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COMMUNITY EMPOWERMENT STRATEGY IN EFFORTS TO IMPROVE GAMPOENG OPEN DEFECATION FREE THROUGH THE MEUSEURAYA TRADITION IN SOUTHWEST ACEH REGENCY

Yulizar^{1*}, Heru Santosa², Nurmaini³, Srimalem⁴

^{1,2,3,4} *Fakultas Kesehatan Masyarakat, Universitas Sumatera Utara, Indonesia. Email:
yuli_88_07@yahoo.co.id*

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Corresponding Author: Yulizar
(yuli_88_07@yahoo.co.id)

ABSTRACT

Sanitation is an effort to control environmental factors that can cause adverse effects on health. Aceh Province is included in the Province Open Defecation Free (ODF) list. Only 3 out of 23 regencies/cities have ODF. Southwest Aceh Regency (Abdya) is one of the regencies with high rates of open defecation, with only 18 out of 152 ODF villages. The general objective of this study is to design a community empowerment strategy to improve ODF villages through a traditional approach. Thank you. The specific objective is to identify the causes of open defecation in the Abdya community and seek solutions to the problem. Research using a qualitative approach, Participatory Action Research design (PAR). The informants and empowerment participants in this study were 22 people. The research data were collected qualitatively through in-depth interviews, Focus Group Discussion (FGD), self-reports, and participant observation. Thematic data analysis using Nvivo. The results of this study indicate that the causes of open defecation in the community are poor economic conditions, minimal knowledge, expensive toilet costs, and insufficient support from village officials. The results of the FGD exploration that can attract residents to open defecation in building toilets include education through IEC, Meuseraya Tradition, while increasing the support of Gampoeng officials through IEC, deliberation, and regulation. Actions carried out on residents with IEC, forming a BSSG working group, and implementation, there was an increase of 8 households that had used healthy toilets. Novelty: This research is a community empowerment strategy through an approach. This begins with community IEC, the establishment of a Community-Based Social Welfare Group (BSSG), and training for village officials. Suggestions should be given to determine the extent of the government's commitment to utilizing local traditions to increase ownership of healthy latrines in Abdya.

KEYWORDS: Knowledge, Economy, Support from Village Officials, Meuseuraya, Toilets.

1. INTRODUCTION

Open defecation (OD) continues to be a serious global health and sanitation problem, causing an estimated 1.6 million deaths annually. Essentially, open defecation is the act of defecating in public places (such as bushes, fields, ditches, beaches, bodies of water, canals, or other open areas) instead of using latrines. Overall, 1.7 billion people lack access to improved sanitation facilities, of which 494 million defecate directly into the environment. An estimated 842,000 people living in low- and middle-income countries (LMICs) die annually from diarrheal diseases caused by inadequate sanitation and lack of hygiene (Appiah-effah *et al.*, 2024). A healthy toilet can break the chain of various diseases (Juhra, F & Sanjaya, 2025).

Aceh Province, until 2023, has 3 districts/cities out of 23 districts. Open Defecation Free (ODF). The results of the 2021 analysis of BPS data from Abdya Regency revealed that 30,602 families still practiced open defecation, with the percentage of toilet access being 30.04%. (Yustina *et al.*, 2024). Meanwhile, research by Yulizar and Maiza (2024) on 81 respondents in Abdya found that 20 people (24.7%) had a healthy toilet, while 61 people (75.3%) did not. (Yulizar, 2022). Data from the Abdya Regency Health Service in 2024 shows the addition of ODF Villages Gampong ODF in Abdya, which is only 5 Gampong or 3.29% in 2020, to 18 Gampong in November 2024 (Abdya Health Office, 2024).

The results of a preliminary study of 87 randomly selected respondents in Abdya Regency found that only 21 (24.1%) respondents had toilets, and 66 (75.9%) did not have toilets. Of the 87 respondents interviewed, 42 people (48.3%) chose to defecate in the river, 21 people (24.1%) defecated in the ditch, and only 24 people (27.6%) chose to defecate in the toilet.

