

# LAMPIRAN

## Lampiran 1 Biodata Peneliti

### BIODATA PENELITI



#### A. Data Pribadi

Nama : Adi Putra  
Tempat/Tanggal lahir : Tarakan, 11 Maret 2000

#### B. Riwayat Pendidikan

Tamat SD : 2012 di SD Negeri 007 Sesayap Hilir  
Tamat SMP : 2015 di SMP Negeri 1 Sesayap  
Tamat SMA : 2018 di SMA Negeri Unggulan 1  
Tana Tidung

Tamat Diploma : -  
Tanggal Ujian : 21 September 2023  
Judul Penelitian :

### **Hubungan Pengelolaan Limbah Cair Rumah Tangga Pilar 5 STBM Dengan Risiko Kejadian Stunting Di Puskesmas Wonorejo Samarinda**

Pembimbing : Ratna Yuliawati, M.Kes.,Epid

Demikian permohonan pengajuan penguji ini saya sampaikan atas perhatiannya saya ucapkan terimakasih.

*Wassalamu'alaikum wr.wb*

Samarinda, 17 Agustus 2023

Adi Putra  
NIM.1811102413194

## Lampiran 2 Surat Izin Penelitian



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

### SURAT KETERANGAN SELESAI PENELITIAN

Nomor : 400.14.5.4 / 487 / 100.02.021

- I. Menindaklanjuti surat dari Program Studi Kesehatan Masyarakat Universitas Muhammadiyah Kalimantan Timur No : 749/FIK.3/C.3/B/2023 Tanggal : 13 April 2023 mengenai Permohonan Izin Penelitian di Wilayah Kerja Puskesmas Wonorejo Kelurahan Teluk Lerong Ulu Kecamatan Sungai Kunjang Kota Samarinda.
- II. Dengan ini kami menerangkan bahwa mahasiswa tersebut dibawah ini telah selesai melaksanakan penelitian di Puskesmas Wonorejo Kelurahan Teluk Lerong Ulu Kecamatan Sungai Kunjang Kota Samarinda an :
  1. Nama : Adi Putra
  2. Nomor Pokok : 1811102413194
  3. Pekerjaan : Mahasiswa
  4. Nama Perguruan Tinggi : Universitas Muhammadiyah Kalimantan Timur
  5. Program Studi : S1 Kesehatan Masyarakat
  6. Lokasi : Puskesmas Wonorejo Kelurahan Teluk Lerong Ulu Kecamatan Sungai Kunjang Kota Samarinda
  7. Judul Penelitian : Hubungan Pengelolaan Limbah Cair Rumah Tangga Pilar 5 STBM dengan Resiko Kejadian Stunting di Puskesmas Wonorejo Samarinda

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

Dikeluarkan di : Samarinda

Pada Tanggal : 11 September 2023

Kepala UPTD Puskesmas Wonorejo

**Drg. Kartikayanti**  
**NIP.197103252003122006**

## Lampiran 3 Hasil Uji Validitas

### SURAT KETERANGAN

Assalamualaikum Warahmatullah Wabarakatuh

Saya yang bertanda tangan dibawah ini :

Nama : Adi Putra  
NIM : 1811102413194  
Program Studi : Kesehatan Masyarakat  
Judul Penelitian : Hubungan Pengelolaan Limbah Cair Rumah Tangga  
Pilar 5 STBM Dengan Risiko Kejadian Stunting Di  
Puskesmas Wonorejo Samarinda  
Uji Validitas : Adopsi Kuesioner

Bahwa dalam penelitian ini, saya menggunakan Adopsi Kuesioner dikarenakan penelitian instrument yang telah baku.

Pembimbing



Ratna Yuliawati, M.Kes.,Epid  
NIDN.1115078101

Peneliti



Adi Putra  
NIM.1811102413194

Mengetahui,  
Ketua Program Studi S1 Kesehatan Masyarakat



Nida Amalia, M.PH  
NIDN.11101119301

ARTICLE

## Effect of water and sanitation on childhood health in a poor Peruvian peri-urban community

William Checkley, Robert H Gilman, Robert E Stack, Leonardo D Epstein, Lilia Cabrera, Charles R Sterling, Lawrence H Moulton

### Summary

**Background** Inadequate water and sanitation adversely affect the health of children in developing countries. We aimed to assess the effects of water and sanitation on childhood health in a birth cohort of Peruvian children.

**Methods** We followed up children once a day for diarrhoea and once a month for anthropometry, and obtained data for household water and sanitation at baseline.

**Findings** At 24 months of age, children with the worst conditions for water source, water storage, and sanitation were 1.0 cm (95% CI 0.1–0.8) shorter and had 54% (–1 to 240) more diarrhoeal episodes than did those with the best conditions. Children from households with small storage containers had 26% (1–62) more diarrhoeal episodes than did children from households with large containers. Lack of adequate sewage disposal explained a height deficit of 0.6 cm (0.3–0.7) at 24 months of age. Better water source alone did not accomplish full health benefits. In 24-month-old children from households with a water connection, those in households without adequate sewage disposal and with small storage containers were 1.4 cm (0.1–3.6) shorter than children in households with sewage and with large storage containers.

**Interpretation** Our findings show that nutritional status is a useful endpoint for water and sanitation interventions and underscores the need to improve sanitation in developing countries. Improved and more reliable water sources should decrease water storage at risk of becoming contaminated, decrease diarrhoeal incidence, and improve linear growth in children.

