LAMPIRAN

Lampiran 1. Biodata Peneliti

BIODATA PENELITI

A. Data Pribadi
   1. Nama : Intan Dwiyanti
   2. Tempat, Tgl Lahir : Sangatta, 19 September 2000
   3. Alamat Asal : Blok E RT 03 RW 01 Desa Pulung Sari Kecamatan Rantau Pulung
   4. Alamat di Samarinda : Jl. Padat Karya gg Rambutan Kelurahan Sempaja Utara Samarinda Utara

B. Riwayat Pendidikan
   - Tamat SD : Tahun 2012 di SD Negeri 004 Rantau Pulung
   - Tamat SMP : Tahun 2015 di SMP Negeri 1 Rantau Pulung
   - Tamat SLTA : Tahun 2018 di SMA Negeri 1 Rantau Pulung
   - Diploma III : -

   Pendidikan non formal: -

Tanggal Ujuan : 11 April 2023

Judul Penelitian :

Hubungan Implementasi Cuci Tangan Pakai Sabun (CTPS) Program Sanitasi Total Berbasis Masyarakat (STBM) Pilar 2 dengan Mengurangi Kasus Stunting di Puskesmas Wonorejo Samarinda

Pembimbing : Ratna Yuliawati, M.kes.Epid

Wassalamu'alaikum Wr. Wb

Samarinda, 24 Maret 2023

Hormat Saya

Mahasiswa

Intan Dwiyanti

NIM. 1811102413090

Lampiran 2. Surat Izin Penelitian

PEMERINTAH KOTA SAMARINDA
DINAS KESEHATAN
JALAN MILONO NO.1 TELP.(0541) 735660, 743822, FAX (0541)737606
E-MAIL : up_dkk@yahoo.com
SAMARINDA

Samarinda, 28 Maret 2022

Nomor : 440/ 415 /100.02
Lampiran : 1 Lembar
Perihal : Ijin Rekomendasi

Kepada Yth.
Kepala Puskesmas Wonorejo
di –
Tempat

Menindaklanjuti surat dari Program Studi Kesehatan Masyarakat Universitas Muhammadiyah Kalimantan Timur Nomor 151/FIK.3/C.2/B/2022 tanggal 28 Maret 2022 perihal Permohonan Ijin Rekomendasi. Maka melalui surat ini, kami memberitahukan bahwa Dinas Kesehatan memberikan ijin untuk melakukan pengambilan data di Puskesmas Wonorejo Samarinda dengan tetap memperhatikan Protokol Kesehatan, bagi Mahasiswa UMKT sebagai berikut :

NO	NAMA	NIM
1.	Safera Dwi Junanda	1811102413165
2.	Nur Tasya Dewi	1811102413137
3.	Intan Dwiyanti	1811102413090
4.	Adi Putra	1811102413194
5.	Revanza Aldino	1811102413149

Demikian surat ijin ini kami sampaikan, atas perhatian dan kerjasamanya kami ucapkan terima kasih.

Sekretaris,
Dinas Kesehatan Kota Samarinda

dr. Hj. Iraina Fitamina Madjid
NIP. 19690815 200312 2 004

Tembusan :

1. Ka.prodi S1 Kesmas UMKT
2. Arsip

Lampiran 3. Surat Balasan Tempat Penelitian

PEMERINTAH KOTA SAMARINDA
DINAS KESEHATAN
UPTD PUSKESMAS WONOREJO
Alamat : Jalan Cendana No.58 Samarinda 75127
Telepon (0541) 7779160 Email : pkmwonorejosmd@gmail.com

SURAT KETERANGAN PRAKTIK
Nomor : Nomor : 070 /282/ 100.02.021

I. Menindaklanjuti surat dari Program Studi Kesehatan Masyarakat Universitas Muhammadiyah Kalimantan Timur Nomor 151/FIK.3/C.2/B/2022 mengenai Permohonan Izin Praktik Kerja Lapangan di Wilayah Kerja Puskesmas Wonorejo Kelurahan Teluk Lerong Ulu Kecamatan Sungai Kunjang Kota Samarinda.

