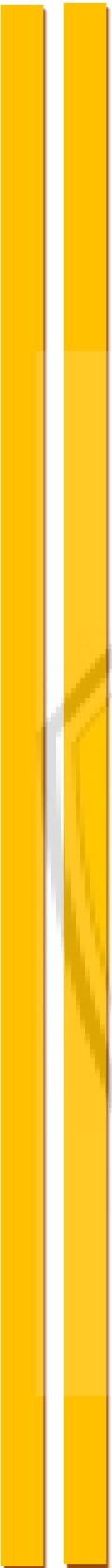


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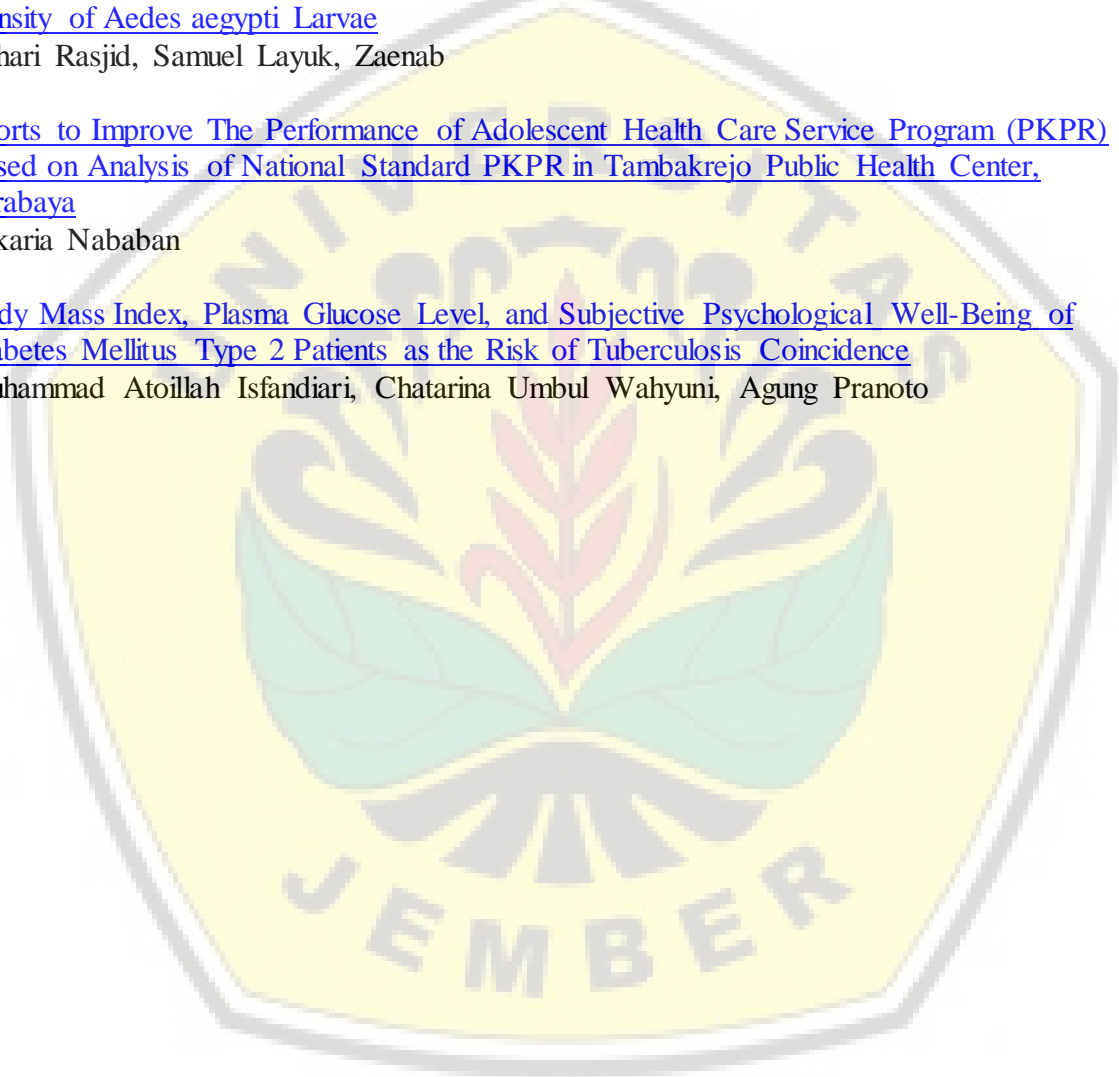
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# Community Based Water Supply and Sanitation Program (PAMSIMAS) to Increase Adoption of Permanent Hygienic Latrine (Jamban Sehat Permanen or JSP) through Sanitation Entrepreneurs