Lancet 2004; 363: 112–18  
See Commentary page 94

Departments of International Health (W Checkley), Phil R H Gilman, Phil R E Stack, and L D Epstein, and L H Moulton, Johns Hopkins University, Bloomberg School of Public Health, Johns Hopkins University, Baltimore, MD, USA; Programa de Inmunología, Salud, Medicina, y Agricultura, Lima, Peru (W Checkley, R H Gilman, L Cabrera); Universidad Católica de Chile, Departamento de Estadística, Santiago, Chile (L D Epstein); and Department of Veterinary Science, University of Arizona, Tucson, AZ, USA (Phil C R Sterling)

Correspondence to: Dr William Checkley, Johns Hopkins University, Bloomberg School of Public Health, Department of International Health, 615 North Wolfe St, Baltimore, MD 21205, USA (e-mail: wcheck@hsph.jhu.edu)

### Introduction

Improvements in water supply and sanitation have been historically documented to benefit health and improve life expectancy.<sup>1–3</sup> In industrialised countries, death and disease due to poor water supply and sanitation are generally restricted to occasional outbreaks affecting vulnerable subpopulations. But much less progress in water and sanitation has been attained in the developing world. Such a trend is perhaps evidenced most by the slow improvements in infrastructure achieved during the International Water and Sanitation Decade (1981–90), the coverage outcomes of which were well short of expectations, especially in sanitation.<sup>4</sup> Nonetheless, that period stimulated research on the benefits of water supply and sanitation on health, complemented studies that assessed the role of improved water and sanitation on childhood health, and reported reductions in death,<sup>5–7</sup> in diarrhoeal diseases,<sup>8–10</sup> and in parasitic infections.<sup>11–13</sup>

Nonetheless, the effects of improved water supply and sanitation on childhood growth have not been clearly established. Although most studies have documented benefits on weight gain<sup>14</sup> and weight-for-height,<sup>15–17</sup> findings have been less clear on long-term growth outcomes such as stature or height-for-age.<sup>18–21</sup> A better understanding of the effects of water and sanitation on linear growth is warranted, in view of current knowledge on the interaction between diarrhoea and malnutrition and their adverse effects on childhood health. Here, we assess the effects of water and sanitation on linear growth, diarrhoea, and the prevalence of parasites in a birth cohort of Peruvian children.

### Materials and methods

#### Participants

Between April, 1995, and December, 1998, we did a field study in Parque de San Juan, a peri-urban community in Lima, Peru, to assess the effects of water and sanitation on linear growth, diarrhoeal disease, and prevalence of parasites. The study design has been described elsewhere.<sup>22</sup> Children were recruited at birth and followed up for 35 months. Only the first child born during the recruitment period was recruited in each household.

At recruitment we also did a survey of living conditions in the households, including water source, water storage, and sanitation. Households obtained water via a home connection, from cistern trucks operated by the public water company, from a community standpipe, or from a neighbour. A home connection was most frequently available in houses closest to paved roads. Households stored water in containers of varying sizes, from large cement cisterns to small uncovered containers.

#### Procedures

We classified water source, water storage, and sanitation into three categories each. The household water sources were classified as home connection, cistern truck or

RESEARCH ARTICLE

Open Access

# Undernutrition and associated factors among urban children aged 24–59 months in Northwest Ethiopia: a community based cross sectional study



Aweke Gema<sup>1</sup>, Halle Woldie<sup>1</sup>, Fartahun Ayenew Mekonnen<sup>2\*</sup>, Kede Abdola Gonata<sup>2</sup> and Mekonnen Ssay<sup>1</sup>

## Abstract

**Background:** Globally, in every three preschool children one is affected by malnutrition. In Ethiopia, child undernutrition continues to be a serious public health problem. Data are scarce, especially in 24–59 months age children. We aimed at estimating under nutrition and its associated factors among children 24–59 months age in Aykel Town, Northwest Ethiopia.

**Methods:** A community based cross-sectional study was conducted among children aged 24–59 months in Aykel Town from January to February 2017. A total of 416 children were included in to the study using a systematic random sampling technique. Data were collected by interview and anthropometric measurements. Multivariable analysis was performed to identify the predictors of stunting, wasting and underweight.

**Results:** The prevalence of stunting, wasting and underweight were 28.4, 10 and 13.5%, respectively. Children from low birth order; 1<sup>st</sup> (AOR = 8.60, 95%CI: 2.40, 31.70) and 2nd–4th (AOR = 5.80, 95%CI: 1.80, 18.90), from large family size (AOR = 3.67, 95%CI: 1.92, 7.00), and had meal frequency < 3/day (AOR = 5.09, 95%CI: 2.96, 8.74) were at a higher risk of stunting. Children who had not fed on cow milk (AOR = 5.50, 95%CI: 2.30, 13.00), and from mothers who had poor hand washing practice (AOR = 11.00, 95%CI: 4.30, 27.9) were more likely to be wasted. Children who had not fed on cow milk (AOR = 2.90, 95%CI: 1.40, 6.00), breast fed for less than 24 months (AOR = 2.60, 95%CI: 1.35, 5.00), consumed foods from less than four food groups (AOR = 6.30, 95%CI: 1.70, 23.00), and were from mothers' who had poor hand washing practice (AOR = 2.50, 95%CI: 1.30, 4.70) had higher odds of being underweight.

**Conclusion:** Stunting, wasting and underweight are high among children aged 24–59 months in Aykel Town. Poor child feeding and maternal hygienic practices were identified as risk factors of undernutrition. Educating mothers/care givers on the advantages of proper child feeding and maintaining hygienic practices at critical times is valuable in improving the nutritional status of children.

