

p-ISSN 2085-1049
e-ISSN 2549-8118



JURNAL KEPERAWATAN

Dapat diakses melalui <http://journal.stikeskendal.ac.id/index/keperawatan>

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Ima Nadatien, Fakultas Keperawatan dan Kebidanan, Universitas Nahdlatul Ulama Surabaya, Indonesia

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THE INFLUENCE OF *HEALTH COACHING COLLING* ON THE INTENTION TO USE HEALTHY LATRINES COASTAL COMMUNITIES

Ayu Dewi Nastiti*, Erik Kusuma, R.A. Helda Puspitasari, Dwining Handayani

D3 Nursing Study Program, Fakultas Keperawatan, Universitas Jember, Jl. KH. Mansyur No.207, Tembokrejo, Purworejo, Pasuruan, east Java 67118, Indonesia

*ayudewi.akper@unej.ac.id

ABSTRACT

Intention to use healthy latrines is still found in the community, the low intention of the community to use latrines can trigger or cause open defecation (BAB) habits. The main factor that causes the community's low intention to practice healthy latrines is the lack of knowledge, so that people's awareness of defecating is still poor. Health coaching education is a strategy that can be used as an intervention to encourage and empower people to choose healthier lifestyles by promoting better condition management. The purpose of this study was to determine the influence of health coaching colling on intention to use coastal community healthy latrines for pasuruan city. In this study using a pre-experimental research design with a research design One group pre-test-post test design. Where in this study it was carried out in a way before being given treatment/treatment, the variables were observed/measured first (pre-test) after that the treatment/treatment was carried out and after the treatment was carried out measurement/observation. The population in this study were all residents in the Tapaan Sub-District, Pasuruan City, totaling 3,255 samples in this study consisting of 43 people, where the sample was obtained using *simple random sampling*. The results showed that 43 respondents who originally intended to use the latrine were sufficient, with 26 respondents (60.5%). After being given health coaching colling, almost all of them showed that 39 respondents (96.8%) had good intentions. The results of the Wilcoxon statistical test obtained a value of $p = 0.000 < \alpha = 0.05$, so H1 was accepted, meaning that there was an influence between "the effect of health coaching colling on the intention to use healthy latrines in Tapaan Village. From the research results is strengthened based on the results *statistical analysis* indicating the presence the influence of *health coaching colling* on the intention to use healthy latrines. In the opinion of Oliveira *et al.*, (2017) given *health coaching colling* with an intensive period of time able to increase the intensity in latrine use.

Keywords: health coaching colling; healthy latrines; intention

INTRODUCTION

Intentions to use healthy latrines are still found in the community, the low intention of the community to use latrines can trigger or cause the habit of open defecation (Yuniati 2021). It is this bad intention that the community has that causes environmental problems, skin diseases, and air pollution to arise as a result of open defecation (Fadhilah, 2021). According to Indrawani (2014), states that an intention can be formed from the intention to do something that comes from within oneself. Defecating in healthy latrines, the intention of this community is a person's view of a community's behavior in conducting open defecation. According to data from the World Health Organization (WHO) for 2019, around 673 million people still defecate in open areas. According to data from the East Java Provincial Health Office (2020), around 21,021,630 people are still defecating in the open. According to Putra (2021), states that East Java is in second place after Central Java with an open defecation rate of 824,675 people, who are still defecating openly or in open places. According to Fuady et al. (2020), around 65% of people in Indonesia still have a lot and lack of intention in using latrines and open defecation.

