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Strategy for Policy Implementation on HIV/AIDS Prevention in Bali Province

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Strategy for Policy Implementation on HIV/AIDS Prevention in Bali Province

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Abstract: The purpose of this article is to investigate the implementation of HIV/AIDS prevention policies at the Bali Provincial AIDS Commission. Despite the fact that the Bali Province has published an HIV/AIDS prevention strategy, there are still cases. The research method employed is a qualitative descriptive method. The data is then collected through interviews and documentation. According to the research findings, the Bali Provincial AIDS Commission's implementation of the HIMAIDS Control Policy has not been carried out optimally. The constraints that become problems are the standard and policy objectives, resources, characteristics of implementing organizations, dispositions (attitudes) of implementers, and communication between implementing organizations and the pocial, political, and economic environment. From the common factors and policy objectives, there is no Regional Action Plan Strategy, and KPA Strategic Plan, human and financial resources are still lacking, so they need to be maximized; from the characteristics of the implementing organization, not all stakeholders carry out and carry out their roles in HIV/AIDS prevention efforts, public attitudes are still less sensitive against HIV/AIDS prevention efforts, communication between stakeholders and the community has not been in the same direction and line with the environmental conditions of the community, which are not yet conducive, there is still a stigma against people living with HIV/AIDS (PLWHA). Keywords: Implementation, Public Policy, HIV/AIDS Management, AIDS Commission.

Introd₁₁₂tion

Health is a human right, and everyone has the right to live a decent life, both for personal and family health (Perwira, 2014). Health is a valuable treasure for each person's life bie ause, without good health, everyone will not be able to carry out their activities properly. А person's shared understanding of the importance of health for himself makes him underestimate the existence of health

problems in the environment around him (Rkahman³²017).

As per Law Number 36 of 2009 concerning health, which states that health is a human right and one of the elements of welfare that must be realized following the ideals of the Indonesian nation as referred to in Pancasila and the 1945 Constitution of the Republic of Indonesia (Isriawaty, 2015). The provisions in the constitution can be interpreted to mean that the state has responsibility for the sustainability of



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the health and life of every citizen from all threats, especially those related to the health problems of citizens against diseases or viruses (Ardinata, 2020).

Until now, the Indonesian state is still facing health problems that have complex social impacts and have become development obstacles that must be resolved immediately. The health problem still worrying Indonesia and even other countries globally is that the epidemic caused by HIV/AID is developing (Purnomo, 2015). AIDS (Acauired Immunodeficiency Syndrome) is a collection of symptoms and diseases caused by decreased immunity caused by being infected with HIV (Human Immunodeficiency Virus). The virus has not yet found a vaccine or drug to cure the epidemic, so HIV/AIDS has become the focus of world attention until now (Sagala et al., 2013).

HIV can be transmitted by pregnant women who are HIV positive to the fetus during pregnancy, childbirth, and breastfeeding. The percentage of HIV transmission factors that occur through risky sex in MSM is (28%), heterosexual (24%), and the use of unsterile needles for IDU (2%) (Ministry of Health, 2017). Therefore, the program to control the transmission of HIV/AIDS cannot be carried out by the health sector alone but needs to involve other sectors and the community. HIV/AIDS Ban be transmitted via free sex; therefore, it is necessary to increase the implementation of regulations/policies that prohibit free sex (Mitsel et al., 2015). The Island of the Gods Bali is one of the most famous tourist islands in the world. The spread of HIV-AIDS on the island of Bali is one of the fastest, with a very high population growth rate, urbanization, and many tourist visits both domestically and abroad, as well as a million nightlife in Bali, making it easier for transmission and spread (Putri & Tobing, 2016). From the number of



nightclubs and localizations that operate covertly, free sex behavior develops without using a condom, which results in this situation and situation increasingly supporting the acceleration of transmission and spread of HIV-AIDS on the island of Bali (Lestari, 2013).