II. Dengan ini kami menerangkan bahwa kami tidak berkeberatan / bersedia sebagai tempat penelitian pada Puskesmas Wonorejo Kelurahan Teluk Lerong Ulu Kecamatan Sungai Kunjang Kota Samarinda an :

No	NIM	Nama Mahasiswa
1	1811102413165	Safera Dwi Junanda
2	1811102413137	Nur Tasya Dewi
3	1811102413090	Intan Dwiyanti
4	1811102413194	Adi Putra
5	1811102413149	Revanza Aldino

Demikian surat keterangan ini kami berikan untuk dapat dipergunakan sebagaimana mestinya.

Dikeluarkan di : Samarinda
Pada Tanggal : 26 Mei 2023
Kepala UPTD Puskesmas Wonorejo

drg. Kartikayanti
NIP. 197103252003122006

Lampiran 4. Surat Keterangan

SURAT KETERANGAN

Assalamualaikum Wr. Wb

Saya yang bertanda tangan dibawah ini :

Nama	: Intan Dwiyanti
Nim	: 1811102413090
Prodi	: S1 Kesehatan Masyarakat
Judul Penelitian	: Hubungan Implementasi Cuci Tangan Pakai Sabun (CTPS) Program Sanitasi Total Berbasis Masyarakat (STBM) Pilar 2 dengan Mengurangi Kasus Stunting Di Puskesmas Wonorejo Samarinda.

Bahwa dalam peneitian ini, saya tidak menggunakan Uji Validitas dikarenakan instrumen yang saya gunakan adalah instrumen baku dan valid yang diperoleh dari Kemenkes RI. Demikian surat keterangan ini saya buat atas perhatiannya saya ucapkan terimakasih.

Wassalamualaikum Wr. Wb

Samarinda, 26 Mei 2023

Pembimbing

Ratna Yuliawati, M.KesEpid
NIDN. 1115078101

Peneliti

Intan Dwiyanti
NIM. 1811102413090

Mengetahui,
Ketua Prodi S1 Kesehatan Masyarakat

Nida Amalia, M.PH
NIDN. 1101119301

Lampiran 5. Lembar Jurnal

Journal
Peqguruang: Conference Series
eISSN: 2686-3472

JPCS
Vol. 3 No. 2 Nov. 2021

Graphical abstract

HUBUNGAN KEBIASAAN CUCI TANGAN PAKAI SABUN PENGOLAHAN MAKANAN DAN AIR MINUM TERHADAP KEJADIAN STUNTING PADA BALITA DI WILAYAH KERJA PUSKESMAS KEBUNSARI KABUPATEN POLEWALI MANDAR

[1]Rahmi Permatasari, [2]Yuliani Soerachmad, [3]Fahrunnisa Hasbi

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Universitas Al Asyariah Mandar
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Abstract

Hindering is a persistent ailing health issue brought about by an absence of wholesome admission for quite a while, this messes up the future, specifically encountering troubles in accomplishing ideal physical and intellectual turn of events. The motivation behind the analyst was to decide if there was a connection between the propensity for washing hands with cleanser, drinking water and handling food on the occurrence of hindering in babies. The predominance of hindering among little children in the functioning space of the Kebunsari Wellbeing Center in 2021 is 118 hindering babies. Extremely short classification upwards of 23 and short upwards of 95 little children. This kind of examination is an insightful observational investigation with a cross sectional methodology with an example of 85 individuals in 5 towns, in particular Bumiayu, Bumimulyo, Kebunsari, Arjosari, Nepo. Information preparing and examination included univariate, bivariate utilizing chi square test. The outcomes showed that from 85 informants there were 55 (94.7%) informants who were inadequate in CTPS having short little child status, measurable tests got p esteem = 0.730. The people who oversee drinking water from 85 informants are 41 (84.2%) who have short baby status, factual test got p esteem = 0.173 While of 85 informants who oversee food upwards of 76 (89.4%) who have short little child status, measurable test acquired p esteem = 0.776. The end is that there is no connection between the propensity for washing hands with cleanser, drinking water the executives and food handling with hindering in the workspace of the Kebunsari Wellbeing Center.

