 2, it is known that of the 84 respondents, the majority (69.0%) of the respondents had good education.

Table 3: Frequency Distribution of Respondents Attitudes in Suka Maju Village,Working Area of Puskesmas Palak Bengkerung

No	Attitude	N	%
1	Does not support	33	39,3
2	Support	51	60,7
3	Total	84	100

Based on table 3, it is known that of the 84 respondents, a small portion (39.3%) responded with an unsupportive attitude**.**

Table 4: Frequency Distribution of Respondents Income in Suka Maju Village,Working Area of Puskesmas Palak Bengkerung

No	Income	N	%
1	Hight	56	66,7
2	Low	28	33,3
3	Total	84	100

Based on table 4, it is known that of the 84 respondents, the majority (66.7%) of respondents had high incomes.

Table 5: Frequency Distribution of Response Pollution Risk Levels in Suka Maju Village,Working Area of Puskesmas Palak Bengkerung

No	Pollution Risk Level	N	%
1	High Pollution Risk Level	60	71,4
2	Low Pollution Risk Level	24	28,6
3	Total	84	100

Based on table 5, it is known that of the 84 respondents, the majority (71.4%) were respondents with a high level of risk of loss.

Table 6: Relationship between knowledge and ownership of toilets ownership in Suka Maju Village,Working Area of Puskesmas Palak Bengkerung

Level of knowledge	Toilet Ownership				Total		OR 95 CI	p value
	Hight		Low					
	n	%	n	%	n	%		
Not good	22	95,7	1	4,3	23	100	13,316	0,006
Good	38	62,3	23	37,7	61	100	16,81-105,507	

Based on table 6, the bivariate test results show that the value of ρ value is 0.006 < 0.05, meaning there is a significant relationship between knowledge and ownership of healthy toilets in the Desa Suka Maju working area of the Puskesmas Palak Bengkerung. With OR = 13.316 (CI = 95% 16.81-105.507) which means that people who have knowledge are less at risk of having unhealthy toilets 13.316 times compared to people who have good knowledge

Table 7: Relationship between Education and Toilet Ownership in Suka Maju Village,Working Area of Puskesmas Palak Bengkerung

Education	Toilet ownership				Total		OR 95 CI	p value
	Hight		Low					
	n	%	n	%	N	%		
Hight	45	77,6	13	22,4	58	100	2,538	0,109
Low	15	57,7	11	42,3	26	100	940-6,853	

Based on table 7, the bivariate test results show that the ρ value is 0.109 > 0.05, which means there is no

relationship between education and the toilets ownership in the Suka Maju Village working area of the Palak Bengkerung Puskesmas. With OR = 2.538 (CI = 95% 940-6.853), which means that people who have poor education are at risk of having unhealthy toilets 2.538 times compared to people who have high education.

Table 8 : Relationship between attitudes and ownership of healthy latrines in Suka Maju Village,Working Area of Puskesmas Palak Bengkerung

Attitude	Toilet ownership				Total		OR 95 CI	p valuei
	Hight		Low					
	n	%	n	%	N	%		
Not suport	30	90,9	3	9,1	33	100	7,000	0,003
Suport	30	58,8	21	41,2	51	100	1,886-25,977	

Based on table 8, the bivariate test results show that the value of ρ value is 0.003<0.05, which means there is a significant relationship between attitudes and ownership of healthy toilets in the Desa Suka Maju Work Area of the Palak Bengkerung Public Health Center. With OR = 7,000 (CI = 95% 1.886-25.977) which means that people with unsupportive attitudes are at risk of having unhealthy toilets 7,000 times compared to people with supportive attitudes.

Table 9 : Relationship between Income and Healthy Toilet Ownership in Suka Maju Village,Working Area of Puskesmas Palak Bengkerung

Income	Toilet Ownership				Total		OR 95 CI	p valuei
	Hight		Low					
	n	%	n	%	n	%		
Low	45	80,4	11	19,6	56	100	3,545	0,021
Hight	15	53,6	13	46,4	28	100	1,313-9,571	

Based on table 9, the results of the bivariate test show a value of ρ value of 0.021<0.05, which means there is a significant relationship between attitude and ownership of healthy toilets in the Desa Suka Maju working area of the Palak Bengkerung Public Health Center. With OR = 3.545 (CI = 95% 1.313-9.571) which means that people with poor incomes are at risk of having unhealthy toilets 3.545 times compared to people with high incomes.

