

GENDER ANALYSIS OF WOMEN'S AGENCIES (STUDY ON OPEN DEFECATION FREE - ODF CAMPAIGN IN BANDAR LAMPUNG CITY)

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Abstract

This research is a gender analysis study of women's agency in the Open Defecation Free (ODF) campaign, conducted by the first healthcare facility for the community, namely the Community Health Centre (pusat kesehatan masyarakat-puskesmas) in Bandar Lampung City. ODF campaign officers are sanitarians and health promotion officers, most of whom are women. The ODF village program is a village where all people defecate in healthy latrines. The program is one of the pillars of the community-based total sanitation (Sanitasi Total Berbasis Masyarakat-STBM) policy, as an effort to realize the primary service transformation in the health sector launched by the Government of Indonesia since 2022. This descriptive qualitative research explores the experiences that include the contributions and challenges faced by women's agency as sanitarians and health promotion officers in the ODF campaign. The researcher employed Naila Kabeer's agency theory, which posits that agency is the ability to make decisions derived from cognitive processes, reflection, and analysis associated with the power within. The agency operates through the resources of supportive social, political, and economic structures to shape the effectiveness of its transformative agency. This study demonstrates that political, social, and economic resources can support women's agency among sanitarians and health promotion officers in the ODF campaign, thereby changing the construction of gender bias in the sanitation sector.

Keywords: gender analysis, women's agency, transformative agency, Open Defecation Free (ODF) campaign, ODF villages

INTRODUCTION

This research examines gender analysis in the sanitation sector. A gender perspective integrated into the sanitation sector aims to uncover and challenge gender hierarchical structures, seeking to equalize the equitable distribution of sanitation roles and responsibilities, as well as access to safe facilities, by considering the basic needs of all men, women, and children (UNICEF, 2010). Gender equality is at the centre of the first and foremost issue of sanitation access when discussing equality and dignity for all (Burt, Z.,

Nelson, K., & Ray, I., 2016, p. 1). Research linking gender and sanitation offers an alternative perspective, complementing discussions on the sanitation sector by examining the availability of infrastructure. Gender inequalities in the sanitation sector include the fact that promoting sanitation governance imposes a greater time burden on women. Water and sanitation services are generally more effective when women play an active role in delivering them, from design and planning to operation and the ongoing maintenance required to ensure their sustainability (Soeters, S., et al., 2021, p. 280). Meanwhile, women's role in decision-making is still minimal. Thus, this gender perspective on the sanitation sector has strengthened special attention to the position of women, both in terms of their vulnerability and capacity.

The transformation of the gender perspective in the sanitation sector has been a topic of discussion since the Beijing Declaration at the Fourth World Conference on Women in 1995. Inadequate access to clean water and sanitation burdens women and their families, hurting their health. Consequently, women's priorities become a focus for public investment in economic infrastructure, such as water and sanitation (Crawford, E., 2020, p. 3). The UN Women Expert Group Meeting (2017) on gender equality, water supply, sanitation, and hygiene made an important statement: 'taps and toilets are not enough.' Therefore, to achieve transformative water, sanitation, and hygiene (WASH) outcomes, governments must empower women's voices, choices, and capabilities (UN Women, 2017, p. 26).

Researchers are interested in conducting a gender analysis study in the sanitation sector. Specifically on the campaign program to prevent open defecation or open defecation free (ODF) towards ODF villages in Bandar Lampung City (Lampung Province, Indonesia). The Government of Indonesia has set out to achieve an ODF status since the 2004-2009 National Medium-Term Development Plan (Rencana Pembangunan Jangka Menengah Nasional-RPJMN). One of the situational analyses of the development plan was the results of research from the Indonesia Sanitation Sector Development Program (ISSDP) in 2006, which showed that 47% of people defecated in rivers, rice fields, ponds, gardens, and open spaces. This behaviour is contrary to the community sanitation process because it can cause the spread of disease-causing germs to humans (Purnomo, A., 2019).

Improvements in sanitation, the environment, and access to clean water substantially reduce the morbidity and severity of various diseases, thereby improving public health. Diseases directly related to poor sanitation conditions, such as diarrheal diseases and worm-related diseases, also exacerbate the condition of children with poor nutritional status (Abeng

et al., 2014; Yuningsih, 2019). In 2017, the World Health Organisation (WHO) ranked Indonesia as the third country in Asia with the highest prevalence of stunting. In 2019, the stunting rate had dropped to 27.67 percent (a 10 percent reduction). However, this reduction has not met the WHO target of 20 % (Pusat Data Informasi, Kementerian Kesehatan Republik Indonesia, 2017). According to the 2019 Indonesian Nutrition Status Survey (Survei Studi Status Gizi Indonesia-SSGI), Lampung Province has one of the highest stunting rates (26.26%), and Bandar Lampung City has a rate of 19.4% (Yushananta, P., et al., 2023).

Therefore, the Ministry of Health developed a community-based total sanitation (Sanitasi Total Berbasis Masyarakat-STBM) program as an effort to change hygiene and sanitation behaviour through community empowerment (Kementerian Kesehatan RI, 2014). There are five pillars in STBM, namely stopping open defecation, hand washing with soap, household drinking water and food processing, household waste management, and household domestic wastewater management. The ODF prevention campaign is one of the Community-Based Total Sanitation (STBM) programs, which was launched by the Ministry of Health of the Republic of Indonesia in 2008 (Yulyani, V., et al., 2021, pp. 15-16). ODF is a condition in which all individuals in an area no longer practice open defecation. From a physical perspective, the ODF parameter refers to the availability of a latrine for each household head (kepala keluarga, or KK) in an area. The type of latrine that meets ODF standards is characterized by its placement, which does not lead to rivers or open areas, typically in the form of septic tanks (AMPL, 2010).

As a result of the ODF prevention campaign in Bandar Lampung City, the percentage of urban villages that have stopped open defecation (OD) from 2019 to 2023 has increased significantly. In 2019, out of 126 urban villages in Bandar Lampung City, only 44.2% had an ODF status. Furthermore, in 2023, Bandar Lampung City achieved 100% of its urban villages with an ODF status (Profil Kesehatan Kota Bandar Lampung Tahun 2023). The role of the ODF prevention campaign, of course, involves the puskesmas as the community's primary health facility. Puskesmas have elements of sanitarian health workers and health promotion officers. Sanitarians focus on the technical aspects of environmental health, such as waste treatment and sanitation, while health promotion officers concentrate on education and behavioural change efforts to enhance public health.