**Keywords:** Preschool children, Undernutrition, Stunting, Wasting, Underweight, Northwest, Ethiopia

\* Correspondence: [fartahun@jgri.ac.et](mailto:fartahun@jgri.ac.et)  
<sup>2</sup>Department of Epidemiology and Biostatistics, Institute of Public Health,  
College Medicine and Health Sciences, University of Gondar, Gondar,  
Ethiopia

Full list of author information is available at the end of the article



© The Author(s). 2019 **Open Access** This article is distributed under the terms of the Creative Commons Attribution 4.0 International License (<http://creativecommons.org/licenses/by/4.0/>), which permits unrestricted use, distribution, and reproduction in any medium, provided you give appropriate credit to the original author(s) and the source, provide a link to the Creative Commons license, and indicate if changes were made. The Creative Commons Public Domain Dedication waiver (<http://creativecommons.org/publicdomain/zero/1.0/>) applies to the data made available in this article, unless otherwise stated.



Article

## Enabling Factors for Sustaining Open Defecation-Free Communities in Rural Indonesia: A Cross-Sectional Study

Mitsunori Odagiri <sup>1,\*</sup>, Zainal Muhammad <sup>2</sup>, Aidan A. Cronin <sup>3</sup>, Michael E. Gnilo <sup>3</sup>,  
Aldy K. Mardikanto <sup>4</sup>, Khaerul Umam <sup>5</sup> and Yameha T. Asamou <sup>6</sup>

<sup>1</sup> UNICEF Indonesia, World Trade Center 6 (10th Floor), Jalan Jenderal Sudirman Kav. 31, Jakarta 12920, Indonesia; acronin@unicef.org

<sup>2</sup> UNICEF Indonesia, Kupang Field Office, Gedung NTT Satu Data, Jl. Polisi Militer No. 2, Kupang 85111, Nusa Tenggara Timur, Indonesia; mzainal@unicef.org

<sup>3</sup> UNICEF, 3 UN Plaza, New York, NY 10017, USA; mgnilo@unicef.org

<sup>4</sup> National Development Planning Agency (Bappenas), Government of Indonesia, Jl. Taman Suropati No. 2, Menteng, Jakarta 10330, Indonesia; amardikanto@gmail.com

<sup>5</sup> Planning, Research and Development Agency (Bapelitbang), Government of District of Alor, Jl. Bukit Dua Ayalan, Petleng, Alor Tengah Utara, Kabupaten Alor 89871, Nusa Tenggara Timur, Indonesia; umamkia3@gmail.com

<sup>6</sup> Alor District Health Office, Government of District of Alor, Jl. Professor W.Z. Yohannes, Suba, Alor Selatan, Kabupaten Alor 89871, Nusa Tenggara Timur, Indonesia; yamehatg@gmail.com

\* Correspondence: modagiri@unicef.org; Tel.: +62-21-2996-8017

Received: 11 September 2017; Accepted: 8 December 2017; Published: 14 December 2017

**Abstract:** Community Approaches to Total Sanitation (CATS) programmes, like the Sanitasi Total Berbasis Masyarakat (STBM) programme of the Government of Indonesia, have played a significant role in reducing open defecation though still little is known about the sustainability of the outcomes. We assessed the sustainability of verified Open Defecation Free (ODF) villages and explored the association between slippage occurrence and the strength of social norms through a government conducted cross-sectional data collection in rural Indonesia. The study surveyed 587 households and held focus group discussions (FGDs) in six ODF villages two years after the government's ODF verification. Overall, the slippage rate (i.e., a combination of sub-optimal use of a latrine and open defecation at respondent level) was estimated to be 14.5% (95% CI 11.6–17.3). Results of multivariate logistic regression analyses indicated that (1) weaker social norms, as measured by respondents' perceptions around latrine ownership coverage in their community, (2) a lack of all-year round water access, and (3) wealth levels (i.e., not being in the richest quintile), were found to be significantly associated with slippage occurrence. These findings, together with qualitative analysis, concluded that CATS programmes, including a combination of demand creation, removal of perceived constraints through community support mechanisms, and continued encouragement to pursue higher levels of services with post-ODF follow-up, could stabilize social norms and help to sustain longer-term latrine usage in study communities. Further investigation and at a larger scale, would be important to strengthen these findings.

**Keywords:** Open Defecation Free (ODF) sustainability; latrine use; community approaches to total sanitation (CATS); social norms; Indonesia

### 1. Introduction

Globally, an estimated 892 million people still practice open defecation [1]. Poor sanitation leads to various infectious diseases such as diarrhea, soil-transmitted helminth, schistosomiasis, and trachoma

