

ABSTRAK

SAHID, NPM : 2022271, Judul “IMPLEMENTASI PERATURAN DAERAH NOMOR 4 TAHUN 2016 TENTANG STOP BUANG AIR BESAR SEMBARANGAN (BABS) DI KECAMATAN AMUNTAI SELATAN KABUPATEN HULU SUNGAI UTARA (Studi Kasus di Desa Panyiuran dan Keramat)” di bawah bimbingan Bapak MUHAMAD ARSYAD, S.Pd.I, M.AP dan Ibu NOR AINAH, S.SOS.M.E

Penelitian ini dilatarbelakangi oleh sosialisasi Peraturan Daerah belum optimal, Terbatasnya anggaran pemerintah daerah dan desa, masih ada yang menggunakan jamban di sungai, masih tingginya kebiasaan masyarakat, belum optimalnya pengawasan, Keterbatasan kondisi ekonomi, penelitian ini bertujuan untuk mengetahui penerapan Perda tentang STOP BABS di sungai.

Penelitian ini menggunakan pendekatan kualitatif dengan tipe deskriptif. Sumber data menggunakan teknik *purposive sampling* dengan informan berjumlah 13 orang. Teknik pengumpulan data dilakukan melalui observasi, wawancara, dan dokumentasi. Analisis data meliputi reduksi data, penyajian data, dan penarikan kesimpulan. Uji kredibilitas data dilakukan melalui perpanjangan pengamatan, triangulasi sumber dan teknik, serta member check.

Hasil penelitian menunjukkan bahwa implementasi Peraturan Daerah Nomor 4 Tahun 2016 tentang Stop BABS di kedua desa berjalan cukup optimal. Berdasarkan indikator kejelasan tugas optimal karena adanya pembagian tugas yang jelas, indikator dukungan instansi lain optimal karena adanya dukungan dan kerjasama, koordinasi antarinstansi optimal karena adanya koordinasi yang terjalin dengan baik, indikator struktur birokrasi optimal karena tugas dan fungsi telah dijalankan, indikator respon implementor optimal karena para pelaksana memberikan respons, dan indikator pemahaman implementor optimal karena pelaksana telah memahami tujuan perda. Sementara itu, indikator sasaran kebijakan cukup optimal karena tujuan kebijakan dipahami namun belum sepenuhnya tercapai, indikator sumber daya manusia cukup optimal karena ketersediaan SDM memadai namun pengawasan masih kurang, indikator kondisi sosial cukup optimal karena kebiasaan masyarakat masih menjadi kendala, dan indikator kondisi politik cukup optimal karena dukungan pemerintah masih terbatas. Adapun indikator sumber anggaran kurang optimal karena keterbatasan anggaran dan bantuan WC sehat, indikator kondisi ekonomi kurang optimal karena kondisi ekonomi masyarakat masih rendah dan indikator SOP kurang optimal karena pemahaman SOP masih rendah dan belum adanya sanksi tegas. Faktor pendukung meliputi adanya kejelasan tugas dari pemerintah daerah hingga pemerintah desa, dukungan dari puskesmas dan instansi terkait, koordinasi lintas sektor yang cukup baik, pelaksanaan sosialisasi dan monitoring secara berkala, bantuan pembangunan WC sehat, serta respons positif dari aparat desa, tenaga kesehatan, dan sebagian besar masyarakat dalam mendukung program Stop BABS. Faktor penghambat meliputi rendahnya kesadaran masyarakat, keterbatasan ekonomi dan anggaran, kurangnya pengawasan, serta kebiasaan masyarakat yang sulit diubah.

Kepala Puskesmas dan Pemerintah desa disarankan untuk meningkatkan sosialisasi dan pengawasan secara berkesinambungan, memaksimalkan alokasi dana desa untuk bantuan WC sehat, serta memperkuat koordinasi lintas sektor

guna mendukung keberhasilan program sanitasi. Masyarakat diharapkan meningkatkan kesadaran dan partisipasi aktif dalam mendukung program Stop BABS.



ABSTRACT

SAHID, Student ID: 2022271, Title “IMPLEMENTATION OF REGIONAL REGULATION NUMBER 4 OF 2016 CONCERNING THE ELIMINATION OF OPEN DEFECACTION (OD) IN SOUTH AMUNTAI DISTRICT, NORTH HULU SUNGAI REGENCY (Case Study in Panyiuran and Keramat Villages)” under the supervision of Mr. **MUHAMAD ARSYAD, S.Pd.I., M.AP** and Mrs. **NOR AINAH, S.Sos., M.E.**

This study was motivated by the suboptimal dissemination of the Regional Regulation, limited budgets of the regional and village governments, the continued use of toilets in rivers by some residents, persistent community habits, suboptimal supervision, and limited economic conditions. This study aims to determine the implementation of the Regional Regulation concerning the elimination of open defecation in rivers.

This study employed a qualitative approach with a descriptive type. Data sources were selected using purposive sampling with 13 informants. Data collection techniques were carried out through observation, interviews, and documentation. Data analysis included data reduction, data presentation, and conclusion drawing. Data credibility testing was conducted through extended observation, source and technique triangulation, and member checking.

The results showed that the implementation of Regional Regulation Number 4 of 2016 concerning the elimination of open defecation in both villages has been fairly optimal. Based on the indicator of task clarity, implementation was optimal due to clear task distribution; the indicator of support from other institutions was optimal due to support and cooperation; inter-agency coordination was optimal due to well-established coordination; the bureaucratic structure indicator was optimal because duties and functions had been carried out; the implementor response indicator was optimal because implementers responded positively; and the implementor understanding indicator was optimal because implementers understood the objectives of the regulation. Meanwhile, the policy target indicator was fairly optimal because policy objectives were understood but not fully achieved; the human resource indicator was fairly optimal because human resources were adequate, although supervision remained lacking; the social condition indicator was fairly optimal because community habits remained an obstacle; and the political condition indicator was fairly optimal because government support was still limited. The budget source indicator was less than optimal due to limited funding and assistance for healthy toilets; the economic condition indicator was less than optimal because community economic conditions remained low; and the SOP indicator was less than optimal due to limited understanding of SOPs and the absence of strict sanctions. Supporting factors include clear task distribution from the regional government to village government, support from community health centers and related institutions, fairly good cross-sector coordination, regular socialization and monitoring, assistance in healthy toilet construction, and positive responses from village officials, health workers, and most community members in supporting the program. Inhibiting factors include low public awareness, limited economic conditions and budgets, lack of supervision, and community habits that are difficult to change.

The Head of the Community Health Center and village government are advised to improve socialization and supervision continuously, maximize village fund allocation for healthy toilet assistance, and strengthen cross-sector coordination to support the success of the sanitation program. The community is expected to increase awareness and active participation in supporting the “Stop Open Defecation” program.