In this study, the formulation of the problem is “How is the gender analysis on the role of women’s agency as sanitarians and health promotion officers of health centres in Bandar Lampung City in the open defecation free (ODF) campaign in realizing a more equal gender transformation in the sanitation sector?”. The purpose of this study is to obtain the results of a gender perspective analysis based on the experiences of women’s agency in the role of sanitarians and health promotion officers of health centres in Bandar Lampung City in the ODF campaign. The gender perspective used by researchers is part of a critical theory that examines it in the context of how they live, not how they should live (Few-Demo, A. L., & Allen, K. R., 2020). This study reveals autonomous actions as a form of women’s agency, including the political decisions that reflect women’s agency within the dynamics of economic, social, and political structural resources.

Previous research on gender perspectives in the sanitation sector has revealed mainly that the diverse gender perspectives of both men and women in the water and sanitation sector are systematically underrepresented in decision-making bodies. This is due to unequal power structures in decision-making processes, with men dominating planning and decision-making regarding infrastructure, water, and sanitation investments (Ardan, S., et al., 2016, p. 91). Women are rarely involved in decision-making, and their interests and needs are rarely addressed in the provision, design, and siting of sanitation facilities, due to social barriers and discrimination (Wendland, C., et al., 2017, p. 4). Meanwhile, the provision of water, hygiene, and sanitation is often considered a task for women, as promoters, educators, and leaders of home and community-based sanitation practices (Arandan, S., et al., 2016, p. 90; Wendland, C., et al., 2017, p. 4). Previous research seems to show that there is a gender dominance and hierarchy in planning and decision-making that is more prevalent among men. Women are more involved in the service and maintenance aspects that contribute to the sustainability of the sanitation sector. The researcher considers that previous research still needs gender analysis related to women’s agency. The researcher argues that women’s agency in the context of sanitation is shaped by political, social, and economic structures, facilitating gender transformation from a gender hierarchy to equal relations.

The intersection of feminist literature conceptualizes agency as the driver and motivation for specific actions. Individuals are in a position to be active, capable, and actively overcome obstacles to achieving personal and collective goals, regardless of whether these actions align with mainstream social practices or are contrary to them (McNay, L., 2004).

Agency as one's capacity to make one's own choices (Jacka, T., 2014), set goals, and make decisions (Rinaldo, R., 2013) in action. The concept of agency understood as an expression of resistance to patriarchal oppression is the orientation tendency of the first generation feminism movement (classical feminism), characterized by the placement of liberalism and individual autonomy as a value base in the formation of civilization in the West, which emphasizes the achievement of individual freedom and autonomy (McNay, L., 2004). Therefore, as an alternative to agency theory, this research employs Naila Kabeer's approach, which considers women's empowerment as an agency in the context of structural constraints — specifically social, economic, and political — that influence their choices and actions.

Furthermore, previous research by Yulianti, D., & Meutia, I. F. (2023) indicates that sanitation governance programs face several problems, namely a lack of priority as an emergency program, inadequate leadership capacity, and insufficient investment. While most countries have national policies and plans to support sanitation, few have allocated sufficient human and financial resources to implement these plans. Thus, this important sanitation sector has not been a priority program in development. The context of preventing open defecation practices, such as ODF village programs, requires complex solutions. Prevention of OD practices requires strategies to address both the causes of OD and the practice itself. Previous studies have variously explained the causes of OD. The leading causes of OD not only focus on individual-level determinants such as attitudes and behaviors, but there are also possible social determinants of latrine ownership, such as access to water and sanitation facilities, social networks such as caste, education, income, land ownership and condition, social cohesion, and high confidence in personal abilities. Other causes include inadequate and poor number and quality of public toilets, especially in urban poverty pockets, people who already have toilets but still OD due to living near rivers with some people having OD habits, access and ownership of toilets not permitted by landowners, densely populated settlements in urban areas are more complicated in desludging and building septic tanks (Abubakar IR, 2018; Shiras T., et al, 2018; Patil SR., et al, 2015; Dickey MK., et al, 2015; Bardosh K., 2015; Wankhade K., 2015; Jain A, et al. 2019; Nunbogu AM, et al. 2019; in Yulyani, V., et al., 2021).

METHODOLOGY

This study employs a descriptive qualitative method to explore the experiences of women as sanitarians and health promotion officers at puskesmas in carrying out their duties

to implement ODF campaigns. Data collection techniques included literature review, secondary data from various related institutions, namely the Central Statistics Agency (Badan Pusat Statistik-BPS) and the health office, and interviews with sanitarians and health promotion officers from five health centres in Bandar Lampung, namely Puskesmas Kedaton, Puskesmas Kemiling, Puskesmas Pasar Ambon, Puskesmas Kota Karang, and Puskesmas Panjang. The selection of puskesmas was based on the best-accredited puskesmas, those in densely populated areas, poor residential areas, and coastal areas. Interviews were conducted from January to July 2024. The names of the informants in this article are given only as initials, as per the informants' wishes prior to the interview.

This study comprises several stages: identification of ODF policies, assessment of sanitarian efforts, and evaluation of women's health promotion officers based on agency and available resources. Women's agency was identified based on their ownership of strategic choices, decision-making, meaning, motivation, and goals for participating in the ODF campaign. Resources were identified through the presence of human resources formed from political, social, and economic structures. Furthermore, based on available resources, the experiences of sanitarians and women's health promotion officers in promoting women's agency through the ODF program were analyzed, examining both empowerment and resistance capacities.

RESULTS AND DISCUSSION

This research aligns with the gender analysis framework introduced by March et al. (1999) as a tool for identifying various potential inequalities. Gender equality is achieved when men and women have equal rights, opportunities, and power to live and contribute to society. Gender analysis plays a role in ensuring that gender-conscious practices can be accommodated in development (Warren, 2007), seeing differences in the process of participation, benefits, and impacts of development practices, to obtain equal rights to life (Hunt, 2004).

Gender analysis is necessary for exploring OD prevention, as well as for achieving complex ODF village programs. The researcher proposed Naila Kabeer's agency model to explain women's agency in the health sector, particularly in the sanitation sector, specifically in terms of empowerment agency. Empowerment agency: the ability to determine one's goals and act on them. This can include economic, social, and political actions that vary in specific

contexts (Kabeer, 1999). Empowerment refers to the possession of power as a matter of being able to change from a previous condition that was once disempowered in the first place. The concept of empowerment can be explored through three interrelated things: agency, resources, and achievement.

