e-ISSN 2985-4156
JOURNAL OF INTERNATIONAL PUBLIC HEALTH

Factors Related To Health Toilet Ownership In The Working Area Of Luas Health Center In Kaur Regency

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ARTICLE HISTORY
Received [20 December 2025]
Revised [09 March 2026]
Accepted [10 March 2026]

Keywords :
Income, Knowledge, Attitude, Ownership of Health Toilets.

ABSTRACT
Intoduction: A healthy toilet is a waste disposal facility that prevents contact between humans and feces, makes the feces impermeable to insects and other animals, prevents contamination of water bodies, and prevents unpleasant odors. The seat is well- constructed, safe, and easy to clean (Lamentira, 2020). Based on data from the Working Area of Luas Health Center in Kaur Regency, out of 12 villages, four villages have not yet achieved Open Defecation Free (ODF) or Stop Open Defecation, with a population of 610 families (Luas Health Center, 2024). This study aims to determine the ownership of healthy toilets in the the Working Area of Luas Health Center in Kaur Regency in 2025. Method: The method used in this study was a survey method with a cross-sectional approach. The research sample consisted of 86 respondents. Data analysis was performed using a chi-square test with a 95% significance level using SPSS 22 software.. Result and Discussion: Univariate analysis results showed that 76 (88.4%) respondents had low incomes, 47 (54.7%) had sufficient knowledge, 49 (57.0%) had unsupportive attitudes, and 49 (57.0%) had access to healthy latrines. Bivariate analysis results showed a significant correlation between income (p value) = 0.010, knowledge (p value) = 0.021, and attitude (p value) = 0.017) and access to healthy latrines in the Working Area of Luas Health Center in Kaur Regency in 2025 (α < 0.05). Conclusion: This study aims to improve health promotion efforts, environmental sanitation program planning, and evaluate the effectiveness of implemented activities to promote clean and healthy living behaviors in the community.

INTRODUCTION

In 2020, the World Health Organization (WHO) collected data on the number of people worldwide who still practice open defecation, which amounted to 494 million people. Some of the reasons why they still practice open defecation include a lack of toilet facilities, unsafe or uncomfortable locations, and factors unrelated to toilets, such as knowledge and so on. (WHO, 2020).

A healthy toilet is a safe and comfortable place to use for defecation. A healthy toilet is a fecal disposal facility that prevents contact between humans and feces, prevents insects and other animals from coming into contact with the feces, prevents contamination of water bodies, prevents unpleasant odors, and is well constructed, safe, and easy to clean. (Lamentira, 2020). Open defecation is a health and social problem that requires immediate attention. Around 17 percent of households in 2010, or around 41 million people, still defecate in the open. (Unicef, 2020).

Bengkulu Province ranks 15th among provinces with defecation facilities, with a percentage of more than 60%. (Kemenkes RI, 2021). Based on data from the Bengkulu Provincial Health Office, 53.2% of villages have stopped open defecation. (Dinkes Provinsi Bengkulu, 2022). Villages where 100% of the population has implemented the 5 pillars can be categorized as STBM villages. Villages where 100% of the population has access to healthy toilets can be classified as Stop Open Defecation (SOD) villages. Of the 1,347 villages in Bengkulu Province, 535 (35%) have implemented STBM, while 812 (53.2%) have implemented SOD. (Dinkes Provinsi Bengkulu, 2022).

Based on Kaur Regency Regulation No. 68 of 2018 concerning the STOP Open Defecation movement. Activities carried out by the Kaur Regency Government related to Stop Open Defecation include community empowerment, involving all parties, knowledge management, learning, monitoring, and evaluation. (Perbup Kabupaten Kaur, 2018).

Based on data from the Luas Community Health Center in Kaur Regency, out of 12 villages, 7 villages are Open Defecation Free (ODF) or have stopped open defecation. Meanwhile, 4 villages have not yet achieved Open Defecation Free (ODF) status or stopped open defecation, with a total population of 610 family cards. (Puskesmas Luas, 2024).