Seeing the development of cases every year, efforts to prevent and control HIV/AIDS need to be increased. With the existence of a regional regulation, it should be a supporter and basis for all elements within the Bali Provincial Government engaged in HIV/AIDS prevention efforts. Still, the success rate of the Bali Provincial KPA has not been seen to be optimal (Dimyana, 2015). With the background of the description above, the authors are interested in conducting further research with the "Implementation of HIV/AIDS title Control Policies at the Bali Provincial AIDS Commission". Concerning the Regional Regulation of the Province of Bali No. 3 of 2006 concerning the Prevention of HIV/AIDS and other related regulations. Cross-sectoral coordination remains weak, crosssectoral has not taken the lead in HIV/AIDS prevention programs, funding for HIV/AIDS prevention and control programs is less than optimal, and support for HIV/AIDS prevention facilities and infrastructure remains minimal (Adhiputra et al., 2020).

This study aimed to find out the ouses of the not yet maximal implementation of HIV/AIDS prevention policies in the Bali Province KPA to overcome obsoccles and solutions in the performance of HIV/AIDS prevention policies.

The A Model of Policy Implementation is the top-down approach model developed by Van Metter and Van Horn in Agustino (2016). When goals and objectives are established at the start of a policy, the policy implementation process begins.

5

Van Meter and Van Horn (1975) describe the basic model of policy implementation, which includes six variables and has a link between policy and performance, namely:

1. Standards and policy objectives The performance of policy implementation can be judged by the level of success of the standards and policy objectives that are practical within the socio-cultural context in which the policy is being implemented. It's difficult to achieve policy objectives that are excessively idealistic.

2. Resources

The ability to make effective use of the available resources is critical to the policy implementation process's success. When comes it to good а implementation, nothing beats the input of actual people. Specific stages of the complete implementation process are determined according to the presence of competent human resources and politically established policies. It's difficult to plan, though, when the resource's expertise and skills are nonexistent. However, in addition to human resources, there are also talented human resources that need to be considered. At the same time, no funds can be disbursed through the budget, so achieving the goals of public policy is a difficult challenge. It is also possible that policies will not be implemented successfully when human resources work hard and funds are being disbursed. if problems with infrastructure arise.

3. Characteristics of Implementing Organizations

Those responsible for putting public policy into action work for both formal and informal implementing bodies. Since the performance of policy implementation would be greatly influenced by the quality and matching function of the implementing agent, this is extremely significant. The project implementing agent, for example, must be hard, strict, and strict in carrying out the regulations according to the legal punishments that have been imposed in public policies that attempt to influence human behavior. When choosing an implementing agent, it is important to consider the policy's scope or implementation area. The greater the extent of policy execution, the greater the number of agents involved.

4. Attitude (disposition) of the implementers

The execution of public policy will succeed or fail in large part based on the attitude of the implementing (agent). There's a good chance this will happen because the policies put in place were not developed by residents who are intimately familiar with the issues they face. However, the policy that will be implemented is a "top-down" one. It's possible that those in charge of making decisions are unaware of (or simply unable to perceive) the wants, needs, or issues that locals are trying to address.

5. Communication between implementing organizations

When it comes to determining the success of policy implementation, coordination is both a mechanism and the most important requirement; the more effective the coordination and communication between the parties involved in an implementation process, the more likely it is that there will be few, any, mistakes made, and vice versa.

6. The social, economic, and political

Van Meter and Van Horn's perspective on the performance of public policy implementation includes a last consideration: the amount to which the external environment influences the success of the policies that have been enacted. Politics, the economy, and society all play a role in policy implementation's success or failure. As a result, efforts to implement policies must



also take into account the external environment's favourable conditions. Another hypothesis proposed by Van Meter and Van Horn is that the implementing agency's economic, social, and political environment has an impact on its behavior, as well as its ability to fulfill its goals. External factors may influence policy implementers' preferences about a policy. Public services are viewed as being directly affected by these environmental elements. Despite the influence of the environment. the tendencv of implementers and other factors in the model also play a role in achieving success.