Agency, according to Kabeer, is a person's ability to define their goals and their efforts to act on those goals. Agency can be the meaning, motivation, and purpose of an individual's actions. In addition, agency also includes decision-making processes such as bargaining, negotiation, deception, manipulation, subversion, and resistance. Agency represents the process by which choices are made and enacted as central to the concept of empowerment. It is also a cognitive process of reflection and analysis; hence, agency is usually associated with the power within (Kabeer, 1999, p. 438).

The term 'agency' has both positive and negative connotations. Its positive meaning, 'power to,' refers to the ability to make and act on one's own life choices, even in the face of opposition from others. Its negative meaning - 'power over' - refers to the ability of some actors to override the choice rights of others through, for example, the use of authority or the use of violence and other forms of coercion (Kabeer, 2005, pp. 13-24). Agency about empowerment implies not only actively exercising choice, but also doing so in ways that challenge power relations. Due to the importance of beliefs and values in legitimizing inequality, empowerment processes often start from within. This includes not only 'decision-making' and other forms of observable action, but also the meanings, motivations, and goals underlying individuals' actions; i.e., their sense of agency (Kabeer, 2005, pp. 13-24).

Resources are the medium through which agency is exercised. They are distributed through various institutions and social relationships. Within institutions, certain actors hold privileged positions over others in terms of how rules, norms, and conventions are interpreted and enacted, and they have decision-making authority in certain institutions due to their position. The way resources are distributed thus depends on the ability to prioritize and enforce claims. Equally important, it defines the terms on which resources are available (Kabeer, 2005, pp. 13-24). Achievement, that is, resources and agency, shapes people's capabilities: that is, their potential to lead desirable lives. The term 'achievement' refers to the extent to which such potential is realised or fails to be realised; that is, the outcome of effort. Regarding empowerment, achievement has been considered in terms of both the agency exercised and the consequences, as well as opportunities for greater independence, rather

than simply the fulfilment of labour aspects and meeting survival needs (Kabeer, 2005, pp. 13-24).

Linkages between agency, resources, and achievement. There is a distinction between passive forms of agency (actions taken when there are few options) and 'active' agency (purposeful behaviour). There is also a further important distinction between the greater effectiveness of agency and transformative agency. The former relates to women's greater efficiency in carrying out their roles and responsibilities, the latter relates to the ability to act on the limiting aspects of these roles and responsibilities to challenge them. For example, in India, the overall decline in child mortality has been attributed to increased female literacy. This can be interpreted as a product of 'effective' agency on the part of women in their role as mothers. The reduction in gender disparities in under-five mortality has transformative implications. The focus of this article is on the forms of transformative agency exhibited by women in achieving outcomes that demonstrate a greater ability among poor women to question, analyze, and act on the patriarchal structures of coercion in their lives (Kabeer, 2005, pp. 13-24).

The three dimensions that make up the concept of empowerment. Policy changes that give women access to new 'resources' may be the result of their collective action to achieve these changes. Such changes may occur over the life course of an individual or group, or across generations, a possibility they may never have had. Inequality in one area is likely to be reproduced in other areas of society if not challenged. Today's inequalities translate into tomorrow's inequalities as girls inherit the same discriminatory structures that oppress their mothers. We are therefore interested in transformative forms of agency that not only address immediate inequalities but also initiate long-term processes of change within patriarchal structures. While changes in women's consciousness and agency are an important starting point for such a process, they will do little to undermine the systemic reproduction of inequality. Institutional transformation necessitates movement on multiple fronts: from individual to collective agency, from private negotiation to public action, and from informal to formal arenas of struggle where power is legitimately exercised (Kabeer, 2005, pp. 13-24).

Open defecation is a common practice in developing and underdeveloped countries. Open defecation can be defined as the act of defecating in the open, whether in rivers, bushes, canals, roadsides, or other public areas. Open defecation is directly linked to poverty, lack of toilet facilities, etc. (Okon, P. E., & Ikpi, M. O., 2019, p. 96). Eradicating open

defecation requires behaviour change communication, which is the basis for total sanitation programs, so that people are willing to use latrines; it is not enough to build latrines (Okon, P. E., & Ikpi, M. O., 2019, p. 95). Therefore, behaviour change communication can be used to sustain and complement community-led total sanitation in motivating individuals to adopt open defecation-free practices and maintain this behaviour over time.

Sanitarians and Health Promotion Officers of Puskesmas

Sanitarians and health promotion officers at puskesmas collaborate to provide education, counselling, empowerment, and advocacy. Decree of the Minister of Health of the Republic of Indonesia/Kementerian Kesehatan RI No. 373/MENKES/SK/III/2007 concerning sanitarian professional standards, that the role of sanitarians is as implementers of environmental health observation and supervision, as well as community empowerment in order to improve the quality of environmental health to be able to maintain, protect and improve ways of living clean and healthy. Health promotion, as defined by the World Health Organisation (WHO) in the 1986 Ottawa Charter, is a process or effort to empower people to maintain and improve their health. Law No. 36 of 2009/UU. No. 36 Tahun 2009 states that health promotion is organized to increase the community's knowledge, awareness, willingness, and ability to live a healthy life and actively participate in health efforts. The primary tasks of the community health promotion officer position, as outlined in Ministerial Decree of The Ministry of Administrative and Bureaucratic Reform/Kepmenpan No. 58/KEP/M.PAN/8/2000 is conducting advocacy activities, disseminating health information in various forms and through different communication channels, creating media designs, conducting community behavior assessments and research related to health, and planning interventions to develop community behavior that supports health. Decree of the Minister of Health/Kementerian Kesehatan RI No. HK.01.07/MENKES/315/2020, concerning professional standards for health promotion and behavioral science personnel, states that puskesmas community health promotion officers are public health workers assigned to handle public health promotion programs (Said, S., et al., 2020).

Based on the description of these regulations, sanitarians and health promotion officers have a community empowerment role. The empowering role of sanitarians is to enhance the quality of environmental health, enabling the maintenance, protection, and improvement of clean and healthy living environments. The empowering role of health promotion officers is to participate in public health efforts. Furthermore, the Indonesian

Minister of Health Regulation/Permenkes RI No. 8 of 2019 concerning community empowerment in the health sector regulates the existence of assistants in community empowerment as catalysts and providers of support in the community empowerment process, liaisons with resources that can be utilized, assistants in solving health problems, implementing monitoring and evaluation, and conducting approaches to related stakeholders. The involvement of community activist cadres also supports the role of these assistants.