## POVERTY AND UNDER NUTRITION AMONG UNDER FIVE AGE GROUP CHILDREN IN MUMBAI METROPOLITAN REGION

Sanjay RODE

S.K.Somaiya College, Mumbai University, Mumbai, India  
 sanjayrode@gmail.com

### Abstract

Child malnutrition is a major health problem in India. Mumbai Metropolitan Region is an economically most developed region of Maharashtra. High economic growth of region should not have high incidence of malnutrition among below five age group children. But we found that there is high incidence of underweight among below five age group children in Govandi, Thane, Bhandup. The incidence of stunting is found more in Ghatkopar, Thane, Turbhe, Mulund and Bhandup. The wasting incidence among below five age group children is found more in Koparkhema, Turbhe, Mulund and Bhandup. At below one age group, more children are underweight, stunted and wasted. Lower household size, parents lower education, lower income and lower asset holding leads to malnutrition among children. We estimated around one lakh deaths per annum of under-five age group children in Mumbai Metropolitan Region. We have used logit regression model to examine the co-relation of child malnutrition with socio-economic and demographic factors. The incidence of underweight is negatively co-related to age, per capita income, time required to carry water, television, pulses, other methods of contraceptives, injections. It is positively co-related to telephone and curd. The stunting among children is negatively co-related to age, time required, television, bike, pulses, other methods of contraceptives, injections, age at marriage and sterilisation. It is positively co-related to sex, bed, curd, and home delivery. The incidence of wasting is negatively co-related to age, television, pulses and injections. It is positively co-related to per capita income and curd. There is need of different policies in different slums of region. Health care staff must visit slums regularly. They must treat all patients, counsel on immunisation, breastfeeding and institutional deliveries. Government must start training and self-employment for poor people of slums. The NGOs, researchers, social workers, politicians must work together for the higher standard of living of population. Government must invest money infrastructure in facilities for poor of slums. Slums should not be demolished in region. They are integrated part of region. Every child must be seen as window of opportunity for future human resource of region. Such policies will certainly reduce malnutrition among children at some extent in Mumbai Metropolitan Region.

**Keywords:** Health, Nutrition, Immunisation

### 1. INTRODUCTION

Under-nutrition remains the most important nutritional problem in developing countries. At an early age, it affects the growth and development of children, especially in conditions of poverty.

The under nutrition is associated with retarded brain growth and functional development that persists into adult life. However, these inter-relationships do not have a direct cause-effect relationship since complex interactions are established during the lifetime of the individuals (Ivanovic, Daniza M. et al 2002). Mumbai



## Investigating the microbial inactivation efficiency of a 25 L batch solar disinfection (SODIS) reactor enhanced with a compound parabolic collector (CPC) for household use<sup>†</sup>

Eunice Ubomba-Jaswa,<sup>a\*</sup> Pilar Fernández-Ibáñez,<sup>b</sup> Christian Navntoft,<sup>c</sup> M. Inmaculada Polo-López<sup>b</sup> and Kevin G. McGuigan<sup>a</sup>

### Abstract

**BACKGROUND:** A simple point-of-use solar disinfection (SODIS) reactor was designed to treat 25 L of water and was constructed from a methacrylate tube placed along the linear focus of a compound parabolic concentrator (CPC) and mounted at 37° inclination. Experiments were carried out over a 7 month period by seeding a 10<sup>8</sup> CFU mL<sup>-1</sup> concentration of *Escherichia coli* K-12 in 25 L of well water or turbid water to mimic field conditions and determine the microbial effectiveness of the reactor.

**RESULTS:** During periods of strong sunlight, complete inactivation of bacteria occurred in under 6 h, even with water temperatures <40 °C. Under cloudy and low solar intensity conditions, prolonged exposure was needed. Turbid water (100 NTU) was disinfected in 7 h with water temperatures >50 °C. No regrowth of bacteria occurred within 24 h and 48 h following solar disinfection. The construction cost of this prototype reactor was approximately US\$200 but with an expected lifetime of 10 years, the running cost of the reactor is expected to be US\$0.002 L<sup>-1</sup>.

**CONCLUSION:** This study confirms that significant water disinfection can be achieved using a low cost CPC-enhanced 25 L batch SODIS reactor.

© 2010 Society of Chemical Industry

**Keywords:** solar disinfection (SODIS); household water treatment; *Escherichia coli*; compound parabolic concentrator (CPC); enhanced batch reactor (EBR)

### INTRODUCTION

In communities with little or no access to safe drinking water, waterborne disease continues to be a major cause of sickness and death. Globally, approximately 1.8 million deaths occur per year due to a combination of inadequate sanitation and poor water quality.<sup>1</sup> Diseases associated with unsafe water include typhoid, poliomyelitis, hepatitis A and E and diarrhoeal disease which commonly affects children under 5 years. This leaves them vulnerable to malnutrition, stunted growth and in some cases death.<sup>2</sup> Due to inadequacies in water infrastructure and unreliable supply of treated water, the responsibility for ensuring safe drinking water often rests ultimately with the consumer. A number of household water treatment methods such as filtration, flocculation, chlorination, thermal and ultraviolet disinfection methods have been implemented and found to be effective in improving the microbiological quality of water and are approved by the World Health Organization (WHO).<sup>3,4</sup>

In geographic areas where prolonged sunlight is available, solar disinfection (SODIS) has also proven to be an economically viable alternative method for disinfecting water on a small scale. The term SODIS usually refers to exposure of water stored

in transparent containers (usually polyethylene terephthalate (PET)) to sunlight.<sup>5</sup> Solar exposure of contaminated water results in inactivation of pathogens by UV irradiation and thermal effects. Studies conducted under laboratory and field studies have shown a wide range of pathogens to be inactivated by SODIS.<sup>6–12</sup> Health impact assessment studies of SODIS have reported 26–37% reductions in incidence of diarrhoea for SODIS users.<sup>13–16</sup>

\* Correspondence to: Eunice Ubomba-Jaswa, Department of Physiology and Medical Physics, Royal College of Surgeons in Ireland, 123 St Stephen's Green, Dublin 2, Ireland. E-mail: euniceubombajaswa@yahoo.com

<sup>†</sup> Presented at the GAAPD Conference held in Nicosia, Cyprus, 9–11 September 2009.

