ENVIRONMENTAL HEALTH SOCIETY AND COMMUNITY IN KECAMATAN KURANJI KOTA PADANG FOR SDG's

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ENVIRONMENTAL HEALTH SOCIETY AND COMMUNITY IN KECAMATAN KURANJI KOTA PADANG FOR SDG's

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ABSTRACT

Community health is the basis for meeting SDG's health goals, including the health of a home or residence, the environment, and individual health. This research was conducted to find out the health in the household and the environment. This research method in the form of surveys, interviews, and questionnaires, the data were analyzed qualitative descriptive of 807 households and 2,850 people, consisting of men 1.356 people (48%) and woman 1.494 people (52%), in Kelurahan Korong Gadang Kecamatan Kuranji, Kota Padang held on March to May 2016. The results showed that the physical environment in the house that still had a floor of land as much as 17 houses (households/KK) or 2.1%. Minimal lighting at home 93 KK (11.5%), source of drinking water was unhealthy 33 families (4%), distance of wells with septic tanks was less than 10m as many as 306 households (40%) and did not have 134 KK septic tanks (17.2). The landfill is not in the house of 264 households (32.8%) and garbage is disposed of in rivers, sewers, city, as much as 692 households (85.8%). Waste scattered at home as many as 238 families (29.4%) and disposal of household waste into the sewers or rivers all households (100%) do so because of the absence of a good sanitation system and screening done at home. The conclusion of this study is that the environmental conditions in the research location are still categorized as unhealthy (bad) and house pollute the surrounding environment so that it will have an impact on public health and the environment.

Keywords: Environment, Health, Society, Community, SDG's, Kuranji

INTRODUCTION

The Declaration of Millennium Development Goals or MGD's contains eight objectives and eighteen targets in response to global development issues, all of which must be achieved in 2015, followed by SDGs (Sustainable Development Goals). Goals and targets in the health sector include gender health, empowering women, reducing maternal and child mortality (Asian Development Bank, 2017). To achieve the SDG targets for health and welfare workers and clean water and sanitation, and enter the third pillar. For nurses, in particular they must increase the role of personalism, especially in the field of environmental health and community health care. Communities are social groups that live in a place, interact with each other, know each other and have the same interests and interests (WHO, 2017). Community is a group of people who live in the same location under the same government, the same area or location where they live, social groups that have the same interest, (Rezeki, Mulyadi & Nopriadi, 2013). In order to realize optimal public health, public health care is needed, where community care itself is the field of nursing which is a combination of public health and supported by community participation that prioritizes promotive and preventive services on an ongoing basis without neglecting curative and rehabilitative services as a whole, through nursing process to improve the function of human life optimally so that it is independent in health efforts. Increasing the role of the community aims to increase community support in various health efforts and encourage independence in solving problems. RW Community Consultation (MMRW) is a meeting of representatives of citizens along with community leaders and officials to discuss the results of the self-monitoring survey and plan for the prevention of health problems obtained from the results of a self-awareness survey. Community participation is needed in terms of individuals. Communities as subjects and objects are expected to be able to recognize the community, take decisions in maintaining their health (Ministry of Health Indonesia. 2018). The end of the main health service goals are expected to be able to independently protect and improve the health status of the community (UNEP and UNDP, 2015). In Kuranji Subdistrict, one of the sub-districts in the City of Padang was obtained preliminary data on environmental and community health that lacked health standards and requirements. Such as environmental conditions in the Korong Gadang Village RW 01, 03 and 04 Kuranji Subdistrict, where it

is seen that the community throws garbage in its place or burns it. The community does not use the landfill any more, this can be seen from the habit of throwing garbage out of place and in the area household waste is seen stacked in front of the house, does not burn trash, and often throws garbage into sewers / streams or rivers. This can be seen from the state of the gutter which is filled with waste not just flowing water. As a result, the flow of the sewage becomes clogged and this also causes a bad odor. Another condition is that a lot of house ventilation is generally good enough. The majority of residents use dug wells as a source of water, and there is one house that uses PDAM water in RT 02. Mostly in Korong Gadang Village the family habit of defecating is in the family toilet and there are people who defecate in the water stems and pool / city. There are people who don't have septic tanks. And the environment around the community's house hasn't looked clean and neat. For this reason a field survey study related to community health in Kuranji Sub-district, Padang City was conducted. The aim of the research is to understand the level of environmental health and community health.

METHODOLOGY

The study was conducted in Korong Gadang Village, Kuranji District, Padang City in March-May 2016. The research method was in the form of field surveys and used questionnaires to obtain data on environmental health and community health. Primary data was obtained through interviews and direct observation in the field covering three RWs through health cadres and health agencies such as puskesmas and posyandu. Geographic data and demographic data are needed as secondary data. Data from questionnaires based on interviews from house to house and observations consisting of: environmental health and health of pregnant women and infants (BPS, BKKBN, Ministry of Health. & USAID, 2012; SDSN, 2015). Data analysis was carried out by univariate method, namely comparing the numbers obtained with secondary data in the research location and comparing the existing theories about the variables in question.