Community-Based Total Sanitation is an approach to changing hygiene and sanitation behaviors through community empowerment using triggering methods. CBTS consists of five pillars, the first of which is Stop Open Defecation, the second is Handwashing with Soap, the third is Household Drinking Water/Food Management, the fourth is Household Waste Management, and the fifth is Household Liquid Waste Management. The national CBTS program is specifically for

households, making it a community-based program. To achieve total sanitation, the initial step is the Stop Open Defecation (BABS) program, with the goal of achieving ODF (Open Defecation Free) status for villages, which is a condition where a community does not practice open defecation (Dista et al, 2018).

Ownership of a healthy toilet is a basic sanitation requirement that every household must have. If toilet ownership in households is low, it will cause people to become accustomed to defecating indiscriminately in rivers, ponds, rice fields, and other open areas. This can lead to water and environmental pollution and cause the spread of disease (Mukhlasin and Solihudin, 2020).

The use of toilets that do not meet healthy toilet standards can cause various diseases such as diarrhea, cholera, hepatitis, and typhoid. Incorrect toilet use can be caused by various factors, including education level, knowledge level, attitude, behavior, and income level. Low education and knowledge levels greatly influence a person's actions regarding toilet ownership, as most people are unaware of the importance of owning a healthy toilet. A lack of concern for the environment and sanitation is one of the factors that prevent people from having healthy toilets. In addition, low income is also a cause of the unavailability of healthy toilets, because building a toilet requires a considerable amount of money. However, some people who have the financial means are still unable to build a toilet with facilities that meet the requirements.

Based on preliminary surveys conducted among some members of the community who still defecate in the river using squat toilets, this is because the community lives quite close to the river, so they are accustomed to defecating in the river. Many people still do not have their own toilets at home due to several factors, such as a lack of knowledge about the dangers of defecating in rivers, the high cost of building toilets, which leads them to prefer defecating in rivers and building pit latrines, and also because it has become a tradition passed down from previous generations to use river water for bathing, washing, and defecating. This issue requires the full attention of the government to address the community's habits, as it is also crucial for public health.

RESEARCH METHODS

The research design used in this study is analytical correlational with a cross-sectional approach. This study will be conducted in four villages that have not yet achieved Open Defecation Free (ODF) status, namely : Kepahyang, Pulau Panggung, Serdang Indah, and Bangun Jiwa villages in the working area of the Luas Community Health Center, Kaur Regency, in 2025. This research was conducted in March 2025.

The population in this study was the ownership of healthy toilets in the working area of the Luas Community Health Center in Kaur Regency in 2025, which consisted of 4 villages with a total of 610 family cards. The sample used in this study was the ownership of healthy toilets in the working area of the Kaur District Health Center in 2025. The sampling technique used by the researcher in this study was purposive sampling, which is the selection of samples from the population according to the researcher's preferences. This analysis was used to determine the relationship between the independent variables (income, knowledge, and attitude) and the dependent variable (ownership of healthy toilets) using the chi-square test.

RESULTS

Univariate analysis in this study was conducted to examine the frequency distribution of the variables studied, including: Income, Knowledge, Attitude, and Ownership of Healthy Toilets. The frequency distribution table can be seen in the following table:

Tabel 1. Frequency Distributin

Variabel	Frekuensi	Percentase
Income		
Low < Rp. 2.670.039,39 Per month	76	88,4
Height ≥ Rp. 2.670.039,39 Per Month	10	11,6
Knowledge		
Enough	47	54,7
Good	39	45,3
Attitude		
Not Supported	49	57
Supported	37	43

e-ISSN 2985-4156
JOURNAL OF INTERNATIONAL PUBLIC HEALTH

Health Ownership Toilets		
No	37	43
Yes	49	57

Sumber: Data Diolah, 2025

Based on Table 1, it can be seen that of the 86 respondents, the frequency distribution of respondents' income in the working area of the Luas District Health Center in Kaur Regency in 2025 shows that most respondents have low income, namely below IDR 2,670,039.39 per month, totaling 76 people with a percentage of (88.4%). Meanwhile, respondents with high income (≥ Rp 2,670,039.39 per month) numbered 10 people, representing 11.6% of the total. The frequency distribution of knowledge shows that of the 86 respondents, the frequency distribution of knowledge among respondents in the working area of the Luas Community Health Center in Kaur Regency in 2025 shows that most respondents have sufficient knowledge, namely 47 respondents with a percentage of 54.7%. Meanwhile, respondents with good knowledge numbered 39 respondents with a percentage of 45.3%.The frequency distribution of attitudes shows that of the 86 respondents, the frequency distribution of attitudes of respondents in the working area of the Luas Community Health Center in Kaur Regency in 2025 shows that most respondents have an unsupportive attitude, namely 49 respondents with a percentage of 57.0%. Meanwhile, respondents with a supportive attitude numbered 37 with a percentage of 43.0%. The frequency distribution of healthy toilet ownership shows that of the 86 respondents, 37 respondents (43.0%) did not have a healthy toilet in the working area of the Luas District Health Center in Kaur Regency in 2025. Meanwhile, 49 respondents (57.0%) owned a healthy toilet.