According to the Minister of Health Regulation/Permenkes RI No. 3/2014 on community-based total sanitation (STBM), STBM is an approach to changing hygienic and sanitary behaviour through community empowerment by triggering. Triggering is a way to encourage changes in the hygiene and sanitation behaviour of individuals or communities through their awareness, by influencing their feelings, mindset, behaviour, and habits. Behaviour change in STBM is carried out through triggering methods that encourage collective changes in the behaviour of the target community, enabling them to build sanitation facilities independently according to their abilities. One of the pillars in STBM is to stop defecation.

Stop BABs aims to build access to proper sanitation, which is a sanitation facility that meets health requirements, is equipped with a type of gooseneck toilet, and has a septic tank or Waste Water Treatment System (Saluran Pembuangan Air Limbah-SPAL). In Law No. 23 of 2014/UU. No. 23 Tahun 2014, sanitation is a basic service that is a mandatory government responsibility to ensure a prosperous and sustainable community life.

Clean and healthy living behaviour (Perilaku Hidup Bersih dan Sehat-PHBS) at the household level is an independent action of family members to prevent and overcome health and environmental problems, maternal and child health problems (MCH), family planning (Keluarga Berencana-KB), family nutrition, pharmacy, and general family health maintenance. PHBS requires agents in the health sector to change less appropriate health behaviours, aiming to improve them at the family level, thereby having an impact on public health (Ministry of Health RI/Kementerian Kesehatan RI, 2011). One of the indicators of PHBS is the use of a healthy toilet in the household. Therefore, it requires efforts to create a PHBS in the household setting through education for family members to improve their patterns and lifestyles for better health (Ministry of Health RI/Kementerian Kesehatan RI, 2017).

Political Agency of Women's Empowerment

In this subchapter, the researcher explains the categorization of female sanitarians and health promotion officers as agencies, which are active and transformative. This study found that female sanitarians and health promotion officers made strategic choices to excel in the ODF campaign, despite facing numerous challenges due to the diverse community conditions. Furthermore, female sanitarians and health promotion workers successfully transformed the gender hierarchy to one that views sanitation as requiring equal attention from both men and women. This highlights women's achievements, specifically their increased ability to question, analyze, and act on the outcomes of decision-making that men previously dominated.

First, referring to Regulation of the Indonesian Minister of Health/Permenkes RI No. 8 of 2019 concerning community empowerment in the health sector, sanitarians and health promotion officers, as health workers at puskesmas, support the role of puskesmas in community empowerment efforts to create environmental and community health. Health promotion officers and sanitarians provide guidance and assistance to various cadres, serving as facilitators and trainers for those involved in public health promotion and environmental health. The average number of health cadres per RT (Rukun Tetangga-neighborhood unit) is 2-5 people. Puskesmas health cadres are community members who have been trained to assist with basic health services in their communities. Cadres work to keep the environment clean, prevent the spread of environmentally related diseases, and conduct counselling on various health issues for the community, such as promoting clean and healthy living behaviours, preventing infectious diseases, and others. Healthcare cadres play a crucial role in the Indonesian healthcare system, particularly at the community level. They act as a bridge between health professionals and the community, and help improve the overall health status of the community. The cadres will uncover health-related issues and environmental conditions in their neighborhoods. On average, each cadre selects 20 houses each month, which are targeted for educational visits. Then, the cadres coordinate with health promotion officers and puskesmas sanitarians for preventive efforts. Health promotion officers and sanitarians visit community homes based on information from puskesmas cadres in each neighborhood unit (RT). Based on the knowledge of the cadres obtained from the assistance of puskesmas health workers, the cadres have considerations in selecting houses that should receive visits and socialization from puskesmas. Cadres have records of community houses that require socialization and counselling.

Second, sanitarians and health promotion officers intensely provide ODF campaigns. They realize that to achieve an ODF-free *kelurahan*, they must advocate for government policies that prioritize environmental health. The environmental health policy is STBM, one of which is the prevention of open defecation in ODF villages. Health promotion officers recognize that their role is to enhance the community's level of health understanding.

“The health promotion officer is the spearhead, which is in line with any program. Therefore, regarding new programs, health promotion officers must be aware, as they are the primary providers of education in the community. Therefore, whether the community understands the new program depends on the health promotion officers. For example, such as preventing the spread of Covid-19 and providing vaccine education, we are at the forefront of providing information. The words spearhead are familiar in the *puskesmas* environment” (Public Health Officer ND, interview March 26, 2024).

ODF campaigns are conducted jointly by sanitarians and health promotion officers. Their roles are different but interrelated, in that public health cannot be achieved without a healthy environment. When the government echoes the ODF village program in the environmental health aspect, which is part of the sanitarian's job, health promotion officers have the task of promoting it to the community.

“The connection with health promotion efforts is to empower the community so that clean water sources are maintained. So, what is the domain of environmental health work? Yes, about the environment, water conditions, sanitation, and so on. Ultimately, it becomes a focus for health promotion officers as well. Earlier, we focused on community behaviour; now we also focus on environmental health. So it is not only about promoting people's wrong lifestyles, such as diet and physical inactivity, but also the causal factors why health problems are never solved” (Public health officer LP, interview February 29, 2024).

There was a mapping activity of who in the community still defecated into the watercourse. This activity was facilitated by the head of the neighborhood unit (RT) and assisted by the *puskesmas* cadres. Furthermore, sanitarians and health promotion officers also directly visited community homes, not just inquiring about the community's ownership of healthy latrines at home. However, officers check into the bathroom to ensure the correct ownership of healthy latrines and septic tanks.

“Health promotion has a home visit program, and we monitor whether the household is healthy or not. We visit their toilets to assess the quality of their toilets and

septic tanks. We are more focused on counseling, providing education, advocacy, and interpersonal communication to discuss all aspects. So, the cause of health problems is also due to poor environmental health” (LP public health officer, interview February 29, 2024).

Visits by sanitarians and health promotion officers are very intense. “We are trying to achieve the target of all villages in Panjang becoming ODF villages from September to October in 2023. So we coordinate with government officials and local community leaders. Almost every day, we continue to visit the kelurahan, or community, to secure this assessment. So, we met the community many times” (Sanitarian at Puskesmas KR, interview on March 5, 2024).

However, sanitarians and health promotion officers need a considerable amount of time to change the community’s awareness of the benefits of healthy latrines and septic tanks, as well as to shift from the habit of defecation to the use of healthy latrines.