RESULTS AND DISCUSSION

The research location is in Korong Gadang Village, Kuranji Subdistrict, Padang City with borders, east of Kuranji Village, Kalumbuk on the West, Gunung Sarik on the North, and Kuranji River Batang in the South, as in Figure 1.

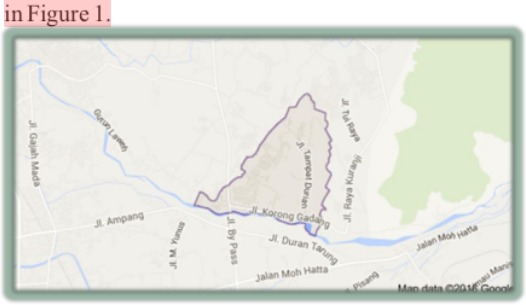

Figure 1. Research location and geographical area boundary in Korong Gadang Village, Kuranji Subdistrict, Padang City

Korong Gadang Village, Kuranji Subdistrict consists of three RWs, namely RW 01, 03 and 04. From the observations, RW 01, 03 and 04 people have varied age groups consisting of age groups of infants, toddlers, school children, teenagers, adults, couples of childbearing age and elderly. In the morning at each RT young adult women are more visible than in other age groups, while the school age group is more visible in the afternoon. While the elderly group has more activities in mosques such as wirid. From the survey results, this school age group is more visible than other age groups, the composition of the population is more women than men, the nuclear family is more dominant and more fertile. Residents of RW 01 are not only inhabited by indigenous people. The number of family heads in RW 01, 03 and 04 Out of Korong Gadang is ± 807 Family Heads. The male population is 1,356 people (48%) and women 1,494 people (52%) with a total population of 2,850 people, with 807 households or heads of households. Age distribution consists of 47.2% under the age of 21 and 52.8% over the age of 22 with education attainment of 92.4% having the highest education of senior high school, only 7.6% having diploma and undergraduate education as in Table 1 and Table 2 Of the total 807 houses consisting of 82% permanent housing, 18% semi-permanent with 98% of the house floor consisting of ceramics, cement, and planks, there are still 2.1% of dirt floored houses as shown in Figure 2.

Table 1. Population Distribution by Age and Gender

No	Age (Year)	Gender					
		Male	%	Female	%	Total	%
1	0 – 1	31	2.2 %	32	2.1%	63	2.2%
2	1 – 5	182	13.4%	152	10.1%	334	11.8%
3	6 – 12	240	17.7%	226	15.1%	466	16.3%
4	13 – 21	253	18.7%	227	15.2%	480	16.9%
5	22 – 49	384	28.3%	616	41.3%	1000	35.1%
6	> 55	266	19.7%	241	16.2%	507	17.7%
	Total	1.356	100%	1.494	100 %	2.850	100%

Table 2. Distribution of Family Heads by Education

No	Pekerjaan	Jumlah KK	Persentase (%)
1.	No Education	12	1.5
2.	No Graduated Elementary School	49	6.1
3.	Graduated of Elementary School	173	21.4
4.	Graduated of Junior High School	150	18.6
5.	Graduated of Senior High School	361	44.8
6.	Graduated of Diploma	23	2.8
7.	Graduated of Bachelor	39	4.8
	Total	**807**	**100**

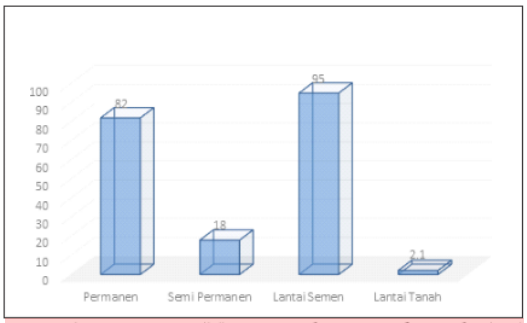

Figure 2. Percentage (%) House Physic Head Family (KK) in Distric Korong Gadang Kecamatan Kuranji Kota Padang.

Ventilation and household income are quite good where only 1.8% of houses do not have ventilation with poor service providers at 10%. The distance between home and home use is not good, with 76% of houses very close and united, and only 24% of houses with separate houses, and 26% of houses do not have a house.

Ownership of dug wells (soil wells) by the population is 95% and does not have 5% with the utilization of the population's drinking water source, the majority come from dug wells, which is 67% and 34% from gallon or river water as a source of drinking water. Being a gap is only 0.1% of residential houses that have PDAM water flow which is a public service for clean water from the government and where the PDAM's water source has a very close distance to the location of this districs.