<sup>a</sup> Department of Physiology and Medical Physics, Royal College of Surgeons in Ireland, Dublin 2, Ireland














<sup>b</sup> Plataforma Solar de Almería-CEMAT, PO Box 22, 04200 Tabernas, Almería, Spain

<sup>c</sup> Comisión Nacional de Energía Atómica-CNEA, Av. Gral. Paz 1498 cp B1603, San Martín, Buenos Aires, Argentina

## Lampiran 5 Lembar Konsultasi

### LEMBAR KONSULTASI

Judul Proposal : Hubungan Pengelolaan Limbah Cair Rumah Tangga Pilar  
5 STBM Dengan Risiko Kejadian Stunting Di Puskesmas  
Wonorejo Samarinda  
Pembimbing : Ratna Yuliawati, M.Kes.,Epid

NO	TANGGAL	KONSULTASI	HASIL KONSULTASI	PARAF
1	27 Januari 2022	Diskusi via Zoom mengenai Tema Besar Penelitian	ACC	
2	7 Februari 2022	Pengajuan Judul	ACC	
3	27 September 2022	Membahas Kembali Tema Besar	ACC	
4	1 Oktober 2022	Konsul Lokasi Penelitan	Revisi	
5	20 November 2022	Konsultasi BAB I	ACC	
6	19 Februari 2023	Konsultasi BAB I dan BAB II	Revisi Tujuan Khusus, Kerangka Teori, Kerangka Konsep, Hipotesis Penelitian, Tabel Definisi Operasional, Daftar Pustaka	
7	28 Februari 2023	Konsultasi BAB I dan BAB II	Revisi Latar belakang, Kerangka Konsep	
8	1 Agustus 2023	Konsultasi BAB III	Tambahan pembahasan karakteristik limbah cair	
9	4 Agustus 2023	Konsultasi BAB III dan Naskah Publikasi	Revisi Penambahan sitasi	
10	7 Agustus 2023	Konsultasi BAB III, BAB IV dan Naskah Publikasi	Revisi spasi di awal paragraph	
11	9 Agustus 2023	Konsultasi Naskah Publikasi	Mempersingkat Pendahuluan	
12	14 Agustus 2023	Konsultasi BAB IV	Revisi di kesimpulan	
13	21 Agustus	Konsultasi BAB IV	ACC	

Mahasiswa



Adi Putra  
1811102413194

## Lampiran 6 Informed Consent

### INFORMED CONCENT

Saya yang bertanda tangan dibawah ini :

Nama :

Umur :

Jenis Kelamin :

Menyatakan bersedia untuk menjadi subyek penelitian dari :

Nama : Adi Putra

NIM : 1811102413194

Fakultas : Kesehatan Masyarakat

Setelah saya membaca penjelesan penelitian yang terlampir , saya mengerti dan memahami dengan benar prosedur penelitian dengan judul " Hubungan Pengelolaan Limbah Cair Rumah Tangga Pilar 5 STBM Dengan Risiko Kejadian Stunting di Puskesmas Wonorejo Samarinda " . saya menyatakan sanggup menjadi sampel penelitian beserta segala resikonya dengan sebenar – benarnya tanpa satu paksaan dari pihak manapun

Samarinda ..... 2023

## Lampiran 7 Lembar Kuesioner

**LEMBAR KUESIONER**  
**PENGELOLAAN LIMBAH CAIR RUMAH TANGGA**  
**DIADOPSI DARI KUESIONER MONITORING VERIFIKASI 5 PILAR STBM**  
**KEMENTERIAN KESEHATAN RI**

---

**IDENTITAS RESPONDEN:**

Nama Ibu : Nama Anak :  
Umur : Usia (Tanggal Lahir) :  
Pendidikan terakhir : SD/SMP/SMA/DIPLOMA Tinggi Badan :  
Pekerjaan : Berat Badan :  
Alamat : Jenis Kelamin :

**PETUNJUK PENGISIAN:**

1. Pada kuesioner dibawah ini terdapat 3 butir pertanyaan dengan 2 pilihan jawaban, yang terdiri dari pilihan **YA** dan **TIDAK**.
2. Berilah tanda (✓) pada jawaban yang anda pilih sesuai dengan pendapat dan keadaan sebenarnya.

No	Pertanyaan	Ya	Tidak
1	Tidak terlihat genangan air di sekitar rumah karena limbah cair domestic (Limbah cair yang tergenang dapat menjadi sumber vector penyakit, termasuk kran umum atau WC umum).		
2	Ada saluran pembuangan limbah cair rumah tangga (non kakus) yang kedap dan tertutup.		
3	Terhubung dengan sumur resapan dan atau sistem pengelolaan limbah (IPAL Komunal/ <i>sewerage system</i> )		

**LEMBAR OBSERVASI**

**Kriteria Rumah**

No	Pertanyaan	Ya	Tidak
1	Rumah berada diatas gunung		
2	Rumah berada di daerah yang berawa		
3	Rumah yang berada di pinggir sungai		

## Lampiran 8 Master Data SPSS

### Sanitasi Berbasis Masyarakat (STBM)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Baik (76% - 100%)	20	23,0	23,0	23,0
	Kurang (>50%)	67	77,0	77,0	100,0
	Total	87	100,0	100,0	

### Stunting

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Tidak Stunting	31	35,6	35,6	35,6
	Stunting	56	64,4	64,4	100,0
	Total	87	100,0	100,0	

### Pekerjaan Orang Tua

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Ibu Rumah Tangga	74	85,1	85,1	85,1
	Pekerja Swasta	8	9,2	9,2	94,3
	PNS	5	5,7	5,7	100,0
	Total	87	100,0	100,0	