Regarding open defecation, we also educate ourselves; we add more material that we previously overlooked, meaning that it was not previously a focus. So, we added more; there must be healthy latrines in every house, and there must be septic tanks. How do you get people to open their hearts to build septic tanks, and realize that if they still defecate in the open or the river through the pipe, it causes many diseases that cause public health to be bad? People near the river, who do not have septic tanks, have a habit of disposing of their waste directly into the river, connected by a pipe. We can direct them to build healthy latrines. If there is no land to build a septic tank, we advise them to contribute together to buy communal land for a septic tank” (LP community health officer, interview February 29, 2024).

Regarding the community in the watershed area, educating the community is a challenging task. Behaviour change is not as easy as we think. When we educate, the responses are diverse. People understand that defecating into the river is not good; they already know that. However, regarding the matter of cost, they claim they do not have the money and ask for it. Their understanding is still like that. They hope that officers can provide financial assistance to build toilets and septic tanks. We are only extension workers.

Furthermore, they consider open defecation as something normal; their house is near the river, obviously so. They do not consider defecating in the river to be dangerous, nor do they consider it to be polluting. It will be carried by the flow of water, which has remained

smooth until now. They do not feel any adverse impact from defecation behaviour” (Community health worker ND, interview March 26, 2024).

The ODF campaign is also strengthened by communication with parties external to the puskesmas through quarterly cross-sectoral mini-workshops, which are meetings between puskesmas officials and various related sectors aimed at improving cooperation, monitoring the coverage of puskesmas services, and fostering integrated community participation. The objectives of this workshop are first to increase cooperation in building commitment to prevent OD behaviour between the puskesmas and related sectors, such as the subdistrict government, kelurahan, community leaders, religious leaders, and other community representatives. Second, to ensure that the ODF campaign reaches its target and meets the community’s needs. The puskesmas, through sanitarians and health promotion officers, requested assistance from local government officials to participate in efforts to change the community’s perspective and behaviour towards sanitation. During the meeting, the health promotion officer admitted that she constantly reminded the lurah and camat to urge the community to implement germas (healthy community movement), one of which is to stop defecating in the open.

Health promotion officers and sanitarians are knowledgeable in the field of environmental and public health, enabling them to update their knowledge and foresight in the practice of linking environmental conditions and public health, such as the relationship between sanitation and stunting. Poor sanitation conditions indirectly lead to stunted children, whose numbers in coastal areas tend to be higher than in other areas. Sanitarians reinforce this argument with data on water quality conditions tested with sanitarian kit equipment owned by the puskesmas. Water contaminated with E.coli, according to health promotion officers during ODF campaigns, can pose a threat to children’s growth. At every meeting, sanitarians and health promotion officers convey to community representatives that sanitation conditions are closely related to the health of the human body through this knowledge argument.

“We have a sanitarian kit, one of which functions to measure water quality. For example, a neighborhood has about 700 to 800 households. I created a list of all the households and then conducted random sampling, selecting 15 households as samples. The result was that the E. coli content was very high. One of the 15 households had stunted children. The point is that this learning result shows that the factors causing stunting are not

only related to food; it turns out that the environment also has an influence. The quality of drinking water is not good, children are threatened with worms, or pregnant women suffer from worms or diarrhoea, eventually the mother becomes anaemic, which has an impact on fetal development due to poor nutritional intake” (Sanitarian SP, interview on February 29, 2024).

Sanitarians and health promotion officers are very detailed in their ODF campaign efforts. They educate people with toddlers on how to clean the toddlers’ feces from diapers. The feces must be disposed of in the toilet to prevent environmental pollution; after that, the diapers can be disposed of in the trash. Sanitarians get a surprised public response regarding how to dispose of toddler diapers.

Third, the form of agency they perform is having the ability to provide input in the decision-making process and feedback on the results of the decision. Sanitarians and health promotion officers are puskesmas health workers who involve themselves in village community meetings (Musyawarah Masyarakat Kelurahan-MMK), which are also attended by representatives of the village government, namely the lurah and secretary of the lurah, and representatives of the village community (neighborhood unit), citizens association-rukun warga (RW), community leaders, religious leaders, and so on. MMK discusses health, environmental, and behavioural issues affecting the local community, plans problem-solving efforts, and improves public health at the kelurahan level. The MMK is to present the results of an introspective survey, which assesses community health problems, their causes, and prioritization, conducted by the community with the assistance of cadres and the village government. The puskesmas supports and uses the results of the village government’s participatory planning as a guideline in preparing the proposed puskesmas activity plan. The follow-up plan (Rencana Tindak Lanjut-RTL) of the puskesmas is then followed up by cadres, community leaders, and the village government.

Sanitarians and health promotion officers of coastal health centres propose solutions to the community’s difficulties in having toilets and septic tanks. The coastal health centre sanitarian took the initiative to propose a septic tank filter in the kelurahan community meeting. The septic tank filter is in the form of a tube made of fibreglass or polyethylene (PE) plastic, which is considered suitable for community houses located above sea level. The construction of the septic tanks was prioritized in villages with little access to septic tanks and villages that are close to ODF. During the community meetings, health promotion

officers and sanitarians not only applied for assistance from the local government but also sought help from the corporate social responsibility (CSR) programs of various companies within the community.

“The head of the puskesmas and I coordinated to support the kelurahan to submit a proposal for the CSR program of a company in the neighborhood. The new company asked about what the community needed. Then the neighborhood unit (RT) answered that some communities did not have septic tanks. The company also confirmed the need for septic tanks to us. Then, we from the puskesmas conveyed that Panjang Selatan Village was not yet ODF. Finally, three septic tank filters were assisted. 5-7 families can use one septic tank” (Sanitarian KRS, interview on March 5, 2024).



Figure 1. A septic tank filter used by a house above the sea can be used by Several houses in Panjang Selatan urban village
Source: Photo Dwi Wahyu Handayani



Figure 2. Communal toilets with separate male and female spaces, and the condition of communal toilets that are not kept clean in the Telukbetung Selatan Sub-district.
Source: Document Green Village Program in Telukbetung Selatan Sub-district.

The female sanitarian also sought other sources of funding to build the septic tank, including donations from residents, either individually or in groups. The sanitarian went to the field to gather the community coordinators and explained to them the advantages of filter septic tanks for coastal houses that are above sea level. The community coordinators finally understood and expressed their support for the ODF village program, and were willing to serve as coordinators for residents to make donations for building toilets or communal septic tanks. Some residents donated sand, contributed labour, or gave permission to place the septic tank filter in their house area.