The main factor that causes people's low interest in healthy latrines is the lack of knowledge, so that public awareness of defecating is still poor (Sari, 2020). Even the

availability of facilities is not able to encourage increasing public awareness in getting used to using healthy latrines (Safriani, 2020). Good intentions are an important key in changing the status of people's willingness, but low intentions will cause health for the community (Primadani et al. 2017). Efforts that can be made to overcome this problem is by providing health education coaching, this effort is provided not only in the form of education but also in the form of health promotion and training according to (Ni'mah 2019). Based on research conducted by Rochman et al., (2013), this method is carried out in 2-4 weeks with 2-4 sessions for half a day (12) hours. This method will be able to change people's intentions. Health coaching is given from the age of children and adolescents with the intention of good behavior and development from an early age, so as to break the chain of bad habits in using healthy latrines. Health coaching education is a strategy that can be used as an intervention to encourage and empower people to choose healthier lifestyles by promoting better condition management (Oliveira et al., 2017). Thought cessation therapy aims to eliminate unwanted and unrealistic, unproductive thoughts (O'Neill.M.L., Whittal, 2002) as This study aims to get an overview of the effect of cognitive thought stopping therapy on the level of depression and the ability to control negative thoughts in layoff victims during the Covid-19 pandemic.

METHOD

In this study using a pre-experimental research design with a research design One group pre-test-post test design. Where in this study it was carried out in a way before being given treatment/treatment, the variables were observed/measured first (pre-test) after that the treatment/treatment was carried out and after the treatment was carried out measurement/observation (post-test) (Hidayat, 2010). The population in this study were all residents in the Tapaan Sub-District, Pasuruan City, totaling 3,255 samples in this study consisting of 43 people, where the sample was obtained using *simple random sampling*. This study used an experimental pre-post test with control group research design with a combination of cognitive therapy and thought stopping interventions, which aims to reveal the effect of depression control interventions and self-inspection abilities of layoff victims after the Covid-19 pandemic before and after being given the intervention. This study compared four groups of client victims of layoffs, namely the intervention group that was given cognitive thought stopping therapy, cognitive therapy, thought stopping therapy and the non-intervention group. The data obtained will be processed using the Wilcoxon statistical test.

RESULTS

Table 1.
Distribution of Respondents Based on Age (n=43)

Age Group	f	%
Early adulthood	7	15,9
Late Adult	8	18,2
Early Seniors	13	29,5
Late Seniors	15	34,1

Table 1 shows that almost half of the respondents are elderly, totaling 15 respondents (34.1%).

Table 2.
Distribution of Respondents Based on Last Education (n=43)

Education	f	%
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No school	2	4,5
SD / MI	17	38,6
SMP/MTs	14	31,8
SMA/MA	8	18,2
Higher education/D3/S1	2	4,5

Table 2 shows that almost half of the respondents have elementary school education, namely 17 respondents (38.6%).

Table 3.
Distribution of Respondents Based on Resources (n=43)

Resources	f	%
Never got Information.	26	59,1
Health workers	3	6,8
Magazine	2	4,5
TV/Radio	5	11,4
Society/friends	7	15,9

Table 3 shows that the majority of respondents obtained information from the public or friends, around 26 respondents (59.1%).

Table 4.
Distribution of the Intention to Use Healthy Latrines Before Being Given Health Coaching Colling (n=43)

Intention	f	%
Good	2	4,7
Enough	26	60,5
Not enough	15	34,9

Table 4 shows that most of the community's intention is to use healthy latrines, which is sufficient with 26 respondents (60.5%). b) Intention to use healthy latrines after being given health coaching colling.

Table 5.
Distribution of Intention to Use Healthy Latrines after Being Given Health Coaching Colling (n=43)

Intention	f	%
Good	39	90,7
Enough	3	7,0
Not enough	1	2,3

Table 5 shows that the community's intention to use healthy latrines after carrying out health coaching colling almost entirely shows that respondents with good intentions were 39 respondents (90.7%).