Bivariate analysis was conducted to determine the relationship between the independent variables, namely: Income, Knowledge, and Attitude, with the dependent variable, namely Healthy Toilet Ownership in the Kaur District Health Center in 2025. The statistical test using SPSS Version 22 performed in this bivariate analysis was the chi-square test with a 95% confidence level (α = 0.05).

Tabel 2. The Relationship Between Income and Health Ownership Toilets in The Working Area of Luas Health Center in Kaur Regency

Income	Health Ownership Toilets				Total		χ^2	P
	No		Yes					
	n	%	n	%	n	%		
Low < Rp. 2.670.039,39 Per month	37	48,7	39	51,3	76	100	6,674	0,010
Height ≥ Rp. 2.670.039,39 Per Month	0	0	10	100	10	100		
Total	37	43,0	49	57	86	100		

Sumber: Data Diolah, 2025

Based on Table 2, it can be seen that the relationship between income and ownership of healthy toilets in the working area of the Luas Community Health Center in Kaur Regency in 2025 from 76 respondents with low income (< Rp 2,670,039.39 per month), 37 respondents (48.7%) did not have a healthy toilet, while 39 respondents (51.3%) had a healthy toilet. Meanwhile, all respondents with high income (≥ Rp 2,670,039.39 per month), namely 10 respondents with a percentage of (100.0%), had healthy toilets.

To determine the relationship between income and ownership of sanitary toilets in the Kaur District Health Center in 2025, a Chi-Square test (Continuity Correction) was used. The results of the Chi-Square statistical test showed a value of $\chi^2 = 6.674$ with a p-value of 0.010 ($p < 0.05$), which means that there is a significant relationship between income and ownership of healthy toilets. Thus, the higher the respondent's income, the greater the likelihood of owning a healthy toilet.

Tabel 3. The Relationship Between Knowledge and Health Ownership Toilets in The Working Area of Luas Health Center in Kaur Regency

Knowledge	Health Ownership Toilets				Total		χ^2	P
	No		Yes					
	n	%	n	%	n	%		
Enough	26	55,3	21	44,7	47	100	5,334	0,021
Good	11	28,2	28	71,8	39	100		
Total	37	43,0	49	57	86	100		

Sumber: Data Diolah, 2025

Based on Table 3, it can be seen that there is a relationship between knowledge and ownership of healthy toilets in the working area of the Luas District Health Center in Kaur Regency in 2025. Of the 47 respondents who had sufficient knowledge, 26 respondents (55.3%) did not have healthy toilets and 21 respondents (44.7%) had healthy toilets. Meanwhile, out of 39 respondents with good knowledge, only 11 respondents (28.2%) did not have a healthy toilet, while 28 respondents (71.8%) had a healthy toilet.

To determine the relationship between income and ownership of sanitary toilets in the Kaur District Health Center in 2025, a Chi-Square test (Continuity Correction) was used. The results of the Chi-Square statistical test showed a value of $\chi^2 = 5.334$ with a p-value of 0.021 ($p < 0.05$), which means that there is a significant relationship between the level of knowledge and ownership of sanitary toilets. This means that the better the respondents' knowledge, the more likely they are to have a healthy toilet. These results show the importance of education and increasing public knowledge in efforts to improve environmental sanitation in the working area of the Kaur District Health Center.