Regarding the role and support of village officials, community leaders, and other community elements, it was found that 63 people (72.4%) of respondents stated that village officials, community leaders, and other elements played less of a role, and only 24 people (27.6%) answered that they played a role in efforts to encourage the community to have toilets. Meanwhile, regarding support, 56 people (74.7%) answered that village officials had less support, and only 22 (25.3%) answered that village officials supported.

Meuseuraya Tradition. It is a tradition in Acehese society to help each other in turns. Meuseuraya Tradition could be a good solution regarding toilet ownership in every household.

Meuseuraya Not only is it a physical activity, but it also serves as a symbol of collective awareness and a social mechanism for preserving nature as a legacy for future generations. The Abdya Regency Government has implemented various strategies by implementing programs in an effort to increase open defecation-free behavior, such as establishing working groups. Drinking Water and Environmental Sanitation (AMPL), triggering activities by community health centers in villages, and assistance in building latrines (Cameron *et al.*, 2013). However, these efforts have not yet yielded optimal results.

2. METHODS

This research uses a qualitative method. Participatory Action Research (PAR) is a research approach that involves active collaboration between researchers and participants in every stage of the research (Sugiyono, 2012). The primary data collection method was carried out using the in-depth interview method (in depth Interview), Focus Group Discussion (FGD), self-report, and participant observation using research instruments in the form of interview guidelines with a voice recorder and documentation with a camera for images and videos, for data analysis using the Nvivo 12 application. This research was conducted in one cycle, starting from planning, consisting of identifying problems and solutions, then taking action (action), observation, and reflection. Data measurement in this study was carried out qualitatively through the evaluation of the system being acted upon and the results of the evaluation of the implementation of actions and information from the community regarding the reasons for defecating. The indicators measured were the increase in the number of healthy toilet ownership and an increase in awareness (awareness) in society to no longer defecate in the open. Ethical considerations (ethical clearance) issued by the Health Research Ethics Committee of the University of North Sumatra No: 125/KEPK/USU/2024 used by researchers by providing freedom to participants (autonomy), do good (beneficence), not detrimental (non maleficence or do not harm), and confidentiality (confidentiality). The following is an explanation of the systematic literature review.

3. RESULTS AND DISCUSSION

3.1. Data Description

Characteristics of Informants and Participants

The following are the characteristics of informants and research participants, including the following:

Table 1: Characteristics of Research Informants.

Characteristics	n = 22	%
Age		
Late Adolescence (15-25 years)	1	4
Early Adulthood (26-45 years)	21	84
Elderly (46-70)	3	12
Gender		
Woman	9	36
Man	13	64
Education		
Low	15	60
High	10	40
Work		
civil servant	6	28
Private hero	6	24
Housewife	1	4
Midwife	1	4
Village head	3	20
Farmers/Farm Laborers	5	20
Department		
God Four	2	8
Inhabitant	8	40
Health Workers	3	16
Head of Infrastructure, Bappeda	1	4
Village head	4	20
Head of Environmental Affairs Environmental Health Manager of the Health Service Sub-district Head	1	4
Domicile		
Teladan Jaya	11	56
Lhok Gayo	1	4
Kota Blang Pidie	2	8
Blang Raja	2	8
Pante Rakyat	1	4
Krueng Panto	1	4
Rukun Dame	1	4
Susoh	1	4
Ie Mirah	1	4
Lama Inong	1	4

3.2. Research Results With One Cycle

3.2.1. Identifying the Factors Causing the High Level of Open Defecation Behavior in the Abdya Regency Community

Description of the results of the exploration of factors causing the high level of BABS behavior in the Abdya Regency community. The stages in this research begin with the stage, namely identifying and exploring the causes of BABS behavior in society, through In depth Interview and field observations to dig up more accurate information to find out what causes the community to exhibit BABS. At this stage, the researcher selected participants through field note studies that met the inclusion criteria and were willing to sign the consent form. Informed concern The data was then processed using NVivo 12 and coded to identify the causes of open defecation. The findings from the coding revealed four causes: 1)

Weak Economy, 2) Minimal Knowledge, and 3)

Support from Village Officials. The description of each cause is as follows:

3.2.2. Description of the results of the exploration of the weak economic factors of residents who cause high levels of open defecation behavior in the community of Southwest Aceh Regency