Table 6.
Frequency distribution of intention to use the latrine before and after health coaching colling

Latrine	f	%	f	%	f	%	f	%
Good	2	4,7	0	0	0	0	2	9,3
Enough	23	59,5	3	7,0	0	0	26	60,5
Not enough	14	32,6	0	0	1	2,3	15	32,6
Amount	39	96,8	3	7,0	1	2,3	43	100

$p = 0.000 <$
 $\alpha = 0.05$

Based on the table it shows that of the 43 respondents who originally intended to use the latrine with only 26 respondents (60.5%). After being given health coaching colling, almost all of them showed that 39 respondents (96.8%) had good intentions. The results of the Wilcoxon statistical

test obtained $p = 0.000 < \alpha = 0.05$, so H1 is accepted, meaning that there is an influence between "the effect of health coaching colling on the intention to use healthy latrines in Tapaan Village"

DISCUSSION

Based on research results show that before it is given *health coaching colling* respondents have enough intent. supported research data that mentions that most of the respondents have an elementary / MI education level and nearly half of the respondents did not never got any information. The low intention to use healthy latrines is the impact or result of low knowledge and lack of self-awareness in society and that according to Fishbein (2014) Background one's educational background said to affect satisfaction need by level satisfaction of various needs and on ultimately affect intention the individual. According to Nursalam (2020) The higher the level a person's education then the more higher density and more many people are exposed to the source information, the higher his intention. According to Wahyuni *et al.* (2021), that the more sources the information obtained the knowledge they have increase. According to Safrudin (2018) information on latrine use is one of many health problem that needs to be priorities in order to change the respondent's intention little by little. According to researchers low intention in the use of latrines can influenced by the level of knowledge which is low, the level of this knowledge comes from the respondent's education and availability of information sources not enough. Respondents who have Higher education is more likely have good intentions, increasingly a person's level of education the higher the level will be one's deep knowledge Health. This opinion is strengthened by Fendi Ruswinarsih's research (2015), argues that the more higher Education people, and increasingly people exposed to the information then it will the better the intensity. Based on research results indicates that the intention of use latrines after being given *health coaching colling* turned out to be good. These results are supported by research data showing groups respondent's age. *Health coaching colling* can increase usage intention healthy latrines.

According to Uswatun's theory (2020) good intention in latrine use is affected due to adult age group factor, that the more mature people then it will be have mature thoughts then easy to receive information and the materials presented. According to Hurlock's theory in research Zamrodah (2016) *health Coaching colling* can be used as a solution to provide new information, materials and training delivered in *health coaching colling*, so it can increase the intention's desire to become better. According to researchers that most intention to use healthy latrines improved for the better after given *health coaching colling*. Better change of intentions influenced by factors of the adult age group, this *health coaching colling* given to add knowledge and sources of information respondents and training regarding the use of latrines, so it can invite respondents to change his initial intention was sufficient to become Good.

From the research results can be seen before being given *health coaching colling* to the intention of use healthy latrines that almost half respondents have the intention enough, and after being given *health coaching colling* intentions almost entirely turn out to be good. Results is strengthened based on the results *statistical analysis* indicating the presence the influence of *health coaching colling* on the intention to use healthy latrines. In the opinion of Oliveira *et al.*, (2017) given *health coaching colling* with an intensive period of time able to increase the intensity in latrine use. Based on theory Ajzen (2015) that the more often people are given education then it will increasing in intensity latrine use. Zamrodah, (2016) argues that *health coaching* able to develop skills generally short term process focused on *goal setting*, providing feedback, and teaching to change individual intentions to be better. Researchers argue that there is influence of *Health coaching colling* on the intention to use the latrine. This is because it has increase the intention of respondents in

latrine use. *Health coaching colling* provides change and knowledge to improve intention in using healthy latrines, in addition to increasing knowledge the advantages of this *health coaching colling* too emphasizing training and motivating changes in respondents' intentions, there by supporting success in increase the respondent's intention to use healthy latrines.

CONCLUSION

Intention to use healthy latrines before being given health coaching colling, most of them have sufficient intention. Most of the intentions in using healthy latrines after being given health coaching colling have good intentions. There is an effect of health coaching colling on the intention to use healthy latrines.

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