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## Abstract

Lumajang is one of the regions which accepted fund support from PAMSIMAS program, implemented total sanitation hygiene (Sanitasi Total Berbasis Masyarakat, or STBM) actively and intensively. STBM program was strengthened by implementation of sanitation entrepreneurs program as one of the effort to increase sanitation supply. This research conducted using quantitative approach with kind of analytic research in Pasirian district (not yet ODF) and Padang district (ODF). The populations of this research were all the head of family (KK) in chosen village 7832 KK. Calculating minimal sample used Slovin's formula (Nazir, 2014) were 100 KK. Cluster Random Sampling used in this research to collecting data. The result of sanitation entrepreneurs program in Pasirian district reported that the numbers of health toilets were built until Juli 2017 in Nguter village was 18 units and Semeru village 12 units. The addition of health toilet access could reduce defecation behavior approximately 0.64%. The result of sanitation entrepreneurs program in Padang district reported that the numbers of health toilet were built until July 2017 in Barat village were 500 units and Kedawung village were 202 units. The addition of health latrine access could reduce defecation behavior in Semi-Permanent Hygienic Latrine (Jamban Sehat Semi Permanen or JSSP - *cemplung*; Javanese) and sharing approximately 19.6%.

**Keywords:** PAMSIMAS, Permanent Healthy Latrine (JSP), Sanitation Entrepreneurs

## I INTRODUCTION

The problems of water supply hygiene and bad environment sanitation was the lack of awareness of Indonesian people in their living environment. Unwillingness or ignorance of community on maintaining good health could be seen from less sanitation behavior in communities. Thus condition increasingly influence the number of diseased caused by environment factors such diarrheal (Fajaret *al.*, 2010). Commitment of universal access, government has been set the targets in 2019 to achieve 100% community access on sustainable of water and hygiene sanitation. One of the water and sanitation program which involved community was community based water supply and sanitation program (PAMSIMAS) which involved stakeholders, where this community based program as the support from World Bank involved government (Afriadiet *al.*, 2012).

Lumajang as one of the district which accepted fund support from PAMSIMAS program had been done community based PROGRAM for two years, from 2014- 2015. STBM program in Lumajang district strengthen by implementing entrepreneurs sanitation program as one of the efforts to improve sanitation supply. One of the activities that have been done such giving builder training related technic and entrepreneurs sanitation facility choices. Provider of sanitation in Lumajang district was be done by sanitarian, local health government, village midwife, and natural leader who appears during STBM. Based on a variety latrine access in Lumajang district until 2015 reported 85.52% consist of data as follows: (1) in Lumajang district, access on JSP reported 65.97%, access on JSSP 8,9 % , sharing latrine access 9,9 % , while *open defecation* practice reported 15,24 %; (2) the number of ODF village 81 villages (39,5 %) out of 205 total village ([www.stbm-indonesia.org](http://www.stbm-indonesia.org)).

The purposes of this research was to analyze factors which related with JSP adopt on community through sanitation entrepreneurs in Lumajang district, so the changing process to wards ODF area can move quickly.

## II. RESEARCH METHODS

This research used quantitative approach with analytical research. An analytical research is kind of research which addressed for testing hypothesizes and doing depth interpretation about relationships (Muriet *al.*, 2014). Based on the research time, this research classified as cross sectional because independent variable such individual factor, environment, and socio economic factors and also dependent variable such adoption of Permanent Hygienic Toilet (JSP) will be researched at the same time. This research conducted in Lumajang area which accepted fund support from PAMSIMAS program in 2014 and 2015, including areas were found to be not yet ODF and ODF area, and also marketing sanitation program runs active. The districts which become research location were Padang district (Kedawung and Barat village) and Pasirian (Sememu and Nguter village).