The most common cause of high rates of open defecation in the community is the low economic status of residents, as reported by 13 informants and found in 13 data sets in this study. In-depth Interview The research conducted by researchers with 13 informants stated that open defecation was due to the lack of toilets, which caused economic problems. As stated by the informant: "That's because the poor people can only afford to buy pipes to buy a septic

tank, which they can't afford. (IM1), There is no money yet (IM2, IM9, IM12). That's how it is if you build a septic tank, there are costs, buying pipes, cement, now they don't use cement but rings, one piece. costs two hundred (IM13), Yes, because of the economic situation (IM3) "Yes, if it's not understood because that part of the parents have the ability, so we just follow the family if for example we keep telling the head of the family, later we will run into financial problems (IM14)"

Income is a major issue for residents in owning latrines, and this has led to the persistence of open defecation. Most residents of Gampoeng Teladan Jaya have low incomes, working as farm laborers. Financial constraints are a key factor, as building a latrines, from sand, pipes, rings, septic tanks, toilets, toilet chambers, to paying laborers, requires financing. Meanwhile, residents' incomes are only sufficient to meet daily needs. As one informant explained:

"Due to limited funds, the only place available is in the river over there, so we defecate (IM8), because there are no funds so far we have not built a toilet (IM6). Related to not building a toilet, the first cause is related to the economy (IN1, IN6). the reason many residents defecate in the ditch because there is no toilet, because there is not enough money to build a toilet (IM7)"

Health workers also described the economic conditions of the community as the reason for not having a healthy toilet. This shows that socioeconomics is one of the factors that influence the presence of toilets in each household because people with low socioeconomic status can prevent them from having a proper toilet. This is in line with research in Ghana and Nigeria. The most fundamental of all these significant factors is the household's ability to finance the construction of a toilet at home (Abubakar, 2018).

3.2.3. Description of the Exploration Results of the Lack of Knowledge Factors that Cause the High Level of Open Defecation Behavior in the Southwest Aceh Regency Community

The second cause of high rates of open defecation among residents is a lack of public knowledge about the need for healthy latrines, their management, and the dangers of open defecation. Knowledge is crucial for improving family latrines, as public awareness is growing due to the growing understanding of the importance of healthy latrines for families. They not only need to be built or owned, but also need to be used and kept clean. The community has minimal knowledge about the dangers of open defecation and

the impacts of open defecation in ditches or rivers. Six informants stated this, as 14 pieces of data were found in this study. As stated by the informants:

"In my opinion, if it goes to the river, it's not the water that is needed, but if the water goes to the rice fields, the channel to the rice fields is certain water because the discharge is regulated and measured (IM1), yes, it's profitable for fertilizer, yes, it flows to the rice fields, yes, it's profitable (IM12), Malaria is caused by dirt (IM13)"

Many residents are unaware of the impacts of defecating in the open, including the diseases it causes, social issues, and aesthetics. On the other hand, some residents elevate the issue of defecation into a religiously sanctified context, arguing that rivers contaminated by defecation become unclean and unsuitable for ablution. They also argue that their feces can become fertilizer for rice fields. Regarding the diseases caused by defecation, some residents believe malaria is caused by defecation. However, some residents continue to use ditches and rivers for washing clothes and kitchen utensils, even though some defecate. As one informant stated:

"Of course, the impact is very dangerous, for example, if someone performs ablution in the river, it is certainly unclean, especially if they wash their clothes (IM8). If the community used to defecate in the river because of the facilities first... maybe this is also their behavior after that, their knowledge about toilets (IN5)."