Furthermore, sanitarians and health promotion officers were also able to provide feedback on their views on sanitation infrastructure. Communities living near the watershed had some with good gooseneck latrines, but did not have septic tanks to collect human waste. However, the waste is connected to a pipe from the house that is directed directly to the river. Sanitarians are considered to have a better understanding of managing human waste disposal within local communities. Sanitarians mapped out the points of houses that did not have septic tanks. Mapping areas that are still prone to open defecation is a continuous priority for education at the individual level, so health workers must make direct home visits.

Sanitarians and health promotion officers strive to understand the cultural context within the community, where the husband typically holds the decision-making authority in the family, including decisions regarding the construction of latrines and septic tanks at home. According to health workers, this gender-biased understanding is a barrier. Women, as wives in the household, are more receptive to information about safe and healthy sanitation than husbands. Husbands think there is no problem with sanitation construction in their house.

“The decision-maker is the husband, because it involves costs, and the matter of building construction at home is the husband’s business, so a home visit is not enough. Wives mostly receive visits to people’s homes. However, when meeting with their husbands, we convey the ODF program less flexibly than with their wives. The husbands’ response to our appeal seemed to convey displeasure, perhaps because they felt it was akin to being taught. Infrastructure issues are considered men’s territory; then, if we say that waste disposal is not correct, they ask back, ‘Is this a problem?’ If we only meet wives, we ask them, as recipients of information, to convey it to their husbands. If it is to the wife, it tends to be okay.

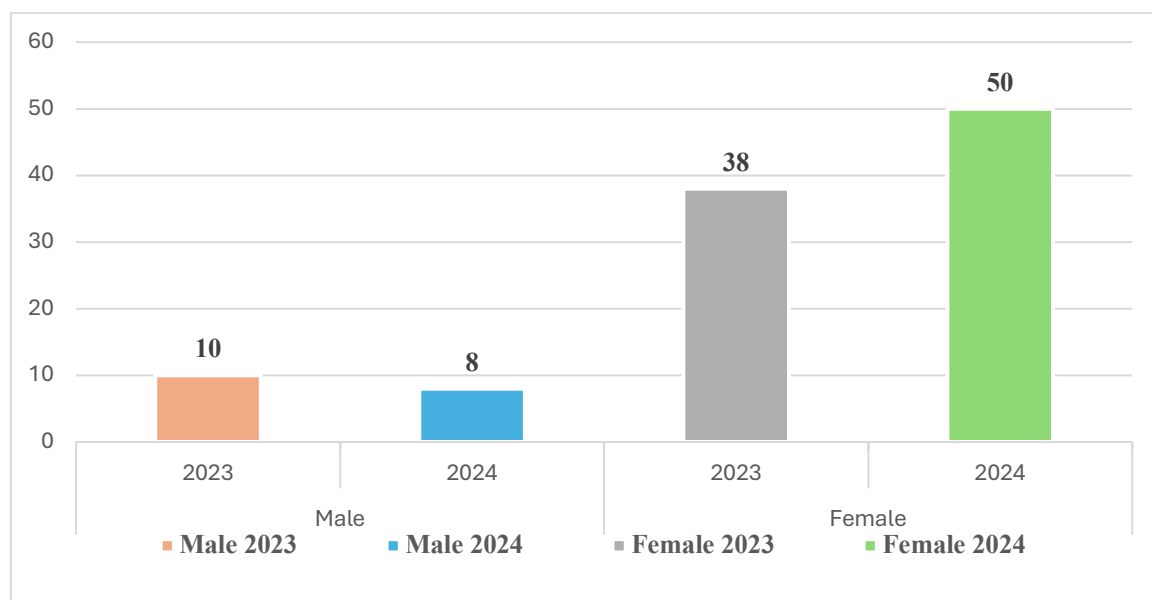
Nevertheless, it goes back to the husband who is considered the decision maker” (Community health worker ND, interview March 26, 2024).

Subsequently, the health promotion officer coordinated with the RT (neighborhood unit) to continue communication efforts and monitor the family’s compliance regarding the availability of latrines and septic tanks in the house, in order to prevent repeated defecation. According to community health worker ND, whether a household builds a latrine and septic tank, the monitoring action involves coordinating with the RT. At the same time, the puskesmas continues to conduct intensive evaluations by sanitarians who assess the availability of healthy latrines and septic tanks.

Resources

Resources refer to the achievements that result from agency outcomes, or the medium through which agency is exercised, distributed through institutions and interactions within society. Within institutions, certain actors hold privileged positions that enable them to influence how rules, norms, and conventions are interpreted and enacted, often due to their decision-making authority within specific institutions. The way resources are distributed thus depends on the ability to prioritize and enforce claims (Kabeer, 2005, pp. 13-24).

Graph 1. Number of Environmental Health Workers in 2023 and 2024



Source: Processed from data BPS.go.id (2024). Number of Environmental Health Workers by Health Facility Work Unit, 2023 and 2024. Accessed on June 22, 2025 at 16.17 WIB from <https://bandarlampungkota.bps.go.id/id/statistics-table/2/ODM5IzI=/banyaknya-tenaga-kesehatan-lingkungan-menurut-unit-kerja-fasilitas-kesehatan.html>

Graph 1 shows an increase in the number of environmental health workers in the health centres of Bandar Lampung City. The number of environmental health workers in 2024 increased by 8.3% from 2023. Environmental health workers in Bandar Lampung City's health centres are predominantly women. In 2023, 79% of the participants were female, and this proportion increased to 86% in 2024. The average health centre has 1-3 sanitarians, including both male and female staff. However, researchers did not find specific data on the number of health promotion officers at the health centres. Other data include the number of sanitarians and health promotion officers in health centers and other health facilities in Bandar Lampung City as of 2024. The number of Sanitarians in Bandar Lampung City was 116, and the number of health promotion officers was 194 (BPS Lampung Province, 202). When examining the coverage of the service area, it is evident that the one health centre provides services to several villages in the community. However, the number of sanitary health workers and health promotion officers remains minimal. Proper data collection on sanitation workforce conditions is essential for measuring and analyzing policies that increase agency effectiveness. According to Donald, A., et al. (2020), measuring women's agency across multiple contexts and domains is essential to ensure that programs and policies, both grassroots-based and government-led, are relevant and meaningful for promoting women's agency, designing interventions to address gender-based constraints, and rigorously evaluating their impact.