Keywords: *Stunting, CTPS Habits, Drinking Water and Food Treatment*

Abstrak

Stunting ialah sebuah masalah kurang gizi kronis yang diakibatkan oleh kurangnya asupan gizi dalam waktu yang cukup lama, hal ini mengakibatkan adanya gangguan di masa yang akan datang yakni mengalami kesulitan dalam mencapai perkembangan fisik dan kognitif yang optimal. Tujuan peneliti untuk mengetahui adakah hubungan kebiasaan cuci tangan pakai sabun pengolahan air minum dan pengolahan makanan terhadap kejadian stunting pada balita. Prevalensi stunting pada balita di wilayah kerja Puskesmas Kebunsari tahun 2021 sebanyak 118 balita stunting. Kategori sangat pendek sebanyak 23 dan pendek sebanyak 95 balita. Jenis penelitian ialah *observasional analitik study* dengan pendekatan cross sectional dengan jumlah sampel 85 orang di 5 desa yaitu Bumiayu, Bumimulyo, Kebunsari, Arjosari, Nepo. Pengolahan dan analisis data meliputi univariat, Bivariat menggunakan *uji chi square*. Hasil penelitian menunjukkan dari 85 informan terdapat 55 (94,7%) informan yang kurang dalam melakukan CTPS memiliki status balita pendek, uji statistik diperoleh nilai *p value* =0.730. Yang mengelola air minum dari 85 informan sebayak 41 (84,2%) yang memiliki status balita pendek, uji statistik diperoleh nilai *p value* =0.173 Sedangkan dari 85 informan yang mengelola makanan sebanyak 76 (89,4%) yang memiliki status balita pendek, uji statistik diperoleh nilai *p value* =0.776. Kesimpulan tidak ada hubungan kebiasaan cuci tangan pakai sabun, pengelolaan air minum dan pengolahan makanan dengan stunting di wilaya kerja Puskesmas Kebunsari

Kata Kunci : *Stunting*, Kebiasaan CTPS, Pengolahan Air minum dan Makanan

Article history
DOI: https://dx.doi.org/10.35329/jp.v3i2.2517
Received : 19 Agustus 2021 | **Received in revised form :** 24 September 2021 | **Accepted :** 30 Oktober 2021

International Journal of
Environmental Research and Public Health

MDPI

Article

Water, Sanitation, and Hygiene: Linkages with Stunting in Rural Ethiopia

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Received: 30 June 2019; Accepted: 27 September 2019; Published: 9 October 2019

Abstract: Stunting is a global burden affecting nearly 160 million children younger than five years of age. Whilst the linkages between nutrition and stunting are well recognized, there is a need to explore environmental factors such as water and sanitation, which may influence feeding practices and result in potential infection pathways. This paper explores the linkages between stunting and water, sanitation and hygiene (WASH) factors in Ethiopia, which is a relatively understudied context. The research draws upon baseline data for children under the age of five from 3200 households across four regions in Ethiopia as part of a wider study and integrated program led by the United Nations Children's Fund (UNICEF). Using World Health Organization (WHO) z-scoring, the average stunting rate in the sample is 47.5%. This paper also takes into account demographic and social behavioural factors such as the age, gender of children, and gender of the primary caregiver, in addition to handwashing behaviour and drinking water facilities. The evidence recommends efforts to improve handwashing behaviour for mothers and children with a focus on access to clean water. Higher stunting rates with an increase in the age of children highlight the need for continued interventions, as efforts to improve nutrition and WASH behaviours are most effective early on in promoting long-term health outcomes for children.

Keywords: stunting; WASH; child health; hand-washing; environmental health; clean water; evidence-based policy-making; behaviour change; undernutrition

1. Introduction

In 2016, 158 million children younger than 5 years were mildly, moderately, or severely stunted [1]. Stunted growth reflects the failure of reaching average linear growth potential as a result of suboptimal health, nutritional, and environmental conditions [2]. Overall, the cost of malnutrition is estimated to range from 2% to 16% of gross domestic product (GDP) in the most affected countries, which has implications for sustainability and efforts to reduce poverty [3]. Sustainable Development Goal 2.2 has already made undernutrition a priority, as both a barrier to achieving sustainable development and as an indicator of progress in development [4]. Undernutrition is an underlying cause of 3.1 million child deaths annually [5]. Therefore, improving nutrition is essential to fight poverty, and thereby contributes to efforts to reduce inequality and improve sustainability capabilities.