The lack of public knowledge about the dangers of BABS is caused by a lack of communication, information and education provided, so that the public does not get sufficient understanding about the dangers of BABS (Abubakar, 2018): The purpose of desludging is to provide a solution when septic tanks are full, but the community doesn't understand proper waste management. They defecate in ditches or rivers because they don't need to worry about a full septic tank and because it's free without the need for desludging. As a result, the community isn't motivated to build healthy latrines. As an informant explained:

"Yes, it's free, right? You don't have to pump it because it fills up quickly (IM6, IN2). It's true that the children like it there because the river fills up quickly, because even though they don't like it, they do like the ditch (IM6, IM9, IM 13, IP2)..actually, there are many, sir, because in terms of the community who attended, for example, we invited 40 people, but only 5 people attended, so it didn't work. How can we become an ODF village using what I said (IN1)?" The toilet construction program implemented so far has been unsuccessful, especially in terms of fostering

community change. Without adequate education on Clean and Healthy Living Behaviors (PHBS), the approach has focused solely on the physical construction of toilets. Furthermore, the recommended toilet designs are often prohibitively expensive for poor families. Project subsidies do not effectively reach poor communities. The toilets constructed are often unused. As one informant explained:

"This is what village people are talking about, saving money, because the budget is indeed small, buying pipes. directly from the parlor, it's easier, more economical, the minimum budget is IDR 5,000,000 (IM13)" Yes, Sis. You don't have a toilet because you don't have any fortune, the cost is up to IDR 3,000,000, which is probably more because cement is expensive, right? (IM6)".

3.2.4. Description of the Exploration Results of Village Apparatus Support Factors that Cause High Levels of Open Defecation Behavior in the Southwest Aceh Regency Community

The fourth cause of open defecation lies in the support of village officials, as many as 5 informants stated or found 5 data points in this study. In the study of Lesik, T., Marylin S., Junias & Romeo, P in 2021, the role of village/Gampoeng officials is very important in efforts to stop open defecation carried out by health workers as working partners. The village government can encourage everyone to participate in triggering activities, namely, stopping open defecation. Activities carried out by the village government include data collection and direct

supervision of the population that has a healthy toilet and clean and healthy living behaviors (Syaputri et al, 2024). However, the role of village officials in Abdya has not been very visible in efforts to increase ODF villages, as they are not involved in counseling, mentoring, triggering, and other IEC. As stated by the informant:

"There is nothing from the village, and even when there is information in the village, it is never stated that it is not permissible to dispose of feces into the river (IM4), there is no assistance from village officials during the education (IN4)."

Village officials fail to monitor surface water sources used for defecation. This is due to the lack of local regulations or agreements that village officials can rely on. This lack of regulation and oversight by village officials is also a reason why residents construct toilets above existing ditches and rivers. As an informant explained:

"The solution is that if we want to reprimand with regulations, we make them first, then we reprimand (IM1). Yes, maybe if there is supervision, there will no longer be people defecating in the open (IM8)."

The Keuchik, or village head, as an administrator, must be a source of innovation, developing ideas and strategies that support renewal and development. The importance of progress in a region, as it is largely determined by the village's capabilities and desires, is crucial. Therefore, the regulations created must meet the needs and desires of the community (Hansyar et al., 2024).

The results obtained in measuring the level of public knowledge are as follows:

Table 2: Frequency Distribution of Participants' Knowledge Levels on the Dangers and Impacts of Defecation, the Dehydration Process, and Simple Latrines.

Knowledge	Pre Test (f)	(%)	Post Test (f)	(%)
Good	0	0	8	50,71
Enough	3	20,14	6	40,29
Bad	11	70,86	0	0
Total	14	100 %	14	100

Based on Table 6 above, it shows that the level of good knowledge before education was 0 participants (0%), sufficient knowledge was 3 participants (20.14%), and the level of poor knowledge was 11 participants (70.86%). After education, there was an increase in knowledge, namely with good knowledge of 8 participants (50.71%), sufficient knowledge of 6 participants (40.29%), and poor knowledge of 0%). The participating communities

will conduct education to other communities in their respective hamlets, which will be carried out in early July 2024, to see the results of the actions carried out by the community. An evaluation will be carried out in August during the implementation of Meuseuraya. The results obtained in measuring the level of knowledge of village officials, consisting of Keuchik and leader tuha peut as follows:

Table 3: Frequency Distribution of Participants' Knowledge Levels about Open Defecation Behavior and Its Impacts.

Knowledge	Pre Test (f)	(%)	Post Test (f)	(%)
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Good	0	0	17	65,3 %
Enough	11	42,3 %	9	34,7 %
Bad	15	57,7 %	0	0
Total	26	100 %	26	100

Based on table 7 above, it shows that the level of good knowledge before the education was 0 participants (0%), sufficient knowledge was 11 participants (42.3%), and the level of poor knowledge was 15 participants (57.7%).