Method

The descriptive qualitative method is employed in this study. Descriptive research, according to Moleong (2000), is described in descriptive words rather than numbers, so that what is collected becomes the key to what has been researched. In Moleong (2000), Bogdan & Taylor define qualitative approaches as research procedures that generate descriptive data in written or spoken language from people and observable behavior.

These descriptive studies with a qualitative method are considered more supportive of the research focus in absorbing the issues at hand. The data is then gathered through the use of interviews and written documentation.

This study's data analysis model is interactive. The obtained data is reviewed, studied, and processed in an interactive analysis before abstraction is made. When the data has been abstracted, it is organized into units and checked for validity. The final stage is to analyze the data that has been collected.

Result And Discussion Control Policy carried out by the Bali Province KPA.

As an institution that has authority in terms of policy and coordination, the Bali Provincial KPA is a leader in encouraging the involvement of all relevant sectors and all elements of society to participate in efforts to combat HIV/AIDS. The researcher interviewed the Bali Provincial KPA officers, namely the MSM Program Manager, regarding the socialization activities carried out by the Bali Provincial KPA:

"In tackling the problem of HIV/AIDS in Bali Province, we first conduct outreach and counseling related to HIV/AIDS in high-risk areas." The hope is that they can convey this information to their respective institutions and their peers regarding information related to HIV/AIDS.

The Bali Province KPA has implemented this HIV/AIDS prevention policy through outreach, counselling, and advocacy to several stakeholders in Province. Bali Bv conducting socialization, the HIV/ADIS control policy has been realized following the objectives of the Bali Province KPA itself, namely reducing the transmission and spread of HIV/AIDS in Bali Province. Policy actors must also understand and adequately understand the content and objectives of the policies that have been set because the success or failure of a policy is closely related to the procedure being implemented in the field (Fauzi & Rahayu, 2019).

The following are the results of the author's interview with the Executive Secretary of the AIDS Commission (KPA) in Bali Province:

"The KPA is a non-structural government institution where the Bali provincial government serves as the General Chair of this organization. The members are all SKPD in the Bali provincial government. Thus, KPA is a



partner of the Bali Provincial government in implementing HIV/AIDS prevention policies in Bali Province. The parties involved by the Bali Provincial KPA are all regional work units (SKPD) in Bali Province as well existing community as organizations (Ormas) in Pontianak, such as "community social institutions (NGOs), high-risk groups, the general public, RT/RW, posyandu, and others."

Regarding the socialization carried out by the Bali Provincial KPA regarding HIV/AIDS prevention, the following are the answers of the respondents:

"The KPA itself has carried out socialization related to the prevention of HIV/AIDS, including by providing the widest possible information about the dangers of HIV/AIDS and providing education about HIV/AIDS, which we did not know before."

Standards that become benchmarks in the success of HIV/AIDS prevention are indicators and SOPs that have been made. So it can be said that the standard of indicators and objectives of implementation needs to be improved and implemented so that implementation achievements can run optimally (Dwijayanti, 2013). Human resources need to be added and their performance quality improved because of the low level of skills and understanding of the duties and responsibilities, as well as the need for additional resources for facilities and infrastructure, such as a complete laboratory and other supporting vehicles. Of course, this dramatically affects the implementation results to be achieved. An additional trained workforce supported by adequate infrastructure will facilities and undoubtedly maximize HIV/AIDS prevention activities. So, in this case, human resources are still not optimal (Aprianty, 2016).

The allocation of funds for the implementation of HIV/AIDS prevention activities is still not optimal and needs to be increased, with insufficient field staff and counselors, and the stock of treatment logistics needs to be kept in stock to support the availability of drugs for PLHAs (Suharto et al., 2020). Given the high number of HIV/AIDS cases in the province of Bali, it is necessary to implement programs that encourage the suppression of the spread of the new HIV virus. It is hoped that more funds will be disbursed so that they can recruit staff, and organize programs and logistics procurement that will maximize implementation results. Thus, it can be seen that the implementation has not been maximized due to the resources that must be increased in order to maximize the achievements of this activity program. With sufficient resources or as needed, programs or policies that have been delivered or communicated clearly and consistently can run optimally (Hidayat, 2021). Financial resources are an important factor for the success of policy implementation.