DISCUSSION

Knowledge

The results of the univariate analysis showed that awareness was related to less risky categories (28.6%) and high risk categories (71.4%). Of the 84 respondent in the knowledge group, it is known that the majority of respondent have good knowledge, namely 61 respondent (72.6%). Meanwhile, 23 respondents (27.4%) had less knowledge.

As many as 23 (27.4%) respondents had poor knowledge, especially regarding the question of the distance between septic tank holes or sewage storage areas from clean water sources because there are still many people who build septic tanks close to clean water sources or less than 10 meters, this is This is also influenced by the limited land owned. Septic tank waste storage facilities with on-site or individual systems (On-site Systems) are most commonly used in family homes. However, the majority of them do not qualify as review accommodation sites. This construction or model building has become a choice because of its beautiful cost without maintenance and is usually built in the confines of family homes in densely populated residential areas. Septic tanks, also known as on-site systems, function to store waste water from toilets or latrines. The incoming wastewater is collected and allowed to settle at the bottom of the tank, so that feises or feces are absorbed into the soil, causing microbiological contamination of groundwater. (Afifah, 2019).

Septic absorption tanks and their parts that are located near the groundwater table cannot filter fecal waste. As a result, this affects the quality of the surrounding water and can pollute clean water and cause diseases such as diarrhea, dysentery, cholerrhia, and others. (Achmad eit al., 2020)

Then as many as 61 (72.6%) respondents had good knowledge, people wanted to know the definition of a latrine, the benefits of using a latrine, types of latrine or what is recommended for health, and how to properly care for a latrine. Knowledge which is included in the cognitive domain has 6 levels, including knowledge which is defined as remembering material that has been studied previously, understanding (comprehension) which is defined as the ability to interpret clearly about known objects, and being able to interpret material in a way right, application is the ability to use material that has been studied in real situations or conditions. Analysis (analysis) is a component to explain the material or a key object in components, but still within an organizational structure and still have a relationship with each other, synthesis (synthesis) shows the ability to create or connect parts in in the form of a new whole and evaluation (evaluation) related to the ability to make an assessment of a material or object.

Education

The results of the univariate analysis showed that risk education was based on less risky categories (28.6%) and high risk categories (71.4%). Of the 84 respondent it is known that the majority of respondent education amounting to 58 respondent (69.0%). Meanwhile, the respondent for higher education was 26 respondent (31.0%). In terms of education variables, it is known that the proportion of students with advanced education is greater than the proportion of students with high education categories, the majority of people have only graduated from elementary school - middle school, so this has an impact on the knowledge of the community itself.

Educational stages are educational stages that are based on the level of balance of students, the goals to be achieved and the abilities to be balanced. Formal education consists of basic education, secondary education and higher education (UU No. 20 of 2003 Article 14).

According to education, it influences a person's knowledge, attitudes, perceptions, beliefs and assessment of a person's health. As a result, the school environment, both physical and social, will greatly influence a person's healthy behavior. Higher education makes it easier for a person to receive information, which results in greater knowledge, which causes a person to become more aware and concerned about the well-being of themselves and their environment. On the other hand, a lack of education will hinder people's understanding of new principles, which will have an impact on health behavior.

Education is part of developing character and attitude with ability, skill, knowledge and intelligence. Apart from that, education as a part of every human being's motherhood will of course be very important in increasing self-balance, this is in line with the knowledge that will increase. The higher the level of education of the family head, the more it will have an impact on the acquisition of information and the determination of solutions that will be faced because they will be able to think objectively and logistically.

In general, it is difficult to harmonize with each other, for example mass media, business and industry, community organizations and religious institutions. For this reason, community leaders must coordinate and synchronize each other in playing their roles to support the learning process. In short, the relationship, cohesion and consistency between family, school and society must be sought and fought for continuously because the tricenter of education is at the same time a source of learning that supports each other. (Keimeindikbud, 2014)

Attitude

The results of the univariate analysis show that people's attitudes towards the less risky category (28.6%) and the riskier category (71.4%). Of the 84 responses in the attitude group, there were 33 responses with unsupportive attitudes (39.3%). Meanwhile, respondent with a supportive attitude was 51 respondent (60.7%). Attitude is a reaction or response that is still closed from a person to an object or stimulus. Attitudes actually show that reactions to specific stimuli are appropriate, like emotional reactions to social stimuli in everyday life.