Sanitarians and women's health promotion officers play an important role in ODF campaigns, equipped with a college education and various capacity-building trainings in the health sector. In Bandar Lampung, several universities have offered environmental health and public health study programs, even up to the master's level. Human resource development, including sanitarians and health promotion officers, has been conducted by the Bandar Lampung City Health Office. In the Renstra of the Bandar Lampung City Health Office for 2021-2026 that planning and utilization of health human resources is by health human resource education (educational development facilities and partnerships), health human resource training (competency analysis and training needs, training development, training quality control), quality improvement and quality control of health human resources (standardization facilities and health worker professions, and continuing education).

However, in the economic structure, there is a problem with the welfare of health workers. The 2024 Performance Report from the Directorate of Development and

Supervision of Health Workers of the Ministry of Health of the Republic of Indonesia/Direktorat Pembinaan dan Pengawasan Tenaga Kesehatan Kementerian Kesehatan Republik Indonesia reveals that the number of non-civil service health workers exceeds that of civil service health workers. There is no regulation on the career development of non-civil service health workers who work in government health facilities, the private sector, and other agencies. One of the efforts to overcome this problem is the appointment of non-civil service personnel as civil servants, as stipulated in Article 66 of the Civil Service Law of 2023 (Pasal 66 UU ASN Tahun 2023). The policy involves the appointment of Government Employees with Work Agreements (Pegawai Pemerintah dengan Perjanjian Kerja-PPPK) for non-civil service personnel, allowing them to access benefits and social security, as well as career development opportunities, and preventing the risk of termination of employment (pemutusan hubungan kerja-PHK).

Ghebreyesus (2019) argues that improving women's equality and participation in the health sector is estimated to increase the wealth of global human resources. More broadly, increasing the potential of women as leaders is a crucial long-term investment in organizational success, improved health policies, and national prosperity and quality of life (Coe et al., 2019). Increasing the number of women in leadership positions can enhance organisational productivity and maximise the value of the female workforce. In 2021, the compelling narrative has shifted beyond addressing gaps, barriers, and the need to justify the benefits of gender equality in leadership to a clear imperative to deliver effective and sustainable improvements (Coe et al., 2019).

CONCLUSION AND RECOMMENDATIONS

Using Naila Kabeer's theory of women's agency, the researcher found that the agency of health promotion officers and female sanitarians is in decision-making processes such as bargaining, negotiation, and resistance. Health workers at the Bandar Lampung City health centre have the authority, both politically and supported by regulations and knowledge about sanitation. Knowledge is derived from an educational background and human resource development training conducted by health centres, the government, and non-governmental institutions. Mousa, M., et al. (2021) state that organizational interventions can advance women in leadership roles in the healthcare environment, enabling them to achieve their career goals and move beyond focusing on barriers to finding solutions.

Knowledge, as a cognitive and regulatory domain, is the foundation for reflection and analysis among women's health workers in carrying out ODF campaign tasks to achieve ODF villages. An agency's cognitive, reflective, and analytical abilities are associated with the power within, which is the ability within a person to overcome challenges, achieve goals, and make positive changes in gender transformation, specifically in promoting gender equality in the sanitation sector.

The social structure, as reflected in the community's acceptance of the role of women's health workers, was evident in the implementation of village community meetings and cross-sectoral mini-workshops, which involved local government and community representatives. This support also facilitated women's agency in carrying out ODF campaign tasks. Regulations related to sanitation sector development and existing social structures are resources for women's agencies, which require continuous improvement, such as welfare and protection for health workers. ODF campaigns are complex, as they require people to understand the value of toilets, hygiene, and their impact on health. In Uprety, D.'s research (2024), after the ODF campaign, there is still the practice of OD, which is the reality of the dynamics in the community, there are still some households that do not have toilets with various causes, such as limited land, floods, disasters, separation of nuclear families, and so on. This reality is an argument that women's agency in health workers requires better resources.

Women's agency proves women's equal capacity with men in the sanitation sector, which must become a public space to determine the meaning of the common good. Sanitarians and women's health promotion officers, through intensive ODF campaigns, have shifted the gender construction in the sanitation sector from a gender-biased to a more equitable approach. The sanitation sector, which deals with sanitation infrastructure, is not just a man's business. The politics of the sanitation sector demonstrate the agency of women, supported by social, political, and economic structural resources. The intensity of women's agency can lead to gender transformation from biased to gender-aware, as women provide value through campaigns in the healthy and safe sanitation infrastructure sector.

Sanitarians and health promotion officers, who are primarily women, first provide guidance, assistance, facilitation, and training to health centre cadres. The aim is for cadres to know how to assist health workers in conducting community health campaigns, including those related to environmental health. Second, sanitarians and health promotion officers

provide intensive ODF campaigns, as the awareness process requires a long time and repeated visits to communities with open defecation habits. Third, having the ability to provide input in the decision-making process and feedback on the results of decisions allows for improvements in the quality of sanitation, enhancing its health and safety. However, there are still issues related to resource aspects influenced by political structures that affect the implementation of regulations on the employment status of medical personnel, which in turn impact economic structures, including the level of welfare, career development, and protection of health workers.

Therefore, the recommendations of this research are, first, that women can design sanitation infrastructure that is safer and healthier, and second, that men have a concern for ensuring that safe and healthy sanitation is implemented. Second, disaggregated data on gender employment in sanitation development is needed to see the process of gender transformation, as an effort to map the potential of human resources that will be useful for strategies to maximize the achievement of sanitation goals. Third, the creation of policies that can politically, economically, and socially increase the capacity, degree of life, and welfare of health workers.

REFERENCES

- Arandan, S., Amimo, F. A., & Ouma, P. (2016). Role of gender on community led total sanitation processes in Kanyingombe community health unit, rongo sub County, Kenya. *European International Journal of Science and Technology*, 5(4), 89–98.
- Burt, Z., Nelson, K., & Ray, I. (2016). Towards gender equality through sanitation access. UN Women.
- Coe, I. R., Wiley, R., & Bekker, L. G. (2019). Organisational best practices towards gender equality in science and medicine. *The Lancet*, 393(10171), 587-593. (Coe et al., 2019).
- Crawford, E. (March 2020). Achieving Sustainable Development Goals 5 and 6: The case for gender-transformative water programmes. Oxfam International.
- Donald, A., Koolwal, G., Annan, J., Falb, K., & Goldstein, M. (2020). Measuring women's agency. *Feminist Economics*, 26(3), 200–226.
- Few-Demo, A. L., & Allen, K. R. (2020). Gender, feminist, and intersectional perspectives on families: A decade in review. *Journal of Marriage and Family*, 82(1), 326–345.