The role of the government, both KPA and stakeholders, is quite good. The activities carried out are also well organized. It's just that it hasn't been done optimally. The thing that causes it is that not all other stakeholders have implemented and carried out their roles in HIV/AIDS prevention efforts. Likewise, cross-sectoral coordination programs are considered lacking and need to be held every month. The role of the Head of the Secretariat has been very good in coordinating the upper and lower levels. So it can be concluded that the characteristics of implementing organizations need to be improved in order to run optimally.

Management Policies carried out by the Bali Province KPA



The constraint factor that causes the implementation of policies in terms of communication has not been maximized, namely that socialization has not been carried out so optimally; the delivery of information on HIV/AIDS prevention refers to Regional Regulation No. In this case, the delivery of HIV/AIDS prevention programs to cross-sectors needs to be re-advocated to maximize the cross-sectoral role. In community groups, socialization activities still need to be improved because the public's understanding of HIV/AIDS information is still low.

The influence of the social, political, and economic environment in implementing HIV/AIDS prevention policies is good enough but needs to be improved. In particular, the problem of stigma against people living with HIV in the community is still happening. It is necessary to encourage changes in social behavior in the living environment so that people understand and understand more about this HIV/AIDS disease, likewise. There is no discrimination in the community against PLWHA.

This is reinforced by the results of research and interviews with informants, which found that:

1. Standards and policy objectives that serve as benchmarks for HIV/AIDS prevention success need to be refined.

2. Human resources are still lacking and need to be added to, and performance quality needs to be improved due to the low level of skills and understanding of the duties and obligations carried out as well as the need for additional facilities and infrastructure resources such as a complete laboratory and other supporting vehicles. Each one lacks financial resources; they must be increased to maximize the program being carried out.

3. Characteristics of implementing organizations where not all other



stakeholders carry out their roles in HIV/AIDS prevention efforts.

4. The disposition factor, or the attitude of the stakeholders in the efforts to tackle HIV and AIDS, has not all carried out their respective roles optimally. Likewise, the philosophy of people who have a history of being at high risk of HIV transmission still lacks the commitment to check their health.

5. The communication factor is still lacking; socialization has not been carried out optimally. The delivery of information about HIV/AIDS prevention (Regional Regulation No. 3 of 2006) has not been carried out optimally by KPA to cross-assembled sectors.

6. Social and environmental factors need to be encouraged to change behavior in the social environment so that people understand and understand more about HIV/AIDS. There are no cases of discrimination against PLWHA.

Efforts and Solutions Policies at KPA Bali Province

Efforts to overcome obstacles from standards and policy objectives that are less than optimal in strengthening efforts to overcome HIV/AIDS are needed to formulate a Regional Action Plan Strategy and Strategic Plan for the Bali Province KPA. Human resources need to be added by counsellors and field workers who aim to be assistants and outreach workers in the field, which needs to be improved to increase the success of implementing HIV/AIDS prevention policies. Financial resources need to be added by the government; besides financial support, facilities and infrastructure should be added, such as complete service facilities, logistics and vehicles to facilitate the evaluation and monitoring of HIV/AIDS prevention.

Considering that not all other stakeholders have implemented and carried out their roles, it is necessary to

hold regular coordination meetings to disseminate information to stakeholders regarding the Bali Provincial Regulation No. 3 of 2006 concerning HIV/AIDS prevention. It is better if KPA and stakeholders who play 13 role continue to encourage and strive to increase public awareness of the importance of health through HIV/AIDS campaigns and others so that community commitment can grow.