After the education, there was an increase in knowledge, namely, good knowledge was 17 participants (65.3%), sufficient knowledge was 9 participants (34.7%), and poor knowledge was 0%.

Table 4: Distribution of Households and Targets Teladan Jaya Village.

Village Name	Date of Meuseraya Implementation	Total Households	Targets included in BSSG	Number of RT BABS before the action		The number of households that defecate in the open after the action	
Jaya's Example	Starting from 19 Sep - 29 Oct 2024	330	40				
				f	%	F	%
				126	100	8	6.3
Total				126	100%	Total	8
BABS Household						Households No Longer Defecating in the Open	6.3%

Based on the table above, it shows that Gampoeng Teladan Jaya has a total of 330 households, the target for BABS is 126 households, the number of households included in the BSSG working group is 40 houses, the implementation of meuseraya was carried out from September 19, 2024 to October 29, 2024, before the meuseraya action was carried out, the number of households that BABS or do not have toilets in Gampoeng Teladan Jaya was 126 households (100%) and after the action was carried out Meuseraya There was a decrease of 8 households (6.34%) in the number of households that owned and used healthy latrines. This means that there has been a decrease in open defecation behavior among 8 households.

3.3.5. Action on the Community and Village Officials through Communication, Information, and Education (KIE)

Public understanding of the dangers of open defecation and the importance of healthy latrines is still low. On the other hand, the view that healthy latrines require expensive costs and are difficult to afford during a weak economy means that village officials and the community need information and education that can be communicated intensively in various community activities. IEC needs to be carried out in the community so that the community has a common knowledge about the goals and benefits of healthy latrines in efforts to eliminate open defecation behavior towards ODF Villages, so that

empowerment can be carried out properly. IEC strategies are greatly influenced by informal communication because the community has its own way and style in understanding each style of language used or adapting to an intervention. This is in accordance with research recommendations from Cagnet, DL and O'Bayner, KK (2024) in Uganda which states the need to use intervention methods that support rather than punish, provide information on the dangers of open defecation (BAB) and the benefits of open defecation, develop programs with integrated holistic teachings and promote successful community stakeholders as ambassadors (Cagnet, DL and O'Bayner, 2024).

Based on the results of journal reviews conducted by researchers, IEC media is very useful in carrying out Health Promotion which can be in the form of leaflets, utilization of technology and others, as stated by Nigerian researcher Derseh et al in 2024 who stated that a strategy is needed to encourage health education programs and community mobilization by creating awareness, especially for those who are uneducated and do not have information technology (Derseh et al., 2024).

Law No. 36 of 2009 states that health is organized to increase the knowledge, awareness, willingness, and ability of the community to live healthily and actively participate in health efforts. Health education is carried out to change the behavior of individuals or groups of people to live healthily through Communication, Information, and

Education (IEC). The depth of IEC objectives also varies, ranging from IEC that only changes knowledge to changes in mental attitudes (Notoatmodjo S, 2010). The lack of public knowledge about the dangers of open defecation is caused by a lack of communication, information, and education provided, so that the community does not gain sufficient understanding of the dangers of open defecation (Abubakar, 2018).

Based on the results of the implementation of the action carried out on the participating community who became agents for improving the behavior of defecation as many as 14 people, it was found that there was an increase in knowledge, before the IEC was carried out the level of knowledge of the participants about the dangers of defecation, the importance of healthy toilets was 70 percent poor and After the IEC was carried out there was an increase in knowledge, namely with good knowledge of 8 participants (50.71%), sufficient knowledge of 6 participants (40.29%) and poor (0%). All participants who became agents of change will continue to be accompanied by cadres and health workers so that they continue to move to become agents of change for other communities in their villages. The results of this research are in line with what was done (Nur A. A, 2021). Referring to Green's theory (1991), IEC is part of the intervention to resolve the causes of defecation from the factors predisposing with indicators of knowledge, motivation, and attitudes, interventions that may be carried out.