Tabel 4. The Relationship Between Attitude and Health Ownership Toilets in The Working Area of Luas Health Center in Kaur Regency

Attitude	Health Ownership Toilets				Total		χ^2	P
	No		Yes					
	n	%	n	%	n	%		
Not Supported	27	55,1	22	44,9	49	100	5,682	0,017
Supported	10	27	27	73	37	100		
Total	37	43,0	49	57	86	100		

Sumber: Data Diolah, 2025

Based on Table 4, it can be seen that the relationship between attitudes and ownership of healthy toilets in the working area of the Luas Community Health Center in Kaur Regency in 2025, of the 49 respondents who did not support the behavior of owning a healthy toilet, 27 respondents (55.1%) did not have a healthy toilet, while 22 respondents (44.9%) did have a healthy toilet. Meanwhile, of the 37 respondents who supported it, only 10 respondents (27.0%) did not have a healthy toilet and 27 respondents (73.0%) had a healthy toilet.

The Chi-Square test results show a value of $\chi^2 = 5.682$ with a p-value of 0.017 ($p < 0.05$), which means that there is a significant relationship between attitude and ownership of healthy toilets. In other words, supportive attitudes play an important role in encouraging ownership of healthy toilets. These results confirm that behavioral change interventions and increasing public awareness are very important in improving environmental sanitation.

DISCUSSION

The Relationship Between Income and Health Ownership Toilets in The Working Area of Luas Health Center in Kaur Regency

Based on the results of the analysis in Table 1, it can be explained that there is a significant relationship between income level and ownership of healthy toilets in the working area of the Luas District Health Center in Kaur Regency in 2025. Of the total 76 respondents who were classified as low income, i.e., with an income of less than IDR 2,670,039.39 per month, 37 people (48.7%) were found not to have a healthy toilet. Meanwhile, 39 others (51.3%) from the low-income group were recorded as having a healthy toilet. On the other hand, all respondents classified as high-income (≥ IDR 2,670,039.39 per month), totaling 10 people (100%), had healthy toilets. This indicates that the higher a person's income, the greater the likelihood they will have a healthy toilet.

To test whether there is a statistically significant relationship between income and ownership of sanitary toilets, a Chi-Square test with continuity correction was used. The statistical test results show that the Chi-Square (χ^2) value obtained is 6.674 with a significance value (p-value) of 0.010. Because the p-value is smaller than the specified significance limit ($p < 0.05$), it can be concluded that there is a statistically significant relationship between income level and healthy toilet ownership in the region. This means that the difference in healthy toilet ownership between low-income and high-income groups did not occur by chance, but rather showed a consistent pattern. These results reinforce the assumption that economic factors, in this case household income, play an important role in determining people's access to adequate basic sanitation facilities. Thus, increasing people's income can be an effective strategy in promoting the ownership of healthy toilets and efforts to improve environmental sanitation in general.

In addition, these results reflect that income inequality can contribute to disparities in access to adequate sanitation facilities, particularly healthy toilets. Ownership of healthy toilets is an important indicator in assessing environmental health and greatly affects public health, especially in preventing environment-based diseases such as diarrhea, gastrointestinal infections, and skin diseases. Low-income communities tend to have financial limitations in building or repairing sanitation facilities in their homes, making them more vulnerable to health risks due to poor sanitation conditions. Conversely, high-income communities have better economic resources, making them more capable of building healthy toilets, maintaining their cleanliness, and performing regular maintenance.

The results of this study can also be used as important input for public health program planners, particularly in efforts to increase the coverage of healthy toilet ownership. Local governments and related parties need to pay attention to low-income communities as the main target in sanitation improvement programs, whether through direct assistance, toilet construction subsidies, or education and outreach on the importance of proper sanitation. In addition, these results also emphasize the need for multisectoral interventions that focus not only on health aspects, but also on improving the overall economic welfare of the community.

The Relationship Between Knowledge and Health Ownership Toilets in The Working Area of Luas Health Center in Kaur Regency

Based on the data in Table 2, it can be explained that there is a significant relationship between the level of knowledge and the ownership of healthy toilets in the working area of the Luas District Health Center in Kaur Regency in 2025. Of the 47 respondents who had a sufficient level of knowledge, 26 people (55.3%) did not have a healthy toilet, while the other 21 people (44.7%) had a healthy toilet. Conversely, of the 39 respondents who had a good level of knowledge, only 11 people (28.2%) did not have a healthy toilet, and the majority, namely 28 people (71.8%), already had a healthy toilet. These data show that the higher a person's level of knowledge about sanitation and the importance of healthy toilets, the greater the likelihood of owning a healthy toilet.