Population of this research were all head families (Kepala Keluarga, or KK) in chosen village were 7832 KK. Calculating the minimum sample size in this research used Slovin;s formulas (Nazir, 2014) were 100 KK. Cluster Random Sampling is used in this research as research method. Interview, observation, and documentation were used to collect data in this research. The questionnaire was used in this research for interview and checklist as tool of the research.

Table 1. The Result of Sample Calculation

No.	District/Village	Population (KK)	Sample Proportion	Sample
Pasirian District				
1.	Sememu Village	1988	25,38	25
2.	Nguter Village	2592	33,09	33
Padang District				
3.	Kedawung Village	1224	15,63	16
4.	Barat Village	2028	25,89	26
Total		8285		100

### III. RESULT

Table 2. Distribution of Respondent's Characteristics

Characteristic of Respondent	Sub Characteristic	N				Total
		Sememu	Nguter	Kedawung	Barat	
Age	a. < 31 years	2	2	1	8	13
	b. 31 – 45years	14	8	5	11	38
	c. 46 – 60 years	7	13	5	6	31
	d. > 60 years	2	10	5	1	18
Gender	a. Male	23	17	2	8	50
	b. Female	2	16	14	18	50
Occupation	a. Unemployment	-	6	4	2	12
	b. Farmers/Breeders	1	1	4	5	11
	c. Labors/Farm Workers	18	19	5	14	56
	d. Traders	2	3	1	2	8
	e. Entrepreneurs	4	4	2	1	11
	f. Builders	-	-	-	2	2
Income	a. Under UMK	21	29	15	24	89
	b. Above UMK	4	4	1	2	11
Education	a. Un-graduated	5	17	8	6	36
	Elementary School	15	13	7	18	53
	b. Elementary School	5	3	1	-	9
	c. Secondary School	-	-	-	2	2
	d. High School	-	-	-	-	-
Latrine ownership	a. Private	-	-	13	21	34
	b. Sharing	3	7	3	5	18
	c. No	22	26	-	-	48

Based on Table 2 above, it showed that the highest proportion related with the respondent age was 31 – 45 years (38 %), male 50 %, work as labor/farm worker 56 %, with less income or under UMK (89 %), and education level; Elementary School (53 %). Based on the latrine ownership in Sememu and Nguter village 48 % didn't have latrines, while Kedawung and Barat villages' 34 % used semi-permanent latrine (veil/unveil).

Table 3. Frequency Distribution of Latrine Ownership and Latrine Type

No	District/Village	Latrine Ownership			Latrine Type	
		No Latrine	Private	Sharing/JSSP	Semi-perm anent latrine with veil	Unveil semi-permanent latrine
Pasirian District						
1	Sememu Village	25	-	-	-	-
2	Nguter Village	33	-	-	-	-
Padang District						
1	Kedawung Village	-	13	3	6	10
2	Barat Village	-	20	6	25	1

Based on Table 3 above, it is known that 2 villages receiving PAMSIMAS assistance in Pasirian district (Sememu and Nguter Village) do not have latrines. People still defecation in rivers / gardens / ditches around their neighborhood (100%). While 2 villages that also received PAMSIMAS assistance in Padang district (Kedawung and West Village) which is ODF area, already have latrine but still unveil semi-permanent latrine (73.8%) and semi-permanent latrine with veil (26%) so the target from a sanitation entrepreneur is an improvement of means to a permanent healthy latrine.

Individual factors in this study include aspects of knowledge, attitudes, and actions, and motivation of respondents. Behavior and behavioral symptoms that appear in the activities of these organisms are influenced both by genetic factors (heredity) and the environment. Knowledge is the result of "knowing" and this happens after a person does the actuation of a particular object. Attitude is a reaction or a person's response to a stimulus or object. An attitude has not been automatically manifested in an overt behavior. While the motivation is that each individual has needs that are arranged hierarchically from the most basic level to the highest level.