Globally, stunting rates are declining slowly with the largest improvements in Asia and Latin America. However, Africa is the only region where the number of stunted children has risen from 50%

Jurnal Kesehatan Lingkungan Indonesia
19 (1), 2020, 7 – 15

DOI : 10.14710/jkli.19.1.7-15

Hubungan Sarana Sanitasi, Perilaku Penghuni, dan Kebiasaan Cuci Tangan Pakai Sabun (CTPS) oleh Ibu dengan Kejadian Pendek (*Stunting*) pada Batita Usia 6-24 Bulan di Wilayah Kerja Puskesmas Harapan Baru, Samarinda

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Info Artikel : Diterima 11 Februari 2019 ; Disetujui 11 Desember 2019 ; Publikasi 1 April 2020

ABSTRAK

Latar belakang: Sebuah daerah dinyatakan memiliki permasalahan kesehatan masyarakat jika memiliki prevalensi stunting sebesar 20% atau lebih. Prevalensi stunting di Kalimantan Timur mencapai 29,6% dan didominasi oleh anak usia dibawah dua tahun pada tahun 2017. Samarinda memiliki prevalensi stunting melebihi 20%. Terdapat banyak faktor yang dapat memengaruhi kejadian stunting, tetapi dibutuhkan penelitian terkait sarana sanitasi, perilaku penghuni dan kebiasaan CTPS ibu dengan kejadian stunting. Penelitian ini bertujuan untuk membuktikan ada/tidaknya hubungan antara kualitas sarana sanitasi, perilaku penghuni, dan kebiasaaan CTPS ibu dengan kejadian stunting pada anak kelompok usia 6-24 bulan di wilayah kerja Puskesmas Harapan Baru, Samarinda.

Metode: Penelitian ini merupakan jenis penelitian retrospektif dengan desain *case control.* Data dikumpulkan dengan wawancara semi-terstruktur dengan ibu balita menggunakan lembar kuesioner. Terdapat 19 sampel pada masing-masing kelompok kasus dan kontrol yang dipilih menggunakan purposive sampling. Sehingga, total sampel: 38 dengan uji statistik *chi square* untuk kualitas sarana sanitasi dan perilaku penghuni; uji *fisher* untuk CTPS ibu.

Hasil: Ada hubungan antara kualitas sarana sanitasi (p = 0,000; OR = 31,875; CI 95% = 5,093-199,480); perilaku penghuni (p = 0,000; OR = 18,417; CI 95% = 3,182-106,585) dengan kejadian stunting. Tidak ada hubungan antara kualitas CTPS yang dimiliki Ibu dengan kejadian stunting (p = 0,116; OR= 3,923; CI 95%=0,678-22,705). Namun ketiga variabel tersebut merupakan faktor risiko kejadian stunting karena memiliki OR>1.

Simpulan: Kualitas sarana sanitasi dan perilaku penghuni memiliki hubungan dengan kejadian *stunting* dan merupakan faktor risiko. Kualitas CTPS ibu tidak memiliki hubungan dengan kejadian *stunting* tetapi merupakan faktor risiko.

Kata kunci: *stunting;* sarana sanitasi; perilaku penghuni; CTPS; batita

ABSTRACT

Title: *Relationship Between Quality Of Sanitation Infrastructures, Human Behavior, Mothers' Handwashes, To Stunting Rate For Children Age 6-24 Months*

Background: *A place is called as region which has chronic malnutrition problem if the prevalency of stunting children is equal to or more than 20%. In 2017, it was increased to 29,6%. It is dominated by the children under two years old. Samarinda also has prevalency of stunting children under two above 20%. There are lots of determinant factors which coud caused stunting, but more study is needed about sanitation infrastructures, human behavior, and and mothers' hand washes.The aim or this research is to proof the relation of about*

Public Health Nutrition: 12(8), 1141–1149 doi:10.1017/S1368980008003716

Risk factors for stunting among under-fives in Libya

Adel El Taguri[1,2,*], Ibrahim Betilmal[3], Salah Murad Mahmud[4], Abdel Monem Ahmed[5], Olivier Goulet[1], Pilar Galan[6] and Serge Hercberg[6]