This negative characteristic of the majority of residents who do not have healthy toilets is caused by hiding health information because healthy toilets are actually not expensive. However, among the respondent who have toilets that do not meet the health requirements, there are 30 (58.8%) respondent who have a positive attitude. This can happen because even though the respondent has a positive attitude, some of the

respondent have a preference for the land they own.

Generally, these water resources do not have large areas of land to install septic tanks at a distance of 10-15 m from drinking water sources. From the results of the research, there were 3 (9.1%) respondent which had latrines that met the health requirements but had a negative attitude, this could happen in the research location, there were some houses that had already had a healthy privy latrine even though the respondent which had this house did not have the same condition. positive.

Income

The results of univariate analysis showed that income from the less risky category was (28.6%) and the riskier category was (71.4%). Of the 84 respondent in the income group, it is known that the respondent with respondent is 56 respondent (66.7%). Meanwhile, respondent with high income was 28 respondent (33.3%). results of the research it was known that the proportion of respondents who have a latrine does not meet the requirements for family income (80.4%).

A person's income level will influence the number of facilities they obtain or seek to meet their living needs and their economic status. The majority of people only work as farmers so that this has an impact on Meireika's income. If Meireika has a good income level, Meireika's health facilities, especially in Meireika's house, will be guaranteed, like a family toilet. However, those who have a higher level of income will face difficulties because they cannot get the necessary health facilities. Therefore, it can be concluded that family income influences the availability and affordability of health facilities. Family income increases the accessibility and lifestyle of family members. A family's income influences the quality and number of health facilities it has.

Relationship between Knowledge and Toilet Ownership in Desa Suka Maju, Palak Bengkerung Public Health Center Work Area

The results of the bivariate table analysis for the level of awareness with high risk of exposure to low awareness (95.7%), and high level of awareness (4.3%) while the level of awareness with high risk of exposure to good information (62.3%), and high level of awareness (37.7%). This means that the less knowledgeable group has a higher risk of pollution compared to the good knowledge group which has a higher risk of pollution**.**

The statistical test results obtained from bivariate test results with a ρ value of 0.006 < 0.05, which means there is a significant relationship between knowledge and ownership of healthy toilets in Deisa Suka Maju, Palak Beingkeirung Public Health Center Work Area. With OR = 13.316 (CI = 95% 16.81-105.507) which means that people who have knowledge are less at risk of having unhealthy toilets 13.316 times compared

to with which means people who have good knowledge.

As many as 23 (27.4%) respondents had poor knowledge, especially regarding the question of the distance between septic tank holes or sewage storage areas from clean water sources because there are still many people who build septic tanks close to clean water sources or less than 10 meters, this is This is also influenced by the limited land owned. Then as many as 61 (72.6%) respondents had good knowledge, the public wanted to know the definition of a latrine, the benefits of using a latrine, types of latrine or what is recommended for health, and how to properly care for a latrine.

Cognition is the result of "knowing" and occurs when someone can make an inquiry about a specific object. Most of the knowledge that humans have is acquired through the eyes and ears. Age and level of education are very closely related to the knowledge acquired. The process of spinning balance improves as you get older, but this improvement in the process of spinning balance is not as fast as when you are a dozen years old.

This research is in line with research results which show that the knowledge factor has a significant relationship with the ownership of healthy toilets (ρ value = 0.000). Another research result that is in line with this research is research where the research shows that the knowledge factor has a significant relationship with the ownership of healthy toilets (ρ value = 0.000) (Rina Feibriyanti eit al., 2021)

Knowledge is very important to know, use and have a healthy toilet. The more people know about the consequences of a disease, the more prevention will be done. If everyone knows what a latrine means, the use of a latrine will go well and ownership of a healthy latrine will become commonplace in society. By gaining more knowledge, especially in the area of health, a person will become more aware of how things in their environment or surroundings affect their health. Health will be disturbed by a bad environment. To increase the level of good health, the environment must be improved. Disposal of feces and feces is one of the many factors that influence health**.**