Table 4. Distribution of Knowledge

Knowledge	Frequency	Percentage
Good	48	48.0
Less	52	52.0
Total	100	100.0

Table 4 shows that the respondents' knowledge level about JSP is still less (52%). In the knowledge level of sanitation entrepreneur, respondents who never get information about JSP is 31%. While those who have received information about JSP, both from puskesmas and health cadres, but less and or not understood by 42%.

Table 5. Distribution of Attitude

Attitude	Frequency	Percentage
Good	72	72.0
Less	28	28.0
Total	100	100.0

Table 5 shows that respondents' attitude towards JSP is good (72%), because they already have the desire to not defecation and want to make/repair healthy latrines.

Table 6. Distribution of The Action

Action	Frequency	Percentage
Good	43	43.0
Less	57	57.0
Total	100	100.0



Table 6 shows that respondents' actions to JSPs are still poor (57%), although they already have a desire to make / improve their latrines, because they are related to the ability of respondents in the implementation who are still waiting for the sale of crops and saving, so it takes a long time.

Table 7. Distribution of Motivation

Motivation	Frequency	Percentage
Good	75	75.0
Less	25	25.0
Total	100	100.0

Table 7 shows that the motivation of respondents to the JSP is good (75%), because it is supported by the attitude aspects that have been good, although viewed from the aspect of knowledge about JSP is still lacking.

Table 8. Distribution of The Existence of Water Bodies

Water Bodies	Frequency	Percentage
Good	59	59.0
Less	41	41.0
Total	100	100.0

Based on table 8, around the respondent area there is a water body (58%), namely springs and dug wells / pumps. In the district. Pasirian, water bodies in the form of dug wells / pumps due to deep ground water, making it difficult to get clean water. In the district Padang, a water body in the form of a spring, whose stream is used to meet all the needs of its inhabitants, but because it is a plateau so that at certain times the water flow is often reduced.

Table 9. Distribution of Water Access

Water Access	Frequency	Percentage
Good	58	58.0
Less	42	42.0
Total	100	100.0

Table 9 shows that access to clean water for most respondents is good (58%), although at certain times it is difficult to get clean water, and finally deflection in the river/gardens/ditches around it.

Table 10. Distribution of Education

Education	Frequency	Percentage
High	89	89.0
Moderate	11	11.0
Total	100	100.0

Table 10 shows that most of the respondents were low educated (89%), consisting of not completing primary school 36%, and graduated from primary/equal to 53%.

Table 11. Distribution of Income

Income	Frequency	Percentage
<UMR	89	89.0
≥UMR	11	11.0
Total	100	100.0

Table 11 indicates that the income of respondents is mostly below the minimum wage level (89%), with most of the workers/laborers (56%).

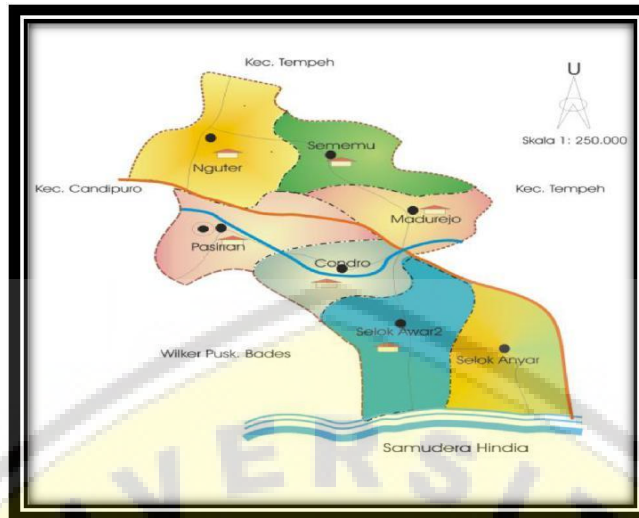


Figure 1. The Map of Area of Pasirian Health Center

Topographic condition of Pasirian Health Center area is lowland which is divided into 7 villages namely Awok Awar-Awar, Candro, Madurejo, Pasirian, Sememu, Nguter, and Selok Anyar. The population of the work area of Pasirian Health Center in 2016 is 51,760 people. Pasirian is an area that has not reached ODF status, with natural characteristics as lowland with limited access to water and clean water bodies, especially in Sememu and Nguter Village. 2 (two) villages are PAMSIMAS areas that have been completed by 2016. Nguter Village is traversed by Mujur River, but some hamlets far from the river have difficulties in accessing clean water, because it has the characteristics of groundwater source in the form of groundwater.