[1]Hôpital Necker Enfants Malades, 149 rue de Sèvres, F-75743 Paris Cedex 15, France: [2]Department of Family and Community Medicine, Alfateh University, PO Box 13229, Tripoli, Libya: [3]Eastern Mediterranean Regional Office, World Health Organization, Cairo, Egypt: [4]Department of Community Health Sciences, University of Manitoba, Winnipeg, Manitoba, Canada: [5]Arab Council for Childhood & Development, Pan Arab Project for Family Health, League of Arab States: [6]Center de Recherche en Nutrition Humain (CRNH), UMR U557 INSERM/U1125 INRA/CNAM, Paris, France

Submitted 26 July 2007: Accepted 18 August 2008: First published online 15 September 2008

Abstract

Objective: Stunting is a chronic condition reflecting poor nutrition and health. Our aim was to ascertain major predictors of stunting in children <5 years old in Libya.

Population and methods: A nationally representative, cross-sectional, two-stage stratified cluster sample survey enrolled 4549 under-fives from 6707 households. Logistic regression was used to determine individual risk factors in bivariate and multivariate analyses.

Results: Anthropometric measurements were available for 4498 children. Among the 929 stunted children (20·7%), 495 were boys (53·3%) and 434 were girls (46·5%). In multivariate analysis, risk factors were young age (1–2 years: OR = 2·32, 95% CI 1·67, 3·22; 2–3 years: OR = 1·64, 95% CI 1·22, 2·21), resident of Al-Akhdar (OR = 1·67, 95% CI 1·08, 2·58), being a boy (OR = 1·28, 95% CI 1·05, 1·55), having a less educated father (illiterate: OR = 2·10, 95% CI 1·17, 3·77; preparatory school: OR = 1·71, 95% CI 1·11, 2·65), poor psychosocial stimulation (no family visits or trips: OR = 1·52, 95% CI 1·07, 2·16; father rarely/never plays with child: OR = 2·24, 95% CI 1·20, 4·16), filtered water (OR = 8·45, 95% CI 2·31, 30·95), throwing garbage in the street (OR = 13·81, 95% CI 2·33, 81·72), diarrhoea (OR = 1·58, 95% CI 1·09, 2·29) and low birth weight (OR = 1·8, 95% CI 1·17, 2·40). Protective factors were older age of father (OR = 0·53, 95% CI 0·32, 0·90) and water storage (OR = 0·70, 95% CI 0·54, 0·90). These variables only explained 20% of cases of stunting.

Conclusion: Various multilevel actions are needed to improve nutritional status of under-fives in Libya. At risk-groups include those with young age (1–3 years), resident of Al-Akhdar region, boys, father's low educational level, poor psychosocial stimulation, poor housing environment, diarrhoea and low birth weight.

Keywords
Libya
Children
Under-fives
Stunting
Risk factors

Nutritional status is a sensitive indicator of the quality of life in a given population[1,2]. Despite global improvement in the health of children aged <5 years in developing countries, undernutrition remains an important public health problem[3,4]. More than half of deaths of children in these countries are related to undernutrition[5]. Undernutrition profoundly affects human function, with both individual and transgenerational effects. Individual effects include the well-known undernutrition–infection vicious cycle, while transgenerational effects refer to a similar vicious spiral that extends to forthcoming offspring and induces permanent effects on mental, social and physical well-being. These effects occur even in mild-to-moderate cases[3]. Undernutrition also affects society at large because it leads to reduced productivity and limited ability to escape the consequences of poverty[3,6,7].

Reduction of the prevalence of undernutrition in under-fives is a top priority to reduce child mortality and morbidity. Reduction of undernutrition prevalence by 50% between 1990 and 2015 is among the most important targets of the first Millennium Development Goal. Nevertheless, progress remains slow, and most international goals set for improving child nutrition and health were not met by 2000.

