

ABSTRAK

IDA SALMAH, NPM: 2022130, Judul "IMPLEMENTASI PROGRAM SANITASI TOTAL BERBASIS MASYARAKAT (STBM) PILAR 1 TENTANG STOP BUANG AIR BESAR SEMBARANGAN DI DESA PALIMBANGAN GUSTI KECAMATAN HAUR GADING KABUPATEN HULU SUNGAI UTARA", di bawah bimbingan Ibu Ni Made Musiyani Anjasmari, M.AP. sebagai Pembimbing I dan Ibu Mawarti, S.Sos., M.A. sebagai Pembimbing II.

Program Sanitasi Total Berbasis Masyarakat (STBM) Pilar 1 merupakan kebijakan pemerintah yang bertujuan meningkatkan derajat kesehatan masyarakat melalui perubahan perilaku hidup bersih dan sehat dengan menghentikan praktik buang air besar sembarangan (BABS). Namun, pelaksanaannya di Desa Palimbangan Gusti masih menghadapi berbagai permasalahan, seperti masih adanya masyarakat yang melakukan BABS, kurangnya koordinasi antar pelaksana program, serta ketidaktepatan sasaran bantuan pembangunan WC sehat. Penelitian ini bertujuan untuk mendeskripsikan Program STBM Pilar 1 tentang Stop Buang Air Besar Sembarangan dan mengidentifikasi faktor-faktor yang mempengaruhinya.

Penelitian ini menggunakan tipe penelitian deskriptif dengan pendekatan kualitatif. Informan penelitian berjumlah 12 orang yang dipilih menggunakan teknik purposive sampling. Teknik pengumpulan data dilakukan melalui observasi, wawancara, dan dokumentasi. Analisis data menggunakan reduksi data, penyajian data, dan penarikan kesimpulan, sedangkan uji kredibilitas data dilakukan melalui perpanjangan pengamatan, triangulasi sumber, penggunaan bahan referensi, dan member check.

Hasil penelitian menunjukkan bahwa implementasi Program STBM Pilar 1 di Desa Palimbangan Gusti secara umum masih tergolong cukup baik. Penelitian menggunakan 4 variabel dengan 12 indikator. Dari 12 indikator yang diteliti, 1 indikator baik, 7 indikator cukup baik dan 4 indikator kurang baik. Pertama, transmisi cukup baik. Kedua, kejelasan cukup baik. Ketiga, konsistensi kurang baik. Keempat, staf cukup baik. Kelima, informasi cukup baik. Keenam, wewenang kurang baik. Ketujuh, fasilitas cukup baik. Kedelapan, efek disposisi kurang baik. Kesembilan pengaturan birokrasi kurang baik. Kesepuluh, insentif cukup baik. Kesebelas, standar operasional baik. Kedua belas, fragmentasi cukup baik. Faktor penghambat implementasi meliputi kurangnya konsistensi sosialisasi, belum adanya aturan dan sanksi yang tegas, serta rendahnya kesadaran dan faktor kebiasaan lama masyarakat. Sedangkan faktor pendukung implementasi yaitu adanya bantuan WC sehat gratis.

Berdasarkan hal ini disarankan kepada Kepala Dinas Kesehatan, pemerintah desa, dan pihak terkait agar meningkatkan koordinasi, pengawasan, sosialisasi, pendampingan, dan meningkatkan kesadaran masyarakat dalam menghentikan praktik buang air besar sembarangan, serta memastikan penyaluran bantuan jamban sehat tepat sasaran sehingga tujuan Program STBM Pilar 1 dapat tercapai secara optimal.

ABSTRACT

IDA SALMAH, NPM : 2022130, title "IMPLEMENTATION OF THE COMMUNITY BASED TOTAL SANITATION PROGRAM (STBM) PILLAR 1 ON STOPPING OPEN DEFECATION IN PALIMBANGAN GUSTI VILLAGE, HAUR GADING DISTRICT, HULU SUNGAI UTARA REGENCY" under the supervision of Mrs. Ni Made Musiyani Anjasmari, M.AP as Supervisor I and Mrs. Mawarti, S.Sos, M.A as Supervisor II.

The Community-Based Total Sanitation (CBTS) Program, Pillar 1, is a government policy aimed at improving public health by promoting behavioral changes toward clean and healthy living through the elimination of open defecation practices. However, its implementation in Palimbangan Gusti Village continues to face several challenges, including the persistence of open defecation, inadequate coordination among program implementers, and the misallocation of healthy toilet construction assistance. This study aims to describe the implementation of the CBTS Program Pillar 1 on Open Defecation Free (ODF) practices and to identify the factors influencing its implementation.

This study employed a descriptive research design with a qualitative approach. The research involved 12 informants selected through purposive sampling. Data were collected through observation, interviews, and documentation. Data were analyzed using data reduction, data presentation, and conclusion drawing. Data credibility was ensured through prolonged engagement, source triangulation, the use of reference materials, and member checking.

The findings indicate that the implementation of the STBM Program Pillar 1 in Palimbangan Gusti Village is generally categorized as less than optimal. The study examined four variables consisting of twelve indicators. Of the twelve indicators, eight were categorized as fairly good, while four were categorized as poor. First, transmission was fairly good. Second, clarity was fairly good. Third, consistency was poor. Fourth, staff availability was fairly good. Fifth, information was fairly good. Sixth, authority was poor. Seventh, facilities were fairly good. Eighth, the disposition effect was poor. Ninth, bureaucratic arrangements were poor. Tenth, incentives were fairly good. Eleventh, standard operating procedures were fairly good. Twelfth, fragmentation was fairly good. Factors inhibiting the implementation included inconsistent socialization activities, the absence of firm regulations and sanctions, as well as the community's low awareness and longstanding habits. Meanwhile, the supporting factor was the provision of free healthy toilet assistance.

Based on these findings, it is recommended that the Head of the Health Office, the village government, and other relevant stakeholders strengthen coordination, supervision, public outreach, assistance, and community awareness to eliminate open defecation practices. In addition, the distribution of healthy toilet assistance should be ensured to reach the appropriate beneficiaries so that the objectives of the STBM Program Pillar 1 can be achieved optimally.