After the implementation of IEC, there was an increase in public knowledge by providing brochures, short videos about the dangers of human waste, with frightening videos such as the Polio incident in Pidie, Aceh Province, and the importance of latrines for families. IEC continues to be provided on an ongoing basis to the community who are agents. In accordance with the research of Nnindini, SI (2023) in Ghana, which explains the importance of the field of Social Marketing by expanding the current literature by showing that the theory of planned behavior can be used to predict people's attitudes towards open defecation-free behavior. (Nnindini, SI, 2023).

3.4. Action against Gampoeng officials

The results of education for village officials can be seen from the results of measuring the level of knowledge of village officials, which consists of: Keuchik and leader tuha peut shows that the level of good knowledge before education was 0 participants (0%), sufficient knowledge was 11 participants (423%), and the level of poor knowledge was 15

participants (57.7%). After education, there was an increase in knowledge, namely, good knowledge was 17 participants (65.3%), sufficient knowledge was 9 participants (34.7%), and poor knowledge was 0%. This is in accordance with the results of research by Dhartode, N (2014) that Arola, a village in Maharashtra, was able to become "open defecation free" with effective community participation. Education for Gampoeng officials and community leaders is very important, as mentioned in the results of research by Odagiri, M et al. (2017 mentioned supporting factors in maintaining or open defecation-free communities in rural Indonesia, through community support mechanisms, and ongoing encouragement to pursue higher levels of service (Odagiri et al., 2017).

These findings align with Fadilla (2022), who stated that village officials are closely linked to a village's ODF status and play a strategic role in providing instrumental support, particularly regarding budgeting and the provision of sanitation infrastructure. Stakeholders should encourage homeowners to build healthy toilet facilities in their homes (Fadilla, 2022).

3.4.1. Implementation of Community Empowerment Actions to Increase ODF Villages with the BSSG Approach

Implementation through the BSSG community, starting with trigger commitment in the form of education by health workers, reinforcement by the village head and hamlet head to 40 BSSG members. This activity took place in the exemplary hamlet II starting on September 19, 2024, which was attended by 1 representative of the health center, village head, head of the BSSG group, and 39 household members who were implementing the meuseuraya activity. The agenda of the activities carried out was (1) Printing septic tank rings in turns at the septic tank point of each house with a minimum distance of 10 meters from the water source (2) Digging a hole 2 (two) meters deep for the septic tank ring (3) Digging a pipe hole and installing a waste pipe (4) Inserting the printed ring (5) Printing the septic tank cover (6) Installing a closet (7) toilet room or hut. Implementation meuseuraya. In the first stage, this was carried out in group 1, consisting of 8 representatives of households (RT) coordinated by a professional craftsman.

This approach is in line with the method used by Venkataramanan, V., Crocker, J., Karon, A, & Jamie Bartram, J, (2018), he said that the mixed method systematic review also provides evidence for the need to consider CLTS as part of a larger water

supply, Sanitation and Hygiene (WASH) strategy rather than as a single solution to changing sanitation behavior (Venkataramanan *et al.*, 2018).

The results of the implementation of the meuseuraya by BSSG before the action was carried out meuseraya. The number of households that defecate in the open or do not have toilets in Gampoeng Teladan Jaya is 126 households out of 330 houses in Gampoeng Teladan Jaya, after the action was carried out. Meuseuraya. There was a decrease of 8 households (6.31%) in the number of toilets owned and used. This means there was an increase of 8 households in Gampoeng Teladan Jayaini, comprising 40 families in the BSSG.

Simple healthy toilets built with a traditional approach Meuseurayaby the BSSG working group in accordance with the Ministry of Health and WHO standards, namely the distance between the septic tank and the water source is more than 10 meters so as not to pollute the drinking water source, the septic tank is built meuseraya with a depth of 1.8 - 2 meters with a cover so as not to cause odor and prevent contact between feces with insects and rats. The septic tank that was built was not given a floor casting to allow water absorption, but this condition is safe because the distance from the water source exceeds 10 meters. This toilet does not pollute the surface soil, is easy to clean and safe to use, has protective walls and roofs, adequate lighting and ventilation, waterproof floors, and provides water, soap, and cleaning tools.