Stunting (i.e. low height-for-age) is a chronic condition that reflects poor linear growth accumulated during pre- and/or postnatal periods because of poor nutrition and/or health. It is more difficult to treat than acute forms of undernutrition such as wasting. Its relationship to micronutrient deficiencies, obesity (particularly the abdominal type) and chronic diseases makes it an important health hazard even for countries in transition. Causes of stunting

*Corresponding author: Email tajoury@pediatrician.com

Lampiran 6. lembar Kuisioner

LAMPIRAN

KUISIONER CUCI TANGAN PAKAI SABUN (CTPS) DIADOPSI DARI KUISIONER MONITORING VERIFIKASI 5 PILAR STBM KEMENTERIANKESEHATAN RI

Petunjuk Pengisian :

i. Pada kuisioner dibawah ini terdapat 6 butir pertanyaan dengan dua pilihan jawaban yang terdiri dari pilihan YA dan TIDAK.

ii. Berilah tanda centang pada jawaban yang anda pilih sesuai dengan pendapat dan keadaan sebenarnya.

No	Pertanyaan	YA	TIDAK
1	Apakah anda memiliki sarana cuci tangan dengan air mengalir dan dilengkapi dengansabun yang lokasinya mudah dijangkau pada saat waktu-waktu kritis?		
2	Apakah anda mengetahui waktu-waktu kritis untuk mencuci tangan?		
3	Apakah anda mencuci tangan dengan sabun dan air mengalir sebelum makan?		
4	Apakah anda mencuci tangan dengan sabun dan air mengalir sebelum mengolahatau menghidangkan makanan?		
5	Apakah anda mencuci tangan dengan sabun dan air mengalir sebelum menyusuiatau memberi makan bayi/balita?		
6	Apakah anda mencuci tangan dengan sabun dan air mengalir setelah buang air besar atau buang air kecil?		

Lampiran 7. Lembar Observasi

LEMBAR OBSERVASI CUCI TANGAN PAKAI SABUN (CTPS)

No	Pertanyaan	YA	TIDAK
1	Apakah anda pernah mendapatkan penyuluhan terkait cuci tangan ?		
2	Apakah anda mengetahui waktu-waktu kritis untuk mencuci tangan ?		
3	Apakah anda mengetahui tahapan cuci tangan yang tepat ?		
4	Apakah anda memiliki sarana cuci tangandengan air mengalir dan dilengkapi dengan sabun ?		
5	Jika anda memiliki sarana cuci tangan pakaisabun dan air mengalir, apakah sarana tersebut mudah dijangkau pada saat waktu kritis cuci tangan ?		
6	Apakah anda mencuci tangan dengan sabun dan air mengalir sebelum makan ?		
7	Apakah anda mencuci tangan dengan sabun dan air mengalir sebelum mengolah ataumenghidangkan makanan ?		
8	Apakah anda mencuci tangan dengan sabun dan air mengalir sebelum menyusui ataumemberi makan bayi / balita ?		
9	Apakah anda mencuci tangan dengan sabundan air mengalir setelah buang air besar atau buang air kecil?		
10	Apakah anda pernah mendengar tentang stutning pada anak?		
11	Apakah anda pernah mendapat penyuluhan tentang stutning pada anak ?		
12	Apakah anda pernah mendapat sosialiasi tentang stutning pada anak ?		
13	Apakah anda memiliki anak/ponakan/saudara dll, yang memiliki kecendrungan stunting ?		

Lampiran 8. Hasil Output

Distribusi Frekuensi Umur Ibu (n=97)

Karateristik Ibu	∑	%
Umur Ibu		
23	3	3.1
24	3	3.1
25	7	7.2
28	2	2.1
29	3	3.1
30	12	12.4
31	6	6.2
32	12	12.4
34	6	6.2
35	3	3.1
36	12	12.4
37	9	9.3
38	7	7.2
39	3	3.1
40	3	3.1
42	3	3.1
44	3	3.1
	97	100

Distribusi Frekuensi Pendidikan Ibu (n = 97)

Karakteristik Ibu Pendidikan Ibu	∑	%
Perguruan Tinggi	20	20.6
SMA	10	10.3
SMP	51	52.6
SD	16	16.5
	97	100.0

Distribusi Frekuensi Perkerjaan Ibu (n = 97)

Karakteristik Ibu	∑	%
Pendidikan Ibu		
IRT	**76**	**78.4**
PNS	**9**	**9.3**
Wiraswasta	**12**	**12.4**
	97	**100.0**

Distribusi Frekuensi Umur Balita (n = 97)

Karakteristik Balita	∑	%
Umur Balita		
2	**12**	**12,4**
3	**35**	**36,1**
4	**33**	**34,0**
5	**17**	**12,4**
	97	**100.0**