Educational Relations with Toilet Ownership in Desa Suka Maju Work Area Palak Bengkerung Community Health Center

The results of the bivariate table analysis for the level of education with a high risk of pollution in the high education category were 45 (77.6%), and the level of education with a high risk of pollution was 13 (22.4%), while for the level of education with a high risk of pollution in the high education category was 15 (57, 7%) and ceimaran reindah 11(42.3%). This means that in the group, this means that the low education group has a higher risk of pollution compared to the high education group which has a lower risk of pollution.

The results of the data analysis showed that the bivariate test value ρ value was 0.109 > 0.05, meaning there was no significant relationship between education and the ownership of healthy toilets in Desa Suka Maju, the Palak Bengkerung Community Health Center Work Area. With OR = 2.538 (CI = 95% 940-6.853), which means that people who have poor education are at risk of having unhealthy toilets 2.538 times compared to people who have high education.

Education is a basic human skill that is very important for self-balance, because with high levels of education a person can have good knowledge and good knowledge influences supportive/unsupportive attitudes. The level of education is one of the important factors in determining a person's level of health, because with sufficient educational resources a person can gain information, so it can be concluded that the higher a person's level of education, the more aware and concerned they are about their own health and the environment. Education is needed to obtain information, for example things that support health so that it can improve the quality of life. In this way, it can be interpreted that the higher a person's education, the easier it is to receive information so that the more knowledge they have, on the other hand, less education will hinder the balance of a person's attitude towards the values they are introduced to. (Leistari, 2020)

The level of employment of the head of the family can influence how healthy his toilet is. The level of employment can also influence the level of economic status of the family, so that the level of economic status of the family influences the needs and health needs, with a higher level of economic status of the family having more impact on providing for the family. Likewise, in order to have a healthy latrine, building and maintaining a good latrine also requires costs.

Based on the analysis, it shows that education is important to create knowledge that will facilitate the delivery of good information when making decisions. Communities with high levels of education are more likely to have healthy latrines than those with beautiful education and in this case education is part of the key in changing social and cultural life. (Pranaka & Agustinus, 2022)

The Relationship between Attitudes and Toilet Ownership in Desa Suka Maju Work Area of Palak Bengkerung Public Health Center

The results of the bivariate table analysis for the group of attitudes with a high risk of risk for unsupported categories were 30 (90.9%), and low expectations were 3 (%) while for the group of attitudes with high risk of image for categories that supported 30 (58.8%), and ceimaran reindah 21 (41.2%). This means that in the attitude group, unsupported categories have a higher risk of risk compared to supporting categories that have a higher risk of risk.

The results of the data analysis showed that the bivariate test had a value of ρ valuei 0.003 < 0.05, meaning there was a significant relationship between attitudes and ownership of healthy toilets in the Deisa Suka Maju Work Area of the Palak Beingkeirung Public Health Center. With OR = 7,000 (CI = 95% 1.886-25.977) which means that people with an unsupportive attitude are at risk of having an unhealthy toilet 7,000 times compared to people with a supportive attitude. The results of this research are in line with the research results (Wijayanti and Maulana, 2019) which states that there is a relationship between attitude and ownership of healthy toilets, with a p value of 0.000. Another research result that is in line with this research is research by (Saifudin eit al., 2017) Based on statistical tests, it was obtained that p value = 0.005, this shows that there is a relationship between attitude and response decisions in owning healthy toilets.

The relationship between attitudes and ownership of healthy toilets in developed rural communities shows that out of 84 respondents there were 33 negative attitudes. This negative attitude of respondents is influenced by a lack of knowledge about healthy latrines and their benefits, which can influence respondents' attitudes in making the decision to have a healthy latrine. Apart from that, there are also heads of families who have good behavior but their toilets are unhealthy. This is caused by the low income and knowledge of the head of the family so that they are unable to build a healthy latrine.