Data of latrine access in Nguter village at the end of 2016 consist JSP access 1.375 KK (49 %), JSSP 683 KK (24 %), Sharing 376 KK (13 %), and defecation 397 KK (14 %). While data of latrine access in Sememu village at the end of 2016 consist of JSP access 738 KK (39,6 %), JSSP 496 KK (26,6 %), Sharing 271 KK (14,5 %), and defecation 360 KK (19,3 %) ([www.stbm-indonesia.org](http://www.stbm-indonesia.org)).

The implementation of innovation to improve JSP access in both villages was sanitation entrepreneurs done by natural leader of Pasirian district communities. Promotion of JSP was done by cadre and sanitation entrepreneurship itself through recitation activity, village meetings, and gatherings by giving leaflets covers price list, picture, and the price. Payment method could be done by credit and cash. The primary target was family who didn't have hygienic latrine. The result of sanitization entrepreneurs reported the numbers of hygienic latrine were built in Juli 2017 in Nguter village and Sememu village 12 units. The addition of latrine access could reduce defecation behavior 0.64%.

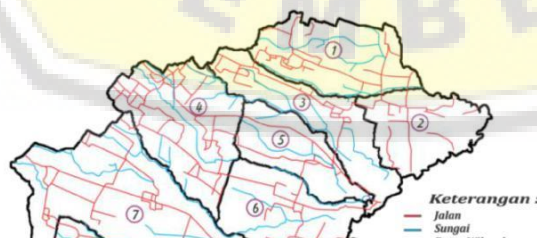


Figure 2. Map of Area of Padang health Center

Topographically, Padang district consists of 90% lowland of Padang, Babakan, Kalisemut, Kedawung, Barat, Tanggung, Bodang. While 10% of medium plains are Mojo and Merakan. Padang sub-district is a fertile plain, it's just lack of water source so that in dry season it is difficult to get clean water supply.



Padang district was area which achieved ODF status, although with the limitation latrine access of water supply, especially in Barat and Kedawung village. Both of villages also as a district which achieved fun support from PAMSIMAS Program in 2014 and 2015. Data of latrine access in Barat village at the end 2016 were on JSP access 663 KK (31 %), JSSP 1357 (64 %), and *Sharing* 103 (5 %). While, Kedawungvillage has JSP access data 472 KK (32 %), JSSP 978 KK (67 %), and Sharing 16 KK (1 %) ([www.stbm-indonesia.org](http://www.stbm-indonesia.org)).

The implementation of innovation to improve JSP access in both villages was sanitation entrepreneurs done by sanitarian that has been help by builder who got sanitation training. Promotion of JSP conducted by local health sanitarian who helped by cadre through counseling, village meeting without giving leaflet. Sanitarian and cadre offered JSP model which was wanted by community, then together, detailing all total prices in one package. Payment method could be done by credit and cash. The primary target was family who still used JSSP and sharing latrine. The result of sanitization entrepreneurs reported the numbers of hygienic latrine were built in Juli 2017 in Barat village 500 units and Kedawung village 202 units. The addition of hygienic latrine access could reduce defecation behavior in JSSP and sharing latrine 19.6%.

Table 12. The addition for JSP access in Research Areas

No	District / Village	The Number of KK	Improvement Access (KK)
<b>Pasirian District</b>			
1	Sememu Village	1988	12
2	Nguter Village	2592	18
<b>Padang District</b>			
1	Kedawung Village	1224	202
2	Barat Village	2028	500
<b>Total</b>		<b>7832</b>	<b>732</b>

#### A. Interviews & FGD Result

##### a. Aspects of Entrepreneurs

Sanitation Entrepreneurs come from natural leaders with bridal and peasant backgrounds, while others are sanitarian personnel working with sanitation. Their motivation, in addition to implementing government programs, as well as business opportunities to supplement income. They also want the surrounding community to behave in a healthy way, one of them by using a healthy toilet (swan neck). The perceived obstacles are in the aspects of men, money, method, and material. Aspects Men, sanitation entrepreneurs who work as sanitarian staffs, have limited time in running this entrepreneur, because of the workload, but also because of the change of leader who will influence the sanitation policy. Aspects of money, sanitation entrepreneurs only serve payments on credit and cash. Constraints occur if there is a shortage of payments, due to the complexity of disbursement of funds that enter in Posyandu Gerbangmas and ADD. Aspects of the method, lack of innovation in promoting healthy latrine packages. Pemicuan not done optimally, because only rely on health cadres. Material aspect, the change of material price, will affect the price of the promoted toilet package.