Distribusi Frekuensi Jenis Kelamin Balita (n = 97)

Karakteristik Balita	∑	%
Jenis Kelamin Balita		
Perempuan	**55**	**56,7**
Laki-laki	**42**	**43,3**
	97	**100.0**

Distribusi Frekuensi CTPS (n = 97)

Perilaku CTPS	∑	%
CTPS	88	90,7
Tidak CTPS	9	9,3
	97	100.0

Distribusi Frekuensi Kejadian Stunting (n = 97)

Kejadian Stunting	∑	%
Stunting	58	59,8
Tidak Stunting	39	40,2
	97	100.0

Uji *Fisher Exact* Perilaku CTPS Terhadap Kejadian Stunting

Perilaku CTPS	Kejadian Stunting				Total		*p-value*
	Stunting		Tidak Stunting				
	n	%	n	%	n	%	
CTPS	31	32,0	57	58,8	88	90,7	
Tidak CTPS	8	8,2	1	1,0	9	9,3	**0,003**
Total	**39**	**40,2**	**58**	**59,8**	**97**		

Lampiran 9. Lembar Konsultasi

LEMBAR KONSULTASI

Judul Proposal : Hubungan Hubungan Implementasi Cuci Tangan Pakai Sabun (CTPS) Program Sanitasi Total Berbasis Masyarakat (STBM) Pilar 2 dengan Mengurangi Kasus Stunting di Puskesmas Wonorejo

Pembimbing : Ratna Yuliawati, M.KesEpid

NO	TANGGAL	KONSULTASI	HASIL KONSULTASI	PARAF
1	27 Januari 2022	Diskusi via zoom mengenai tema besar penelitian	ACC	
2	4 Februari 2022	Pengajuan judul	ACC	
3	8 Februari 2022	Sharing via zoom mengenai STBM	ACC	
4	11 Maret 2022	Konsultasi mengenai Lokasi Penelitian	ACC	
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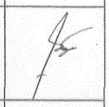
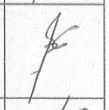
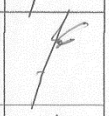
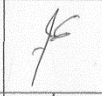
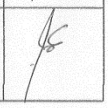
6	31 Maret 2022	Konsultasi Proposal Penelitian	a. ACC Bab 1 b. Revisi Bab 2 (kerangka konsep) c. Revisi Bab 3	
7	18 April 2022	a. Konsultasi Hasil Revisi Bab 2 (kerangka teori) b. Konsultasi Bab 3	a. Revisi kerangka teori b. Revisi instrumen penelitian, teknik pengumpulan data	
8	18 Mei 2022	a. Konsultasi Bab 2 kerangka teori b. Konsultasi kuisioner	a. ACC kerangka teori b. Revisi kuisioner	
9	19 Mei 2022	Konsultasi kuisioner	ACC	
10	25 Juli 2023	Konsultasi proposal penelitian	a. Revisi abstrak b. Revisi table hasil c. Revisi karakteristik balita	

			d. Revisi kesimpulan	
11	22 Februari 2023	Konsultasi	Revisi naskah publikasi	
12	24 Februari 2023	Konsultasi naskah publikasi	Revisi naskah publikasi	
13	3 Maret 2023	Konsul naskah publikasi	Revisi dapus ditambahkan	
14	17 Maret 2023	Konsul proposal penelitian dan naskah publikasi	a. ACC proposal b. Revisi naskah publikasi	
15	20 Maret 2023	Konsultasi naskah publikasi	Revisi	
16	21 Maret 2023	Konsultasi	ACC	

Lampiran 10. Dokumentasi

Lampiran 11. Hasil Turnitin

HUBUNGAN IMPLEMENTASI CUCI TANGAN PAKAI SABUN (CTPS) PROGRAM SANITASI TOTAL BERBASIS MASYARAKAT (STBM) PILAR 2 DENGAN MENGURANGI KASUS STUNTING DI PUSKESMAS WONOREJO SAMARINDA

by Intan Dwiyanti

Submission date: 23-May-2023 03:52PM (UTC+0800)
Submission ID: 2099906173
File name: Skrpsi_revisi_intan.docx (618.43K)
Word count: 6618
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