Communication is needed to continuously improve socialization or counsel both stakeholders and the community regarding the Bali Provincial Regulation No. 3 of 2006 concerning HIV/AIDS Management and other related regulations.

The social environment should be made a program to create a conducive environment. This program aims to make a regulation to create a climate conducive to the implementation of HIV/AIDS prevention and to create an environment in the community.

Conclusion

Based on the description above, it can be concluded as follows: 1) The implementation of the HIV/AIDS Control Policy carried out by the Bali Province KPA has not been maximized, so based on the study results, it was found that future programs. Human resource support needs to be added, and financial resources must be increased. The budget provided by the government is still limited. There is no integrated program among stakeholders, both in planning and financing HIV/AIDS prevention efforts. Stigma and discrimination in society against PLHAs still occur; this is an obstacle to implementing policies. The access to information on health services and the availability of services and ARV are still not maximized for sufferers and people at high risk of being infected with HIV (AIDS; 2) Constraints that have resulted in the implementation

of HIV/AIDS prevention policies being carried out by the Bali Province KPA include: the absence of a Regional Action Plan Strategy and the KPA Strategic Plan, inadequate human and financial resources, not all stakeholders have implemented and carried out their roles in HIV prevention efforts. The attitude of the community is still less sensitive to efforts to overcome HIV/AIDS, communication between stakeholders and the community is not in the same direction and in line, the condition of the community environment is not conducive, there is still a stigma against PLHAs; 3) Attempts to overcome obstacles include: KPA Bali Province in order to design a Regional Action Plan Strategy (SRAD) and Resntra in an effort to maximize HIV/AIDS prevention efforts, adding human resources for Counselors and Field Workers, KPA Bali Province needs to hold regular coordination meetings to socialize **Regional Regulations Bali Province No. 3** of 2006 concerning HIV/AIDS Prevention, Bali Provincial KPA needs to increase socialization or counseling through HIV/AIDS campaigns, Bali Provincial KPA and stakeholders need to socialize related to the existence of Bali Provincial Regulation No. 3 of 2006 concerning HIV/AIDS Prevention, Regulations need to be made to create a conducive environment for PLHAs.

So that the Bali Provincial KPA immediately designs a strategy in the form of SRAD and a strategic plan to make standard guidelines and ensure the success of policy objectives and add counselors and field staff who function as counselors and assistance to PLHAs and to increase in terms of budgeting for the prevention of HIV/AIDS. The social environment needs to be stratightened by the establishment of KDPA to increase public knowledge regarding HIV/AIDS and reduce the impact of discrimination against PLHAs so that PLWHA always



check themselves in health services, always be disciplined in taking ARV drugs, maintain body immunity and always apply health protocols.

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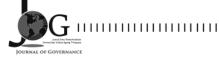
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References

- Adhiputra, A. A. N., Maba, W., & Dartiningsih, W. (2020). Pengembangan model layanan profesional lonseling HIV/AIDS di provinsi Bali berbasis front-end analysis. *Indonesian Journal of Educational Development*, 1(3), 525-535.
- Agustino, L. (2016). Dasar-dasar kebijakan publik (Edisi Revisi). Bandung: Alfabeta.
- Aprianty, D. R. (2016). Penerapan kebijakan e-government dalam peningkatan mutu pelayanan publik di Kantor Kecamatan Sambutan Kota Samarinda. *Jurnal Ilmu Pemerintahan*, 4(4), 1589-1602.
- Ardinata, M. (2020). Tanggung Jawab Negara Terhadap Jaminan Kesehatan Dalam Perspektif Hak Asasi Manusia. *Jurnal HAM*, 11(2), 319-332.
- Decree of the Governor of Bali No. 544 of 1994 concerning the Establishment of the Bali Provincial AIDS Commission.
- Divayana, D. G. H. (2015). Evaluasi Program Penanggulangan HIV/AIDS Dengan Model CIPP Berbantuan Komputer. Proceedings Konferensi Nasional Sistem dan Informatika (KNS&I).