### Pendidikan

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	SD	6	6,9	6,9	6,9
	SMP	14	16,1	16,1	23,0
	SMA/SMK	46	52,9	52,9	75,9
	SARJANA(S1)	21	24,1	24,1	100,0
	Total	87	100,0	100,0	

### Pekerjaan Orang Tua

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Ibu Rumah Tangga	74	85,1	85,1	85,1
	Pekerja Swasta	8	9,2	9,2	94,3
	PNS	5	5,7	5,7	100,0
	Total	87	100,0	100,0	

### Usia Ibu

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	20 - 35 Tahun	77	88,5	88,5	88,5
	> 35 Tahun	10	11,5	11,5	100,0
	Total	87	100,0	100,0	

### Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	6,724 <sup>a</sup>	1	,010		
Continuity Correction <sup>b</sup>	5,415	1	,020		
Likelihood Ratio	6,496	1	,011		
Fisher's Exact Test				,016	,011
Linear-by-Linear Association	6,646	1	,010		
N of Valid Cases	87				

a. 0 cells (0,0%) have expected count less than 5. The minimum expected count is 7,13.

b. Computed only for a 2x2 table

### Sanitasi Berbasis Masyarakat (STBM) \* Stunting Crosstabulation

Count

		Stunting		Total
		Tidak Stunting	Stunting	
Sanitasi Berbasis Masyarakat (STBM)	Baik (50% - 100%)	12	8	20
	Kurang (>50%)	19	48	67
Total		31	56	87