##### b. Subsidy Aspects

People who tend to be familiar with various types of assistance, especially from the government, are more difficult to buy latrines by self-help, such as the provision of closet, so many of which are not installed / not used by the community.

##### c. Aspects of Promotion

Promotion forms made by these sanitation entrepreneurs (usually cadres) are among others through posyandu activities, recitals, PKK, and village meetings, or by distributing leaflets containing the price list of each package of latrines. Kader who do promotion, will get the fee in accordance with the agreement, if there is a purchase transaction of toilet packages, usually amounting to Rp. 50.000, -

##### d. Aspects of the Potter

The number of artisans involved in this sanitation entrepreneur differs from each puskesmas. This sanitation worker has been trained in running this sanitation entrepreneurship, so it can help meet the needs of healthy latrines as expected by the community.

*e. Funding Aspects*

Funding from posyandu Gerbangmas and ADD is for poor people. Payouts are problematic if the disbursement of funds is complicated, and for people who make payments on credit, usually the time period is too long because waiting for the sale of the garden.

*f. Support Stakeholder*

District Health Office Lumajang in cooperation with WSP and APPSANI has conducted training of handyman and entrepreneur of sanitation. Sub-district level, there has been a policy from the Camat related to the use of ADD and Gerbangmas funds for the construction of healthy latrines. Village level support, by conducting socialization in the recitation, PKK meetings and other village level meetings.

#### IV. DISCUSSION

The use of family latrine was influenced by knowledge, attitude, and action, because every family has the difference of knowledge, attitude, and action on using latrine (Otaya, 2011). Attitude could influence the communities on the using of latrine, although it graduated from elementary school (53%) but it have good attitude and action to use latrine. It could be seen from improvement the number of hygiene latrine access, especially in Padang district.

From the research result, level of public knowledge about JSP still less (52%). But the attitude and motivation of the local community is good, where for the attitude of the community wants to use JSP 72% and motivation to use JSP 75%. From Otaya's (2011) study, attitudes may affect community action in the use of JSP, although they have insufficient knowledge. With the existence of sanitation entrepreneurs can increase public knowledge about JSP, so as to improve the quality of sanitation with the adoption of JSP.

Innovation through sanitation entrepreneurs' activity could increase job business opportunities, income, and the interest on sanitation repairs. Businessman not only looking for profit, but also they have commitment to improve condition of their environmental sanitation, so they will proud (WSP, 2010). Entrepreneur's sanitation is a small business which has important role on providing product and sanitation services in Lumajang region as positive innovation to support STBM. However, sanitation business faced some problems from the difficulty on payment access, low profit, ranging of policy and supporting government. The following is the discussion of in-depth interview and FGD that was held in Lumajang :

##### **A. Creating conducive environment (Enabling)**

Sanitation policy in Lumajang strengthened by published a Lumajang Government Instruction Number 01 year 2010 about the implementation of STBM in order to reach the target of stop defecation (Public Health Office, 2010). Thus policy could improve role of stakeholder on their play to support STBM program. Stakeholder meeting in order to support STBM program was held twice a year, this program was hoped could be a part of cross sector program, not only was public health office. In the community activities was hoped stakeholder could take a part such as triggers for the FGD intervention, and follow up in community. The role of social enterprise and trade association to support Indonesian sanitation (Asosiasi Pengelola dan Pemberdayaan Sanitasi Indonesia, or APPSANI) as the vessel of activities to integrate sanitation entrepreneurship to be able to with stand obstacles much needed (WSP EAP- Indonesia 2014). Cooperation with WSP sanitation entrepreneurs training was held in 2013 in Lumajang region has a facilitator of STBM who has duty to facilitate a trigger process in order to change community behavior on communities own initiative. Meanwhile, monitoring and evaluation conducted by sanitarian of public health center every three months and in public health office conducted every year.