Dwijayanti, P. (2013). Analisis implementasi program

450



perencanaan persalinan dan pencegahan komplikasi (P4K) oleh bidan desa di Kabupaten Demak. Jurnal Kesehatan Masyarakat Universitas Diponegoro, 2(1), 18845.

- Fauzi, A. R., & Rahayu, A. Y. S. (2019). Pencegahan HIV/AIDS melalui Collaborative Governance antara Pemerintah, Lembaga Swadaya Masyarakat, dan Masyarakat. Jurnal Inspirasi, 10(1), 14-31.
- Hidayat, E. (2021). Implementasi kebijakan dana desa untuk penanggulangan pandemi covid-19 di sampang. Soetomo Communication and Humanities, 2(1).
- Isriawaty, F. S. (2015). Tanggung Jawab Negara Dalam Pemenuhan Hak Atas Kesehatan Masyarakat Berdasarkan Undang Undang Dasar Negara Republik Indonesia Tahun 1945 (Doctoral dissertation, Tadulako University).
- Lestari, T. R. P. (2013). Kebijakan pengendalian HIV/AIDS di Denpasar. Kesmas: Jurnal Kesehatan Masyarakat Nasional (National Public Health Journal), 8(1), 45-48.
- Minister of Home Affairs Regulation No. 20 of 2007 concerning General Guidelines for the Establishment of a Commission for AIDS Control and Community Empowerment in the Context of Overcoming HIV/AIDS in the Regions.
- Ministry of Health. (2017). Data dan Informasi Profil Kesehatan Indonesia 2016. Jakarta: Kementerian Kesehatan RI.
- Mitsel, M., Mahendradhata, Y., & Padmawati, R. S. (2015). Peran Stakeholder Kunci dalam Kebijakan Penanggulangan dan Pencegahan HIV/AIDS Studi Kasus di Kabupaten

Sorong Provinsi Papua Barat. Jurnal Kebijakan Kesehatan Indonesia: JKKI, 4(2), 57-64.

- Moleong, L. (2000). *Metode Penelitian Kualitatif*. Bandung: Remaja Rosdakarya.
- Perwira, I. (2014). Memahami kesehatan sebagai hak asasi manusia. *Jurnal ELSAM, Jakarta*.
- Presidential Regulation No. 75 of 2006 concerning the National AIDS Commission.
- Purnomo, D. (2015). Analisis kebijakan penanggulangan HIV dan AIDS di kabupaten Malang (Studi pelaksanaan peraturan daerah nomor 14 Tahun 2008 kabupaten Malang) (Doctoral dissertation, Brawijaya University).
- Putri, I. A. K., & Tobing, D. H. (2016). Gambaran penerimaan diri pada perempuan Bali pengidap HIV-AIDS. Jurnal Psikologi Udayana, 3(3), 395-406.
- Rakhman, M. R. R. (2017). Peran Pemerintah Daerah dalam Pencegahan dan Penanggulangan

HIV-AIDS di Kabupaten Merauke. GOVERNMENT: Jurnal Ilmu Pemerintahan, 20-29.

- Regional Regulation of the Province of Bali No. 3 of 2006 concerning the Prevention of HIV/AIDS.
- Sagala, A. H., Suwitri, S., & Santoso, S. (2013). Implementasi Kebijakan Penanggulangan HIV dan AIDS di Jawa Tengah (Kajian Peraturan Daerah Provinsi Jawa Tengah Nomor 5 Tahun 2009). Journal of Public Policy and Management Review, 2(4), 116-126.
- Suharto, S., Gurning, F. P., Pratama, M. Y., & Suprayitno, E. (2020). Implementasi Kebijakan Penanggulangan HIV/AIDS di Puskesmas Teladan. Jurnal Riset Hesti Medan Akper Kesdam I/BB Medan, 4(2), 131-136.
- Van Meter, V. H., & Van Horn, C. E. (1975). A Model of The Policy Implementation. *Post Washington*, *Publishing Co, Ind*.



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