Table 3. Physical Variables of Resident Homes and Percentage in Research Sites

No.	Physical variables	Total (KK)	Percentage (%)
	House Ventilation		
1.	Present	792	98.2
2.	None	15	1.8
Total		807	100
	House Lighting		
1.	Bright	714	88.5
2.	Bright dark	85	10.5
3.	Dark	8	1
Total		807	100
	Distance Between Houses		
1.	Unite	54	6.7
2.	Near	555	68.8
3.	Separate	198	24.5
Total		807	100
	Have Home Yard		
1.	Present	597	74
2.	None	210	26
Total		807	100

Table 4. Water Sources and Category Water for Drinking and **Distance of Wells Dig From Septic Tanks** *in Research Site*

No.	Water Source	Total (KK)	Percentage (%)
	Drinking Water Source		
1.	Well dug	540	67
2.	Rainfed well	0	0
3.	Water Sea	0	0
4.	Goverment Public Water Supply/ PDAM	1	0.1
5.	Refill water /Air Isi Ulang/ Air Galon	232	28.8
6.	Etc. (i.e: sources water)	34	4.1
Total		**807**	**100**
	Distance of wells dig from septic tanks		
1.	Less the same than 10 meter	306	40
2.	More than 10 meter	327	42.8
3.	None have septic tanks	134	17.2
Total		**807**	**100**

Table 5. Management of Household Wastewater and Landfill Defecation on Research Site

No.	Wastewater Disposal Site	Jumlah (KK)	Percentage (%)
1	Throw into Got	371	46
2	Throw into the river	257	31.8
3	Etc. (to drainage, pond, burning)	179	22.2
Total		807	100
	Landfill Defecate		
1	Have Water Closets in house	639	79,1
2	To River	116	14,3
3	Using Public Water Colsets	14	1,8
4	Using drainage and pond	38	4,8
Total		807	100%

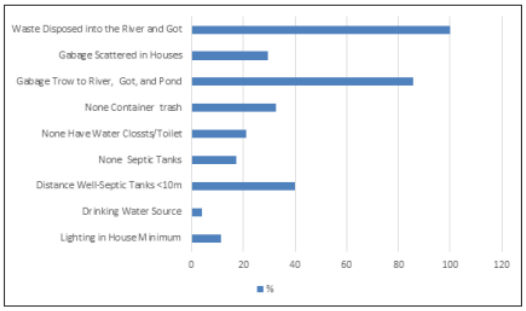

Figure 3. Percentage (%) of Environmental Health Conditions in Korong Gadang Village, Kuranji District, Padang City.

From Figure 3 it can be explained that 100% of the people dispose of household waste into rivers and sewers, and 85.8% of waste is also disposed of in rivers or sewers. As many as 21% of households do not have toilets at home, non-specific garbage disposal and garbage are scattered at home and in the environment. This will be an unhealthy environmental condition.

COMMUNITY HEALTH

There are 3 Posyandu, and one independent practice midwife in RW 03, the community does not use the posyandu that is usually held every month. In the RW 01 area, the elderly posyandu has been formed, while in RW 03 it has just been formed and the RW 04 posyandu has been formed for a long time but is not active. The number of elderly who visit posyandu is a little because the elderly has a busy life and generally the community in the village. Korong Gadang is mostly indigenous and the family's economic condition is by farming and labor.

CONCLUSION

There are several environments for health problems in Korong Gadang Village, Kuranji Subdistrict, Padang City, i.e:

a. The floor of the house using land is 4.8%;

b. The source of clean water is based on the distance of the dug well with sept / wc ≤10 meters with a percentage of 57.1%, and

c. The condition of open dumping sites is 88.8%, and

d. Household waste and waste to rivers and sewers amount to 77.8%

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REFERENCES

A report to the Secretary-General of the United Nations by the Leadership Council of the Sustainable Development Solutions Network (SDSN) (2015). Indicators and a Monitoring Framework for the Sustainable Development Goals Launching a data revolution for the SDGs.

Asian Development Bank. (2017). Key Indicators for Asia and the Pacific. 48th Edition. Asian Development Bank Metro Manila, Philippines

Ministry of Health Indonesia. (2018). Indonesia Health

Profile 2017. Jakarta, Ministry of Health Republic of Indonesia.

Rezeki, S., Mulyadi, A. & Nopriadi. (2013). Health promotion strategy the improvement of clean and healthy lifestyle behavior the plantation community in Puskesmas Sei Kijang Kabupaten Pelalawan. *Journal of Environmental Sciences*, 7(1), pp 38-48.

Statistics Indonesia (Badan Pusat Statistik—BPS), National Population and Family Planning Board (BKKBN), and Kementerian Kesehatan (Kemenkes—MOH), and ICF International. (2013). Indonesia Demographic and Health Survey (2012). Jakarta, Indonesia: BPS, BKKBN, Kemenkes, and ICF International.

UNEP. (2015). Indicators and Data Mapping to Case of Indonesia 2015 Measure Sustainable Development Goals (SDGs) Targets. Case of Indonesia 2015, Report.

World Health Organization.(WHO) (2017). Health SDG Profile: Indonesia. World Health Organization. Retrieved from:http://www.searo.who.int/entity/health_situation_trends/countryprofile_ino.pdf?ua=1

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