Implementation of community-based activities to resolve the problem of BABS, such as empowerment with Meuseuraya. This is also being done in Kersa and Oma Nada Districts of Jimma Zone Province, Ethiopia. For example, community-led total sanitation, pioneered by Dr. Kamal Kar, is one approach implemented to reduce open defecation and improve hygiene and sanitation practices (Lolepo *et al.*, 2024). This approach was initiated in various developing countries by governments and NGOs to end open defecation (Degabesa, 2018).

Khatimah (2023) in her research stated that meuseuraya has differences with gotong royong in general; meuseuraya has many meanings and has a reciprocal nature between people who know each other and need each other (Khatimah, H., 2023). The results of Asmanidar's research (2024) stated that historically, Meuseuraya played an important role in fostering community spirit and cooperation in agricultural and social activities in Reuseb Village (Asmanidar, 2024).

3.5. Meuseuraya as social capital

In resolving the problem of BABS in society, Meuseuraya becomes social capital that should be able to be reused. Bourdieu (1986) defines social capital theory (SCT) as "the aggregate of actual or potential resources associated with the possession of a network of enduring, more or less institutionalized, relationships based on mutual acquaintance or mutual acquaintance. In principle, a network provides value to its members by enabling them to access the social resources contained within it (Bourdieu, 1986).

The cost of building a simple, healthy toilet with Meuseuraya only costs an average of Rp. 1,580,000 (One million five hundred and eighty thousand rupiah) with the calculation of the cost of the Meuseuraya boarding house. If it is done without Meuseuraya, a simple healthy toilet will cost Rp. 3,120,000 (three million one hundred and twenty thousand rupiah), there is a difference of up to Rp. 1,540,000 (one million five hundred and forty thousand rupiah) as the price of social capital. I'm sorry.

Regarding social capital, the significant role of social capital in development. He argues that the growth of social capital within a community is a major factor in addressing the problems and deviations that occur in various countries. Social capital bridges better relationships by connecting external assets and disseminating information, and can build broader identities and reciprocity (Sari *et al.*, 2023).

Many community problems in Aceh are solved with meuseuraya, thus meuseraya by the Teladan Jaya BSSG working group, shows that it can be a solution to the problem of toilet access during economically weak communities, with a note of commitment from policy makers to take a significant role. The 6.34% increase in toilet ownership from 126 households is sufficient proof that meuseuraya is still being carried out. In addition to realizing ODF Villages, it is also part of preserving Acehese culture that has existed for generations.

3.6. Novelty

Novelty: The results of this research are Community Empowerment Strategies in efforts to increase ODF Villages through a traditional approach. Meuseuraya with the name Community-Based Total Sanitation Meuseuraya. Meuseuraya is a tradition in Acehese society that has existed. So far, no one has made it Meuseurayaas one of the solutions to solving BABS. Community-Based Total Sanitation Meuseuraya is a development of the implementation of Community-Based Total

Sanitation pillar 1 to stop BABS from below (bottom-up), combined with top-down strategies (top-down). This community empowerment strategy can support the development of public health through several actions such as conducting IEC to the community and village officials (Tessema, 2017), strengthening the commitment of village leadership, providing basic capital for simple healthy toilet construction facilities with meuseuraya by the BSSG working group, as well as the role of stakeholders in commitment and policy formulation.

4. CONCLUSIONS

This study identified several factors causing the behavior of Open Defecation (BABS) in Southwest Aceh Regency, including a weak economy, lack of knowledge, and lack of support from officials.

Gampong. To increase the ODF Village, a traditional approach is carried out Meuseuraya which is effective in increasing toilet ownership and changing community behavior. The evaluation results show an increase in toilet ownership in households and prove that Meuseuraya can be part of efforts to preserve Acehese culture and improve public health. Suggestions for cadres and health workers include utilizing local traditions. Meuseuraya as an approach to making the Community-Based Total Sanitation program a success and implementing the role of cadres as driving forces (Crocker et al., 2016). Stakeholders are expected to support this approach. Meuseuraya with advocacy, regulations, and budget policies, as well as increasing education and information about the dangers of open defecation and the benefits of having healthy toilets.

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