## Lampiran 9 Master Data Jawaban Responden

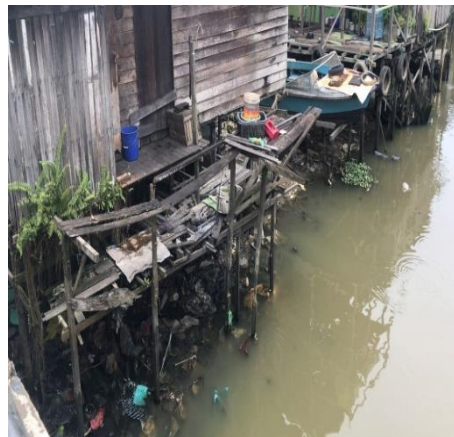
Responden	Item 1	Item 2	Item 3	Jumlah	Nilai	Kode		Pendidikan	Kode	Usia Balita	Kode	Usia Ibu	Kode	Pekerjaan	Kode	TTL Balita	Z-Score	Kode	Posyandu	
Responden 1	T	T	T	0	3	1		SMP	2	2.8	1	30	2	IRT	1	14-01-2021	-1.28	1		
Responden 2	T	T	T	0	3	1		SMA	3	2.7	1	29	2	IRT	1	21-02-2021	-0.91	1		
Responden 3	T	T	T	0	3	2		SD	1	2.6	1	28	2	IRT	1	11/3/2022	-4.84	2		
Responden 4	Y	T	T	1	2	1		SMA	4	2.8	1	30	2	IRT	1	5/1/2021	-2.42	2		
Responden 5	T	T	T	0	3	2		SMP	2	2.7	1	29	2	IRT	1	2-02-1021	-3.31	2		
Responden 6	T	Y	Y	2	1	1		SMA	3	3.2	2	32	2	IRT	1	12/7/2020	-1.86	1		
Responden 7	Y	T	Y	2	1	1		PT	4	2.6	1	33	2	IRT	1	13-09-2021	0.92	1		
Responden 8	T	T	T	0	3	2		PT	4	2.4	1	27	2	IRT	1	24-05-2021	-2.44	2		
Responden 9	T	Y	Y	2	1	1		SMA	3	2.5	1	30	2	IRT	1	21-04-2021	-2.04	2		
Responden 10	T	T	T	3	1	2		SMA	3	4.1	2	38	3	IRT	1	18-08-2019	-6.31	2	Lidah Buaya Posyandu	
Responden 11	T	T	T	0	3	2		SMP	2	4.3	2	30	2	IRT	1	27-06-2019	-4.62	2		
Responden 12	T	T	T	0	3	2		PT	4	3.2	2	35	2	IRT	1	2/7/2020	-4.30	2		
Responden 13	T	T	T	0	3	2		SMP	2	3.2	2	33	2	IRT	1	15-07-2020	-2.58	2		
Responden 14	Y	T	T	1	2	1		SMA	3	3.2	2	30	2	IRT	1	22-07-2020	-2.55	2		
Responden 15	Y	T	T	1	2	1		SMA	3	3	2	29	2	IRT	1	13-09-2020	-0.95	1		
Responden 16	T	T	T	0	3	2		SMP	2	3.1	2	30	2	IRT	1	29-08-2020	-1.04	1		
Responden 17	T	T	T	0	3	2		SMP	2	4.1	2	33	2	IRT	1	21-08-2019	0.00	1		
Responden 18	Y	T	T	1	2	1		SMA	3	3.3	2	32	2	IRT	1	25-06-2020	0.70	1		
Responden 19	T	T	T	0	3	2		SMA	3	3.4	2	32	2	IRT	1	5/5/2020	0.38	1		
Responden 20	T	T	T	0	3	2		PT	4	3.5	2	33	2	IRT	1	3/4/2020	-3.33	2		
Responden 21	T	T	T	0	3	2		SMA	3	4.1	2	34	2	IRT	1	14-03-2019	-3.19	2		
Responden 22	T	T	T	0	3	2		PT	4	3.2	2	34	2	IRT	1	17-07-2020	-0.52	1		
Responden 23	Y	T	T	1	2	1		SMA	3	3.1	2	33	2	IRT	1	15-08-2020	0.23	1		
Responden 24	Y	T	T	1	2	1		SMP	2	3.1	2	30	2	IRT	1	24-08-2020	-0.11	1		
Responden 25	T	T	T	0	3	2		SMA	3	3.3	2	34	2	IRT	1	19-06-2020	-3.56	2		
Responden 26	T	T	T	0	3	2		PT	4	4.4	2	30	2	IRT	1	28-05-2019	-2.80	2		
Responden 27	T	T	T	0	3	2		SMA	3	4.4	2	32	2	PNS	3	11/5/2019	-0.45	1		
Responden 29	T	T	T	0	3	2		PT	4	2.2	1	28	2	IRT	1	21-07-2021	-1.61	1		
Responden 30	T	T	T	0	3	2		SMA	3	2.4	1	30	2	IRT	1	24-05-2021	0.87	1		
Responden 31	Y	T	T	0	3	2		SMA	3	2.3	1	29	2	IRT	1	16-06-2021	0.43	1		
Responden 32	Y	T	T	1	2	1		SMA	3	2.1	1	27	2	IRT	1	11/8/2021	1.12	1		
Responden 33	T	T	T	0	3	2		SMA	3	3.2	2	31	2	IRT	1	6/7/2020	-2.34	2		
Responden 34	T	T	T	0	3	2		SMA	3	4.4	2	25	3	PNS	3	13-05-2019	-2.98	2		
Responden 35	T	T	T	0	3	2		PT	4	4.3	2	33	2	IRT	1	17-06-2019	-3.32	2		
Responden 36	T	T	T	0	3	2		SMA	3	2.5	1	30	2	IRT	1	21-04-2021	0.66	1		
Responden 37	T	T	T	0	3	2		SMA	3	2.3	1	35	2	IRT	1	1/6/2021	-3.37	2		
Responden 38	Y	T	T	1	2	1		PT	4	2.1	1	36	3	IRT	1	13-08-2021	-3.04	2		
Responden 39	T	T	T	0	3	2		SMA	3	4.1	2	29	2	IRT	1	29-08-2019	-5.91	2		
Responden 40	Y	T	T	1	2	1		PT	4	3.3	2	35	2	WIRASWASTA	2	20-06-2020	-2.82	2		
Responden 41	T	T	T	0	3	2		SMA	3	3.1	1	34	3	PNS	3	24-08-2020	-4.92	2		
Responden 42	T	T	T	0	3	2		SMP	2	3.5	2	29	3	IRT	1	17-04-2020	-3.01	2		
Responden 43	T	T	T	0	3	2		SMA	3	3.2	2	31	3	IRT	1	5/7/2020	-4.02	2	Posyandu Mawar	
Responden 44	T	T	T	0	3	2		SMA	3	2.1	1	33	2	IRT	1	2/8/2021	2.67	1		
Responden 45	T	T	T	0	3	2		PT	4	3.2	2	28	2	IRT	1	19-07-2020	-3.15	2		
Responden 46	Y	T	T	1	2	2		SMP	2	2.4	1	27	2	WIRASWASTA	2	16-05-2021	-3.90	2		
Responden 47	T	T	T	0	3	2		SMA	3	2.1	1	35	2	PNS	3	10/8/2021	-2.78	2		
Responden 48	T	Y	Y	2	1	2		SMA	3	3.2	2	32	2	WIRASWASTA	2	15-07-2020	-1.31	1		
Responden 49	T	Y	Y	2	1	2		SMA	3	3.2	2	28	2	IRT	1	20-07-2020	1.39	1		
Responden 50	T	T	T	0	3	2		SMP	2	2.3	1	36	3	IRT	1	5/6/2021	-2.81	2		
Responden 51	T	T	T	0	3	2		SMA	3	3.4	2	35	2	IRT	1	23-05-2020	-3.12	2		
Responden 52	T	T	T	0	3	2		PT	4	4.1	2	33	3	IRT	1	27-08-2019	-3.42	2		
Responden 53	T	T	Y	1	2	2		PT	4	2.6	1	31	2	WIRASWASTA	2	21-03-2021	-2.92	2		
Responden 54	T	T	T	0	3	2		SMA	3	2.2	1	29	2	IRT	1	18-07-2021	-3.25	2		
Responden 55	T	T	T	0	3	2		PT	4	2.1	1	26	2	PENGACARA	3	26-08-2021	-7.26	2		
Responden 56	T	T	T	0	3	2		SMA	3	2.3	1	28	2	IRT	1	14-06-2021	-2.59	2		
Responden 57	T	T	T	0	3	2		PT	4	3.4	2	29	2	IRT	1	23-05-2020	1.8	1		