- Ghebreyesus, T. A. (2019). Female health workers drive global health. World Health Organization. Retrieved from <https://www.who.int/news-room/commentaries/detail/female-health-workers-drive-global-health>
- Hunt, J. (2004). "Introduction to gender analysis concepts and steps." *Development Bulletin* (No. 64):100–106.
- Jacka, T. (2014). Left-behind and Vulnerable? Conceptualising Development and Older Women's Agency in Rural China. *Asian Studies Review* 38, no. 2, 186–204.
- Kabeer, N. (1999). Resources, agency, achievements: Reflections on the measurement of women's empowerment. *Development and Change*, 30(3), 435–464.
- Kabeer, N. (2005). Gender Equality and Women's Empowerment: A Critical Analysis of The Third Millennium Development Goal 1. *Gender & Development*, 13:1, 13–24, DOI: 10.1080/13552070512331332273.
- March, et al. (1999). *A Guide to Gender-Analysis Framework*. Oxford: Oxfam GB.
- McNay, L. (2004). Agency and Experience: Gender as a Lived Relation'. In *Feminism after Bourdieu*, edited by Lisa Adkins and Beverley Skeggs, 175–190. Oxford: Blackweel Publishing, 2004.
- Mousa, M., Boyle, J., Skouteris, H., Mullins, A. K., Currie, G., Riach, K., & Teede, H. J. (2021). Advancing women in healthcare leadership: a systematic review and meta-synthesis of multi-sector evidence on organisational interventions. *EClinicalMedicine*, 39.
- Okon, P. E., & Ikpi, M. O. (2019). Effectiveness of communication campaigns in the sustenance of open defecation-free society: A study of Ugep community in Cross River State. *The International Journal of Communication: an Interdisciplinary Journal of Communication Studies*, 25(1), 93-104.
- Purnomo, A. (2019). Pemberdayaan Masyarakat Menuju Bebas Buang Air Besar Sembarangan. *Jurnal Purifikasi*, 19(2), 59-66.
- Rinaldo, R. (2013). *Mobilizing Piety: Islam and Feminism in Indonesia*. Oxford: Oxford University Press.
- Said, S., Sulaiman, Z., Febrianti, D., & Mardhatillah, M. (2020). Kompetensi Penyuluhan Petugas Promosi Kesehatan di Wilayah Kabupaten Sidenreng Rappang. *Jurnal Kesehatan Pertiwi*, 2(2), 154-160.
- Soeters, S., Siscawati, M., Ratnasari, Anggriani, S., Nailah, & Willetts, J. (2021). Gender equality in the government water, sanitation, and hygiene workforce in Indonesia: an

- analysis through the Gender at Work framework. *Development Studies Research*, 8(1), 280-293.
- Upreti, D. (2024). Women Empowerment Through Participation in Open Defecation-Free Initiatives: A Qualitative Study. *Education and Development*, 33(1), 163–173.
- Wendland, C., Yadav, M., Stock, A., Seager, J., Rose, J., & Jiménez-Cisneros, B. (2017). Gender, women and sanitation. *Global Water Pathogen Project*, 14321.
- Warren, H. (2007). Using Gender-Analysis Frameworks: Theoretical and Practical Reflections. *Gender & Development* Vol. 15,(No. 2, July 2007):187–98. doi:10.1080/13552070701391847.
- Yulianti, D., & Meutia, I. F. (2023). Policy Monitoring and Governance: The Cost-Effectiveness of Community-Based Sanitation Programs in Indonesia. *Hatfield Graduate Journal of Public Affairs*, 7(1), 6.
- Yulyani, V., Febriani, C. A., Shahrudin, M. S., & Hermawan, D. (2021). Patterns and determinants of open defecation among urban people. *Kesmas*, 16 (1), 45–50.
- Yushananta, P., Muslim, A., & Rusli, Y. (2023). Specific Determinants of Stunting Toddlers in Lampung Province: Spatial Data Analysis. *Jurnal Kesehatan*, 14(3), 462–474. <https://doi.org/10.26630/jk.v14i3.4182>
- Yuningsih, R. (2019). Strategi promosi kesehatan dalam meningkatkan kualitas sanitasi lingkungan. *Jurnal Masalah-Masalah Sosial*, 10(2), 107-118.

Reports

- AMPL (Air Minum dan Penyehatan Lingkungan). 2010. Newsletter (Laporan Berkala). Jakarta: AMPL.
- BPS.go.id (2024). Banyaknya Tenaga Kesehatan Lingkungan Menurut Unit Kerja Fasilitas Kesehatan, 2023 dan 2024. Accessed on June 22, 2025, at 4:17 PM WIB from <https://bandarlampungkota.bps.go.id/id/statistics-table/2/ODM5IzI=/banyaknya-tenaga-kesehatan-lingkungan-menurut-unit-kerja-fasilitas-kesehatan.html>
- BPS Provinsi Lampung, 2025. Jumlah Tenaga Kesehatan Menurut Kabupaten/Kota di Provinsi Lampung, 2024. Accessed on July 2, 2025, at 2:12 PM from <https://lampung.bps.go.id/id/statistics-table/3/YVdwSFJHRjRVVkJqWlRWURU9EQkhNVFY0UjB4VVVUMDkjMw==/jumlah-tenaga-kesehatan-menurut-kabupaten-kota-di-provinsi-lampung--2024.html?year=2024>

- Kementerian Kesehatan RI, 2017, Program Indonesia Sehat dengan Pendekatan Keluarga, available at: <http://www.depkes.go.id/article/view/17070700004/program-indonesia-sehat-dengan-pendekatan-keluarga.html>
- Kementerian Kesehatan RI, 2011, PHBS. available at: <http://petugas.promosi.kesehatan.kemkes.go.id/phbs>
- Laporan Kinerja Tahun 2024. Direktorat Pembinaan dan Pengawasan Tenaga Kesehatan. Kementerian Kesehatan RI.
- Profil Kesehatan Kota Bandar Lampung Tahun 2023, Dinas Kesehatan Kota Bandar Lampung
- Pusdatin Kementerian Kesehatan RI. (2017). Laporan Akuntabilitas Kinerja Intansi Pemerintah (LAKIP) 2017(B. Santoso, Ed.). Antara Kantor Berita Indonesia.
- UNICEF (2010) Impact evaluation of drinking water supply and sanitation interventions in rural Mozambique—Ministry of Foreign Affairs, The Netherlands.
- UN WOMEN, Gender equality & water, sanitation and hygiene. Report of the expert group meeting. 2017: New York. p. 26.