##### **B. Demand for Improved Sanitation**

Implementing a based total sanitation hygiene (STBM) focused on the scale of the district/city involved actively and intensively such as sanitarian, village midwife in public health center, health promotion, health generation and facilitator of STBM in region/ city (Ministry of Public Works, 2014). A previous research explained that triggers could influence knowledge changing and defecation community behaviors (Fajar et al, 2010). Triggering in Lumajang region conducted by public health center sanitarian, was helped by cadre and accompanied by facilitators based on time schedule has been arranged, in hamlet and also in villages. While, health promotion have been done through delivering health messages in activities such as recitation, gathering, daily meetings in village and PKK, and also posters attachment in certain places like stop defecation in river, and making leaflet about PHBS, hygiene latrine, CTPS, etc. in public health center, school, and government offices. In this steps sanitation entrepreneurs also have role in promoting their business such offering package of latrine service before been built and after built latrine. Local government also supported this condition by set out village regulation

which covers prohibition defecation, especially in some villages with ODF, such Padang district for ODF village, which has been declared and got appreciation from regent of Lumajang.

### C. Improvement Sanitation Supply

Improvement sanitation supply was be done to make a development sanitation service closer and easier for access community, serve many types of affordable facilities for community, and financial option, especially payment schema, so poor community have access for hygiene sanitation. In this condition, entrepreneur's sanitation can offers options such as type, price, and payment method suitable with communityabilities. (Ministry of Health Republic Indonesia, 2014). The biggest obstacles to adopt latrine was about financial and community abilities (Sara, 2014). Sanitation entrepreneurs ensured someone to get what community needs with suitable price related their financial ability (Barrington *et al*, 2016).Public heath office gave sanitationtraining for builder in 2016 in order to support thus condition, so it could help sanitation entrepreneurs in their business. Work together with APPSANI in supply latrine mold completely with its plastic piping for sanitation, so it cold minimize price for latrine making package.

## V. CONCLUSION AND SUGGESTION

### A. Conclusion

- a. Based on FGD result and in-depth interview, there were some problems on the implementation of sanitation entrepreneurs program in Lumajang region. Demand component related with subsidizing aspect influenced the community to build latrine, then on supply component related promotion aspect which less than optimal.
- b. The improvement of JSP through sanitation entrepreneurs by sanitation businessman was influenced by individual factor (knowledge, attitude & action, and motivation), environment factor and socio economics factor communities in Lumajang region.
- c. In individual factor, attitude aspect and motivation had very important role on the improvement JSP in Lumajang
- d. In environmental factors, the existence of water bodies and the ease of access to clean water play a role in improving JSP in Lumajang
- e. Socioeconomic factors are influential but have a weaker power of correlation to JSP improvement in Lumajang
- f. Among the three factors, the most dominant factor is the environmental factors in the aspect of the existence of water bodies, is instrumental in improving JSP in Lumajang.
- g. PAMSIMAS program is very necessary to meet the needs of clean water in areas far from the existence of water bodies in Lumajang.

### B. Suggestion

- a. The trigger activity was more needed to improve community latrine demand, so trigger planning could be improved in district level
- b. In order to involve related sectors on implementation of entrepreneurs sanitation, it need to do avocation to local government- regent of district, with available output such local regulation (Perda), as supporting law base from financial aspects and activity
- c. To change defecation community behavior, it could be done by intensified implementation of community sanitation used STBM approach with increase the number and facilitator's' quality STBM, improving community crowd-sourcing, and also involved community figures, and religious figures in trigger process.

### For Community as Sanitation Marketing

- a. It was needed much time and promotion activities of JSP on sanitation entrepreneurs, so communities will know more about detail of product, price, payment system, and ordering places of JSP
- b. It was needed promotion innovation from aspect of media, language, and also consumers approach
- c. For sanitation businessman, they must emphasize trading system which not depend on stimulant/ subsidy, but depend on consumer's self-supporting.

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