Responden 59	Y	T	T	1	2	1		PT	4	4,2	2	32	2	IRT	1	24-07-2019	-1.23	1	
Responden 60	Y	T	T	1	2	1		SMA	3	3,5	2	33	2	IRT	1	13-04-2020	-1.78	1	
Responden 61	T	T	T	0	3	2		PT	4	3,3	2	30	2	IRT	1	9/8/2020	-2.82	2	
Responden 62	T	T	T	0	3	2		SMA	3	3,1	2	34	2	IRT	1	13-8-2020	-1.10	1	
Responden 63	T	T	T	0	3	2		SMA	3	4,3	2	30	2	PNS	3	25-06-2019	-3,9	2	
Responden 64	Y	T	T	1	2	1		PT	4	4,1	2	30	2	IRT	1	12/8/2019	-3.36	2	
Responden 65	Y	T	T	1	2	1		SMA	3	2,4	1	30	2	WIRASWASTA	2	27-05-2021	-3.05	2	
Responden 66	Y	Y	Y	3	1	1		SMA	3	3,2	2	31	2	IRT	1	14-07-2020	-2.60	2	
Responden 67	T	T	T	0	3	2		SMA	3	2,5	1	30	2	IRT	1	00--04-2021	-0.57	1	
Responden 68	T	T	T	0	3	2		SMP	2	2,2	1	29	2	IRT	1	16-07-2021	-0.49	1	
Responden 69	T	T	T	0	3	2		SMA	3	3,8	2	28	2	IRT	1	26-02-2020	-2.46	2	
Responden 70	T	T	T	0	3	2		SMP	2	2,1	1	30	2	IRT	1	27-08-2021	-3.18	2	
Responden 71	T	T	T	0	3	2		SD	1	3,5	2	29	2	IRT	1	5/4/2020	-2.55	2	
Responden 72	T	T	T	0	3	2		SMP	2	2,2	1	32	2	IRT	1	12/7/2020	-5.06	2	
Responden 73	T	T	T	0	3	2		SMA	3	2	1	33	2	IRT	1	11/8/2020	0.71	1	
Responden 74	T	T	T	0	3	2		SMA	3	3,5	2	27	2	IRT	1	27-04-2020	0.17	1	
Responden 75	T	T	T	0	3	2		SD	1	2	1	30	2	IRT	1	20-05-2021	-3.55	2	
Responden 76	T	T	T	0	3	2		SMA	3	2	1	38	3	IRT	1	7/7/2021	-3.78	2	
Responden 77	T	T	T	0	3	2		SMA	3	2,5	1	30	2	IRT	1	12/4/2021	-3.17	2	
Responden 78	T	T	T	0	3	2		SMA	3	3,5	2	35	2	IRT	1	12/4/2020	-2.92	2	
Responden 79	T	T	T	0	3	2		SD	1	2,3	1	33	2	IRT	1	14-06-2021	-3.45	2	
Responden 80	T	T	T	0	3	2		SMA	3	4	2	30	2	WIRASWASTA	2	18-07-2019	-3.09	2	
Responden 81	T	T	T	0	3	2		smg	2	3,5	2	29	2	IRT	1	24-04-2020	-3.04	2	
Responden 82	T	T	T	0	3	2		SD	1	3,5	2	30	2	WIRASWASTA	2	24-06-2019	-2.21	2	
Responden 83	T	T	T	0	3	2		SMP	3	3	2	30	2	IRT	1	19-09-2021	-0.25	1	
Responden 84	T	T	T	1	2	2		SMA	1	2	1	30	2	IRT	1	9/5/2021	-2.31	2	
Responden 85	T	T	T	1	2	2		SMP	3	2,2	1	30	3	IRT	1	19-07-2021	-2.65	2	
Responden 86	T	Y	Y	3	1	2		SD	3	3,3	1	31	2	IRT	1	20-06-2020	-2.27	2	
Responden 87	Y	Y	Y	3	1	2		SMA	3	3,2	2	31	2	IRT	1	14-07-2020	0.71	1	

Posyandu  
Kelapa Gading



## Lampiran 10 Dokumentasi



Lampiran 11 Hasil Uji Turnitin Naskah Skripsi

SKRIPSI: Adi Putra: Hubungan  
Pengelolaan Limbah Cair  
Rumah Tangga Pilar 5 STBM  
Dengan Risiko Kejadian  
Stunting Di Puskesmas  
Wonorejo Samarinda  
*by Universitas Muhammadiyah Kalimantan Timur*

---

**Submission date:** 13-Feb-2024 12:41PM (UTC+0800)

**Submission ID:** 2293551886

**File name:** ADI\_PUTRA\_1811102413194.docx (834.32K)

**Word count:** 5717

**Character count:** 35796

SKRIPSI: Adi Putra: Hubungan Pengelolaan Limbah Cair Rumah Tangga Pilar 5 STBM Dengan Risiko Kejadian Stunting Di Puskesmas Wonorejo Samarinda

ORIGINALITY REPORT

24%	23%	13%	7%
SIMILARITY INDEX	INTERNET SOURCES	PUBLICATIONS	STUDENT PAPERS

PRIMARY SOURCES

1	<a href="https://dspace.umkt.ac.id">dspace.umkt.ac.id</a> Internet Source	7%
2	<a href="https://jurnal.fk.umi.ac.id">jurnal.fk.umi.ac.id</a> Internet Source	4%
3	Safera Dwi Junanda, Ratna Yulawati, Ainur Rachman, Vita Pramaningsih, Rahman Putra. "Hubungan Antara Pengelolaan Sampah Rumah Tangga Dengan Risiko Kejadian Stunting Pada Balita Di Puskesmas Wonorejo Samarinda Tahun 2022", Jurnal Kesehatan, 2022 Publication	4%
4	Submitted to Universitas Andalas Student Paper	2%
5	<a href="https://repo.stikesicme-jbg.ac.id">repo.stikesicme-jbg.ac.id</a> Internet Source	1%
6	<a href="https://journal.poltekkes-mks.ac.id">journal.poltekkes-mks.ac.id</a> Internet Source	1%