Attitude plays an important role in the ownership of a healthy toilet. A positive attitude of family heads towards healthy latrines will really support and influence family heads in considering healthy latrines. The head of a family who has an unsuitable latrine tends to have a negative attitude towards the latrine, and the head of a family who has a positive attitude towards the latrine tends to consider building a healthy latrine. Family heads who have a positive attitude towards ceindeirung latrines have unhealthy latrines compared to family heads who have a positive attitude towards latrines.

The Relationship between Income and Toilet Ownership in Desa Suka Maju, Palak Bengkerung Public Health Center Work Area

The results of the bivariate analysis table for the income level with high risk of pollution in the high income category are 45 (80.4%), and the income level is 11 (19.6%) while for the level of income with high risk of pollution in the high income category 15 (53.6 %) and ceimaran reindah 13 (46.4%). This means that the low income group has a higher risk of risk compared to the high income group which has a lower risk of risk.

The results of the data analysis showed that the bivariate test had a ρ value of 0.021<0.05, meaning there

was a significant relationship between attitudes and ownership of healthy toilets in Desa Suka Maju, the Palak Bengkerung Community Health Center Work Area. With OR = 3.545 (CI = 95% 1.313-9.571) which means that people with a good income are at risk of having unhealthy toilets 3.545 times compared to people with a high income. The results of this research are in line with the research results (Suryani eit al., 2020) which states that there is a relationship between income and ownership of healthy toilets, with a p value of 0.001. Another research result that is in line with this research is research by(Guna eit al., 2020) Based on statistical tests obtained p value = 0.000, this shows that there is a relationship between income and response decisions in healthy latrine ownership.

Family income is a very important supporter of needs, and income factors are external factors that influence a person's behavior regarding the issue of living a clean and healthy life. Basically, high income can also influence people's behavior and health preferences. The health status of a person or community is shown at the level of income. In general, it can be said that the infrastructure needed to provide healthy toilets is smaller along with the level of household income, while on the contrary, the higher the economic status of a person, the greater the investment needed to provide healthy toilets.

CONCLUSION

Based on the results of research conducted on 84 research samples in Suka Maju, Tanjung Baru and Tanjung Tengah Villages, Palak Bengkerung Health Center, Air Nipis District, South Bengkulu Regency, it can be concluded as follows:

1. About 22 (95.7%) of the people with poor knowledge and 38 (62.3%) of the people with good knowledge fall into the risk category for high levels of pollution, then 23 (37.7%) of the people with good knowledge and 1 (4.3%) people with less knowledge are included in the risk category for the level of beautiful information.
2. Around 45 (77.6%) highly educated people and 15 (57.7%) highly educated people fall into the high level pollution risk category, then 11 (42.3%) highly educated people and 13 (22.4%) low education is included in the risk category. low pollution level category.
3. Around 30 (90.9%) people with an unsupportive attitude and 30 (58.8%) people with a supportive attitude fall into the high level pollution risk category, then 21 (41.2%) people with a supportive attitude and 3 (9%) 0.1%) community attitudes do not support being included in the risk category for beautiful pollution levels.
4. Around 45 (80.4%) high-income communities and 15 (53.6%) high-income communities fall into the risk category for high levels of pollution, then around 13 (46.4%) high-income communities and 11 (46.4%) public. those with low incomes are included in the risk category for low income levels.

5. There is a relationship between awareness and ownership of healthy latrines in Suka Maju Village, Palak Bengkerung Public Health Center Work Area, the results of the significance test were obtained ρ valuei 0.006 < 0.05, with OR = 13.316 (CI = 95% 1.681 – 105.507).
6. There is no relationship between education and ownership of healthy toilets in Desa Suka Maju, Palak Bengkerung Public Health Center Work Area, the significance test results obtained were ρ valuei 0.109 > 0.05, with OR = 2.538 (CI = 95% 0.980 –6.853).
7. There is a relationship between attitudes and ownership of healthy toilets in Desa Suka Maju, Palak Bengkerung Public Health Center Work Area, the results of the significance test were obtained ρ valuei 0.003 < 0.05, with OR = 7000 (CI = 95% 1.886 – 25.977).
8. There is a relationship between knowledge and ownership of healthy toilets in the Suka Maju Palak Beingkeirung Village Health Center Working Area, the results of the significance test obtained a value of ρ 0.021 < 0.05, with OR = 3.545 (CI = 95% 1.313 –9.571)**.**

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