To test the statistical relationship between the variables of knowledge and ownership of healthy toilets, a Chi-Square test with continuity correction was performed. The test results showed that the Chi-Square (χ^2) value was 5.334 with a p-value of 0.021. Since the p-value was < 0.05, it can be concluded that there was a statistically significant relationship between the level of knowledge and the ownership of healthy toilets. This means that the difference in healthy toilet ownership between the group of respondents with adequate knowledge and the group with good knowledge did not occur by chance, but rather indicates a meaningful pattern.

In addition to showing a statistically significant relationship between knowledge levels and ownership of healthy toilets, these findings also reflect that knowledge plays a major role in driving changes in clean and healthy living behaviors. When people have a good understanding of the importance of sanitation, the risks of disease due to unclean environments, and the long-term benefits of having healthy toilets, their internal motivation to build and use proper sanitation facilities will increase. Good knowledge provides a foundation for individuals to make informed decisions regarding lifestyle and health, including the construction and maintenance of healthy toilets in the home.

Based on the results of this study, it can be concluded that increasing public knowledge is not only important for improving access to healthy toilets, but also a key factor in supporting efforts to improve quality of life and environmental health in a sustainable manner. Synergy between educational efforts, policy support, and community empowerment is needed so that increased knowledge can truly be translated into real behavioral changes in everyday life. This will ultimately contribute to a reduction in the incidence of environment-based diseases and the achievement of health development targets in the region.

The Relationship Between Attitude and Health Ownership Toilets in The Working Area of Luas Health Center in Kaur Regency

Based on the results of the analysis in Table 3, it can be explained that there is a significant relationship between respondents' attitudes towards owning a healthy toilet and the reality of owning a healthy toilet in the working area of the Luas District Health Center in Kaur Regency in 2025. Of the 49 respondents who had an unsupportive attitude towards the behavior of owning a healthy toilet, 27 people (55.1%) were found not to have a healthy toilet, while the other 22 people (44.9%) had a healthy toilet. Conversely, of the 37 respondents who showed a supportive attitude towards the importance of owning a healthy toilet, only 10 people (27.0%) did not have a healthy toilet, and the majority, namely 27 people (73.0%), already had a healthy toilet. These data show that a positive or supportive attitude greatly influences actual actions in owning and using healthy toilets in the residential environment.

The statistical test conducted using the Chi-Square method produced a χ^2 value of 5.682 with a p-value of 0.017. Since the p-value is < 0.05, this result is statistically significant, meaning that there is a real relationship between respondents' attitudes toward healthy toilet ownership and the status of healthy toilet ownership itself. This finding indicates that attitudes are not only passive indicators of a person's views, but also play an important role in encouraging healthy behavior, in this case, the ownership of healthy toilets.

These results also provide important insights for community health centers and related agencies that changing community attitudes can be one of the keys to increasing the coverage of healthy latrine ownership. The health promotion programs that have been implemented so far need to focus more on shaping and strengthening positive attitudes through a communicative and persuasive approach, rather than just delivering information in a one-way manner. Interventions such as group-based counseling, educational video screenings, testimonials from community leaders or residents who have built healthy toilets, and participatory discussions can be used to shape public opinion and attitudes to be more supportive of good sanitation.

Based on the results of this study, it can be concluded that attitudes play an important role in encouraging the community to have healthy toilets. Interventions aimed at changing and shaping positive attitudes must be an integral part of environmental sanitation improvement strategies. Attitude changes accompanied by increased knowledge and facility support will greatly contribute to reducing open defecation practices and improving the overall quality of public health in the working area of the Luas Community Health Center in Kaur Regency.

CONCLUSIONS AND RECOMMENDATIONS

Based on the results of research on “Factors Related to Healthy Toilet Ownership in the Working Area of the Luas Community Health Center in Kaur Regency in 2025,” it can be concluded that there is a significant relationship between income, knowledge, and attitudes toward healthy toilet ownership in the working area of the Luas Community Health Center in Kaur Regency in 2025.

Based on the results of the research that has been conducted, the researchers recommend that the Community Health Center, through this research, obtain relevant data and information related to community behavior in the ownership and use of healthy toilets. These findings can be used as a reference to improve health promotion efforts, environmental sanitation program planning, and evaluation of the effectiveness of activities that have been carried out in order to realize clean and healthy living behaviors in the community.

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